



Blackpool Aspire Academy



Child Protection Policy 2020-2021

This policy should be read in conjunction with the academy's Safeguarding Policy. It is inevitable that there will be some overlap between these two policies. This policy has been updated to take into account the statutory guidance for schools and colleges, 'Keeping Children Safe in Education (September 2020). The policy at this academy is implemented for all students on roll.

The overall aim of this policy is to safeguard and promote the welfare of the children in our care. Our policy includes the whole school community; all staff, governors, parents and volunteers working in the academy.

In situations where child abuse is suspected, our paramount responsibility is to the child.

It is widely accepted that it is the responsibility of every adult to protect children from abuse. The Children's Act 1989, covers young people under the age of 18. As an organisation with responsibility for children we have both a moral and a legal obligation to ensure a duty of care under the Children's Act 1989 and the Protection of Children's Act 1999. Children may be abused regardless of their age, racial origin, social class, gender, culture, religious belief, disability or sexual identity. They are usually abused by people they know and trust, both from within and outside the family.

This will be achieved by:

- Developing and maintaining awareness in all staff of the need for Child Protection (particular care should be taken with children with disabilities and SEN) and their responsibilities in identifying abuse.
- Ensuring that all staff are aware of who the Designated Safeguarding Lead and Designated Safeguarding Person are in the academy.
- Ensuring that all staff are aware of referral procedures within the academy.
- Monitoring children who have been identified as 'at risk'.
- Ensuring that outside agencies are involved where appropriate.
- Ensuring that key concepts of Child Protection are integrated within the curriculum especially via Personal Social and Health Education.
- Ensuring we practise safe recruitment in checking the suitability of staff and volunteers to work with children. (ref, Safeguarding policy- safer recruitment).
- Creating an environment where children feel secure, have their viewpoints valued, are encouraged to talk and are listened to.
- Ensuring that children know that there are adults in the academy who they can approach if they are worried.
- Ensuring that our anti-bullying policy is regularly updated and communicated to parents, carers and children.
- Staff are aware and understand the following DFE guidance:
 - Behaviour and discipline in schools (January 2016)
 - Use of reasonable force (July 2015)
- Whistle-blowing procedures are understood by pupils and staff (separate policy)

The Designated Safeguarding Lead (DSL) is Mrs Sian Rawson, Assistant Headteacher. In her absence, issues should be referred to the Designated Safeguarding Person (DSP) Mr Darren Ewart, Deputy Headteacher or Jennifer Markham, Designated Safeguarding Person (DSP), Lead Caseworker. In the event that all of these staff are absent, issues should be referred to the Principal and/or the Duty Assessment Team. (01253 477299)

Any member of staff with a concern or issue relating to the safety, welfare or presentation of a child should discuss it with the Designated Safeguarding Lead or Designated Safeguarding Persons as soon as possible. This can be done in person or emailed through to the confidential safeguarding email – confidential@aspire.fcat.org.uk

It should be made clear to the child that confidentiality cannot be guaranteed in respect of child protection issues. Allegations of child abuse must always be given the highest priority and referred immediately to the designated teacher.

The DSL and/or DSP will then decide on an appropriate course of action.

In the vast majority of cases, a disclosure or risk of immediate harm will be referred to social services by a member of the academy welfare team, with the full knowledge of the DSP & DSP. If circumstances are such that this is not possible, for example on an academy visit, the member of staff with this information should make the referral themselves. The 2019 guidance (DFE: Keeping Children Safe in Education) is very clear about this as follows:

If there is a risk of immediate serious harm to a child, a referral should be made to children's social care immediately. Anybody can make a referral. If the child's situation does not appear to be improving, the staff member with concerns should press for re-consideration. Concerns should always lead to help for the child at some point.

As soon as possible, the DSL should be informed that the referral has been made.

Roles and Responsibilities

We will follow the procedures set out by Blackpool Safeguarding Children's Board and take account of guidance issued by the Department for Education to:

- Ensure we have a member of the Leadership Team who is the Designated Safeguarding Lead who has received appropriate training, which is refreshed every two years, and support for this role.
- Ensure that any cases of children missing from education are investigated immediately.
- Ensure we have a nominated Academy Council member responsible for child protection who reports to the Academy Council once a year or if there is a significant issue which needs to be brought to the attention of the Academy Council.
- Ensure every member of staff, volunteer and the designated Academy Council member has completed refresher training every 3 years and knows who the designated person responsible for child protection is and their role.
- Ensure all staff and volunteers understand their responsibilities in being alert to the signs of abuse and responsibility for referring any concerns to the designated person responsible for child protection.
- Ensure that parents have an understanding of the responsibility placed on the academy and staff for child protection by setting out its obligations in the academy prospectus.
- Develop effective links with relevant agencies and co-operate as required with their enquiries regarding child protection matters.
- Ensure that staff can be released to attend Child Protection case conferences.
- Keep written records of concerns about children, even where there is no need to refer the matter immediately and ensure all records are kept securely, separate from the main pupil file, and in locked locations.
- Ensure that record keeping procedures on staff and volunteers are in place.
- Ensure that referrals are completed in writing and submitted to the Social Care Duty Officer within 24 hours of the initial phone call
- Develop and then follow procedures where an allegation is made against a member of staff or volunteer.
- Ensure safe recruitment and selection practices are followed. Identity and qualifications checks should be carried out, together with an enhanced DBS with barring list information check and, for teachers, a check that the teacher is not subject to a prohibition order by using the Employer Access Online service.

Dealing with Disclosures of Abuse

If a child chooses to tell a member of staff about possible abuse (see appendix) there is a number of things that should be done to support the child:

- inform the child that this information will have to be passed on
- do not give guarantees that parents or other agencies will not be informed
- stay calm and be available to listen
- listen with the utmost care to what the child is saying
- question normally without pressurising
- don't put words into the child's mouth but note the main points carefully
- keep a full record – date, time, what the child did, said, etc
- reassure the child and let them know they were right to inform us inform the designated teacher, or when absent, the Principal, as soon as possible

When the member of staff has informed the designated teacher, she takes on responsibility for dealing with the issue.

Monitoring and Record Keeping

It is essential that accurate records be kept where there are concerns about the welfare of a child. These records should then be kept in secure, confidential files, which are separate from the child's school records. It is important to recognise that current regulations do not authorise or require the disclosure to parents of any written information relating to Child Protection. However, the preferred practice is for parents to be informed of and agree to any referral being made (unless it relates to Sexual Abuse).

Indicators of issues which may indicate that a child is at risk include:

- poor attendance and punctuality
- concerns about appearance and dress
- changed or unusual behaviour
- concerns about health and emotional well being
- deterioration in educational progress
- discussions with parents about concerns relating to their child
- concerns about home conditions or situations
- concerns about pupil on pupil abuse (including serious bullying)
- receiving and sending images of a sexual nature

When there is suspicion of significant harm to a child and a referral is made, as much information as possible should be given about the nature of the suspicions, the child and the family. Use of previous records (if available) may prove to be particularly useful in this respect.

Reports may be needed for Child Protection Case conferences or the criminal/civil courts. Consequently records and reports should be:

- factual (no opinions)
- non-judgemental (no assumptions)
- clear
- accurate
- relevant

The Role of the Designated Safeguarding Lead

- To ensure that all staff are aware that the Designated Safeguarding Lead is responsible (and in her absence, the Designated Safeguarding Person) for Child Protection issues.
- To refer promptly all cases of suspected child abuse to the local Social Care department or the police child protection team. If a parent arrives to collect the child before the social worker has arrived then it must be remembered that we have no right to prevent the removal of the child. However, if there are clear signs of physical risk or threat, the Police should be called.
- To organise and coordinate regular training on Child Protection topics within the academy.
- To co-ordinate action where child abuse is suspected.
- To facilitate and support the development of a whole academy policy on Child Protection.
- To attend case conferences or nominate an appropriate member of staff to attend on his/her behalf.
- Maintain records of case conferences and other sensitive information in a secure confidential file and to disseminate information about the child only on a "need to know basis".
- To pass on records and inform the key worker when a child who is on the Child Protection register leaves the academy. The custodian of the register must also be informed.
- To raise staff awareness and confidence on child protection procedures and to ensure new staff are aware of these procedures.
- To keep up to date with current practice by participating in training opportunities wherever possible.
- Liaise with other agencies that support the pupil such as social care, Child and Adult Mental Health Service, education welfare service and educational psychology service

Blackpool Aspire Academy Offer of Early Help

Students often require early help and intervention (level 2). This can be accessed via the student services team in school. Students can be allocated to a School Caseworker, who will lead on level 2 interventions and support students who are open to level 3 and 4 services.

APPENDIX 1

Types of Child Abuse and their Symptoms

Child abuse can be categorised as follows:

1. Physical Abuse
2. Sexual Abuse
3. Emotional Abuse
4. Physical Neglect
5. Grave Concern/at risk — this is not a distinct category but is dealt with separately. A child can be at risk from any combination of the four categories

These different types of abuse require different approaches. A child suffering from physical abuse may be in immediate and serious danger. Action should, therefore, be taken immediately. With other forms of abuse there is a need to ensure that adequate information is gathered. There is also a need to make sure that grounds for suspicion have been adequately investigated and recorded. The need to collate information must be balanced against the need for urgent action. If there are reasonable grounds for suspicion then a decision to monitor the situation should only be taken after consultation. A situation that should cause particular concern is that of a child who fails to thrive without any obvious reason. In such a situation a medical investigation will be required to consider the causes. Each of the five categories will now be explored in more detail.

1) Physical Abuse

This involves physical injury to a child, including deliberate poisoning, where there is definite knowledge or a reasonable suspicion, that the injury was inflicted or knowingly not prevented.

Typical signs of Physical Abuse are:

- bruises and abrasions - especially about the face, head, genitals or other parts of the body where they would not be expected to occur given the age of the child. Some types of bruising are particularly characteristic of non-accidental injury especially when the child's explanation does not match the nature of injury or when it appears frequently.
- slap marks — these may be visible on cheeks or buttocks.
- twin bruises on either side of the mouth or cheeks - can be caused by pinching or grabbing, sometimes to make a child eat or to stop a child from speaking.
- bruising on both sides of the ear — this is often caused by grabbing a child that is attempting to run away. It is very painful to be held by the ear, as well as humiliating and this is a common injury.
- grip marks on arms or trunk - gripping bruises on arm or trunk can be associated with shaking a child. Shaking can cause one of the most serious injuries to a child; i.e. a brain haemorrhage as the brain hits the inside of the skull. X-rays and other tests are required to fully diagnose the effects of shaking. Grip marks can also be indicative of sexual abuse.
- black eyes – are mostly commonly caused by an object such as a fist coming into contact with the eye socket. NB. A heavy bang on the nose, however, can cause bruising to spread around the eye but a doctor will be able to tell if this has occurred.
- damage to the mouth – e.g. bruised/cut lips or torn skin where the upper lip joins the mouth.
- bite marks
- fractures
- poisoning or other misuse of drugs – e.g. overuse of sedatives.
- burns and/or scalds – a round, red burn on tender, non-protruding parts like the mouth, inside arms and on the genitals will almost certainly have been deliberately inflicted. Any burns that appear to be cigarette burns should be cause for concern. Some types of scalds known as 'dipping scalds' are always cause for concern. An experienced person will notice skin splashes caused when a child accidentally knocks over a hot cup of tea. In contrast a child who has been deliberately 'dipped' in a hot bath will not have splash marks.

2) Sexual Abuse

The involvement of dependent, developmentally immature children and adolescents in sexual activities they do not truly comprehend, to which they are unable to give informed consent or that violate the social taboos of family roles. Typical signs of Sexual Abuse are:

- a detailed sexual knowledge inappropriate to the age of the child.
- behaviour that is excessively affectionate or sexual towards other children or adults.
- attempts to inform by making a disclosure about the sexual abuse often begin by the initial sharing of limited information with an adult. It is also very characteristic of such children that they have an excessive pre-occupation with secrecy and try to bind the adults to secrecy or confidentiality.
- a fear of medical examinations.
- a fear of being alone — this applies to friends/family/neighbours/baby-sitters, etc
- a sudden loss of appetite, compulsive eating, anorexia nervosa or bulimia nervosa.
- excessive masturbation is especially worrying when it takes place in public.
- promiscuity
- sexual approaches or assaults - on other children or adults.
- urinary tract infections (UTI), sexually transmitted disease (STD) are all cause for immediate concern in young children, or in adolescents if his/her partner cannot be identified.
- bruising to the buttocks, lower abdomen, thighs and genital/rectal areas. Bruises may be confined to grip marks where a child has been held so that sexual abuse can take place.
- discomfort or pain particularly in the genital or anal areas.
- the drawing of pornographic or sexually explicit images.

3) Emotional Abuse

The severe adverse effect on the behaviour and emotional development of a child caused by persistent or severe emotional ill treatment or rejection. All abuse involves some emotional ill treatment - this category should be used where it is the main or sole form of abuse.

4) Physical Neglect

The persistent or severe neglect of a child (for example, by exposure to any kind of danger, including cold and starvation) which results in serious impairment of the child's health or development, including non-organic failure to thrive. Persistent stomach aches, feeling unwell, and apparent anorexia can be associated with Physical neglect.

However, typical signs of Physical Neglect are:

- Underweight — a child may be frequently hungry or pre-occupied with food or in the habit of stealing food or with the intention of procuring food. There is particular cause for concern where a persistently underweight child gains weight when away from home, for example, when in hospital or on a academy trip. Some children also lose weight or fail to gain weight during academy holidays when academy lunches are not available and this is a cause for concern.
- Inadequately clad - a distinction needs to be made between situations where children are inadequately clad, dirty or smelly because they come from homes where neatness and cleanliness are unimportant and those where the lack of care is preventing the child from thriving.

Physical Neglect is a difficult category because it involves the making of a judgement about the seriousness of the degree of neglect. Much parenting falls short of the ideal but it may be appropriate to invoke child protection procedure in the case of neglect where the child's development is being adversely affected.

5) Grave Concern/at risk

This is not a separate category of child abuse as such but covers a number of situations where a child may be at risk. Children whose situations do not currently fit the above categories but where social and medical assessments indicate that they are at significant risk of abuse. Grave concern may be felt where a child shows symptoms of stress and distress (see below) and any of the following circumstances apply:

- there is a known child abuser in the family;
- another child in the family is known to have been abused;
- the parents are involved with pornographic material to an unusual degree;
- there is an adult in the family with a history of violent behaviour;
- the child is exposed to potential risk or exploitation via the Internet e.g. pornographic material or chat rooms.

The Symptoms of Stress and Distress

When a child is suffering from any one or more of the previous four 'categories of abuse', or if the child is 'at risk', he/she will nearly always suffer from/display signs of stress and distress.

An abused child is likely to show signs of stress and distress as listed below:

a lack of concentration and a fall-off in academy performance;

- aggressive or hostile behaviour;
- moodiness, depression, irritability, listlessness, fearfulness, tiredness, temper tantrums, short concentration span, acting withdrawn or crying at minor occurrences;
- difficulties in relationships with peers;
- regression to more immature forms of behaviour, e.g. thumb sucking;
- self harming or suicidal behaviour;
- low self esteem;
- wariness, insecurity, running away or truancy - children who persistently run away from home may be escaping from sexual physical abuse;
- disturbed sleep;
- general personality changes such as unacceptable behaviour or severe attention seeking behaviour;
- a sudden change in academy performance.

Parental Signs of Child Abuse

Particular forms of parental behaviour that could raise or reinforce concerns are:

- Implausible explanations of injuries
- unwillingness to seek appropriate medical treatment for injuries;
- injured child kept away from academy until injuries have healed without adequate reason;
- a high level of expressed hostility to the child;
- grossly unrealistic assumptions about child development;
- general dislike of child-like behaviour;
- inappropriate labelling of child's behaviour as bad or naughty;
- leaving children unsupervised when they are too young to be left unattended.

APPENDIX 2

Specific Forms of Abuse and Safeguarding Issues:

Aspire Academy staff have an awareness of safeguarding issues that can put children at risk of harm, including the following specific child protection concerns:

Children and the court system

Children are sometime required to give evidence in criminal courts, either for crimes committed against them or for crimes they have witnessed. This can be particularly stressful for children.

Children missing from education

Children going missing, particularly repeatedly, can act as a vital warning sign of a range of safeguarding possibilities. This may include abuse and neglect, which may include sexual abuse or exploitation and child criminal exploitation. It may indicate mental health problems, risk of substance abuse, risk of travelling to conflict zones, risk of female genital mutilation or risk of forced marriage.

Children with family members in prison

Approximately 200,000 children have a parent sent to prison each year. These children are at risk of poor outcomes including poverty, stigma, isolation and poor mental health.

Child Criminal Exploitation (CCE)

CCE is where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child into any criminal activity: in exchange for something the victim needs or wants; or for the financial or other advantage of the perpetrator or facilitator; or through violence or the threat of violence. The victim may have been criminally exploited even if the activity appears consensual. CCE does not always involve physical contact; it can also occur through the use of technology.

Child sexual exploitation (CSE)

CSE occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. CSE does not always involve physical contact; it can also occur through the use of technology. CSE can affect any child or young person (male or female) under the age of 18 years, including 16 and 17 year olds who can legally consent to have sex. It can include both contact (penetrative and non-penetrative acts) and non-contact sexual activity and may occur without the child or young person's immediate knowledge (e.g. through others copying videos or images they have created and posted on social media)

County lines County lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas, using dedicated mobile phone lines. Exploitation is an integral part of the county lines offending model with children and vulnerable adults exploited to move drugs and money. Offenders will often use coercion, intimidation, violence (including sexual violence) and weapons to ensure compliance of victims. Children can be targeted and recruited into county lines in a number of locations including schools, further and higher educational institutions, pupil referral units, special educational needs schools, children's homes and care homes.

Domestic abuse

Domestic violence and abuse is: any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to: psychological; physical; sexual; financial; and emotional. All children can witness and be adversely affected by domestic abuse in the context of their home life where domestic abuse occurs between family members. Exposure to domestic abuse and/or violence can have a serious, long lasting emotional and psychological impact on children. In some cases, a child may blame themselves for the abuse or may have had to leave the family home as a result.

Operation Encompass

Operation Encompass operates in the majority of police forces across England. It helps police and schools work together to provide emotional and practical help to children. The system ensures that when police are called to an incident of domestic abuse, where there are children in the household who have experienced the domestic incident, the police will inform the key adult (usually the designated safeguarding lead) in school before the child or children arrive at school the following day. This ensures that the school has up to date relevant information about the child's circumstances and can enable support to be given to the child according to their needs

Homelessness

Being homeless or being at risk of becoming homeless presents a real risk to a child's welfare. Indicators that a family may be at risk of homelessness include household debt, rent arrears, domestic abuse and anti-social behaviour, as well as the family being asked to leave a property.

So-called 'honour-based' violence

So-called 'honour-based' violence (HBV) encompasses incidents or crimes which have been committed to protect or defend the honour of the family and/or the community, including female genital mutilation (FGM), forced marriage, and practices such as breast ironing. Abuse committed in the context of preserving "honour" often involves a wider network of family or community pressure and can include multiple perpetrators.

FGM

FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs. It is illegal in the UK and a form of child abuse with long-lasting harmful consequences. Teachers must personally report to the police cases where they discover that an act of FGM appears to have been carried out.

Forced Marriage

Forcing a person into a marriage is a crime in England and Wales. A forced marriage is one entered into without the full and free consent of one or both parties and where violence, threats or any other form of coercion is used to cause a person to enter into a marriage. Threats can be physical or emotional and psychological. A lack of full and free consent can be where a person does not consent or where they cannot consent (if they have learning disabilities, for example). Nevertheless, some communities use religion and culture as a way to coerce a person into marriage. Schools and colleges can play an important role in safeguarding children from forced marriage.

Preventing radicalisation

Children are vulnerable to extremist ideology and radicalisation. Similar to protecting children from other forms of harms and abuse, protecting children from this risk should be a part of a schools' or colleges' safeguarding approach. Extremism is the vocal or active opposition to our fundamental values, including democracy, the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. This also includes calling for the death of members of the armed forces. Radicalisation refers to the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups. Terrorism is an action that endangers or causes serious violence to a person/people; causes serious damage to property; or seriously interferes or disrupts an electronic system. The use or threat must be designed to influence the government or to intimidate the public and is made for the purpose of advancing a political, religious or ideological cause.

Peer on peer abuse

Children can abuse other children. This is generally referred to as peer on peer abuse and can take many forms. This can include (but is not limited to) bullying (including cyberbullying); sexual violence and sexual harassment; physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm; sexting and initiating/hazing type violence and rituals.

Sexual violence and sexual harassment between children in schools and colleges

Sexual violence and sexual harassment can occur between two children of any age and sex. It can also occur through a group of children sexually assaulting or sexually harassing a single child or group of children. Children who are victims of sexual violence and sexual harassment will likely find the experience stressful and distressing. This will, in all likelihood, adversely affect their educational attainment. Sexual violence and sexual harassment exist on a continuum and may overlap, they can occur online and offline (both physical and verbal) and are never acceptable. It is important that all victims are taken seriously and offered appropriate support. Staff should be aware that some groups are potentially more at risk. Evidence shows girls, children with SEND and LGBT children are at greater risk.

Up-skirting

The Voyeurism (Offences) Act, which is commonly known as the Upskirting Act, came into force on 12 April 2019. 'Upskirting' is where someone takes a picture under a person's clothing (not necessarily a skirt) without their permission and or knowledge, with the intention of viewing their genitals or buttocks (with or without underwear) to obtain sexual gratification, or cause the victim humiliation, distress or alarm. It is a criminal offence. Anyone of any gender, can be a victim.