

# Child Protection

#  Policy 2020

Because of the day-to-day contact with individual children during term times, teachers and other school staff are particularly well placed to observe outward signs of abuse, changes in behaviour or failure to grow and thrive. In the current situation and with children having had an extended period of time at home and far less contact with school, awareness of our children’s physical social and emotional needs is of paramount importance.

**1. Purpose of the policy**

The purpose of our child protection policy is to give clear procedures to all staff and volunteers, which must be followed when dealing with child protection issues. As a school we are committed to the development of good practice and using sound procedures. All child protection concerns and referrals will be handled sensitively, professionally and in ways that support the needs of the child.

**2. Introduction**

At Urmston Primary School, we fully recognise the contribution we can make to protect children and support pupils in school. School staff have a duty to ‘safeguard and promote the welfare of children’ which was introduced in S175/157 of the Education Act 2002.

This policy applies to all staff, governors and volunteers working in the school. We recognise that teaching assistants, lunchtime supervisors, the site manager, administrative and office staff, cooks, cleaners and volunteers, as well as teachers, could be the first point of disclosure for a child.

**There are three elements to Child Protection:**

a) Prevention, through a positive school atmosphere, teaching and pastoral support to pupils

b) Protection, by following agreed procedures, ensuring staff are trained and supported to respond appropriately and sensitively to Child Protection concerns

c) Support, to pupils, their families and to school staff

**3. What is abuse?**

A person may abuse or neglect a child by inflicting harm, or by failing to prevent harm.

Children and young people may be abused in a family or an institutional or community setting; by those known to them or, more rarely, by a stranger.

**Physical Harm** - may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child, including by fabricating the symptoms of, or deliberately causing, ill health to a child.

**Emotional Abuse** - is the persistent emotional ill-treatment of a child such as to cause severe and persistent adverse effects on the child’s emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person, age or developmentally inappropriate expectations being imposed on children, causing children frequently to feel frightened, or exploitation or corruption of children.

**Sexual Abuse** - involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative or non-penetrative acts. They may include involving children in looking at, or in the production of, pornographic material, or encouraging children to behave in sexually inappropriate ways.

**Neglect** - is the persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of the child’s health or development, such as failing to provide adequate food, shelter and clothing, or neglect of, or unresponsiveness to, a child’s basic needs.

**Domestic Violence**

The effect of domestic violence on children is such that it must be considered as abuse. Either witnessing it or being the subject of it is not only traumatic in itself but is likely to adversely impact on a child and it should be treated as physical or emotional abuse. Lockdown has seen far higher rates of domestic violence and so staff should be vigilant in looking out for signs, which are outlined in our Safeguarding Policy.

**4. Framework**

Our school operates in conjunction with Trafford Strategic Safeguarding Board (TSSB) Child Protection procedures, responsibilities and practices.

**5. Roles and Responsibilities**

All adults working with children have a responsibility to protect children. There are, however, key people within school and the Local Authority who have specific responsibilities.

* The Headteacher (Mr Simon Parker) is the designated senior person for child protection and has received appropriate training and support for this role. Alongside the headteacher, Deputy Head, Mr Mark Doherty, is the deputy designated safeguarding lead.

The designated person will:

* be trained in child protection policy procedures;
* familiarize school personnel with the policy and procedures;
* make child protection referrals;
* co-ordinate action within the school;
* liaise with social care and other agencies;
* act as a source of advice within the school;
* organise appropriate training for school personnel;
* keep all paperwork up to date;
* report back to the appropriate school personnel when necessary

We have a nominated governor (Mrs Suzanne Knights) responsible for safeguarding and child protection.

* Every member of staff, volunteers and governors knows the name of the designated senior person responsible for child protection and their role.
* All staff and volunteers understand their responsibilities in being alert to the signs of abuse and responsibility for referring any concerns to the designated teacher responsible for child protection (verbally and in writing).
* Contact details for the persons named above can be found in our Safeguarding Policy, on the school website or on posters around school.

6. Parents

Information about the school’s responsibility with regard to Child Protection is given in the school’s prospectus.

* The senior designated person will inform other adults in school what to do if they have child protection concerns.
* Parents will be informed of the procedures through the school prospectus, website, newsletters, visitor leaflets and safeguarding posters around school.
* Parents will be informed before referral, in the case of physical and emotional abuse.

As a general principle staff should be open and honest when dealing with parents. In some cases of alleged or suspected abuse, it may not be appropriate for parents to be informed immediately. The designated person will be responsible for liaising with parents. The designated teacher may feel that it would be appropriate for the child’s teacher to be involved in the meeting with the child’s parents.

**7. Training**

The headteacher, designated person, deputy designated person and the governor will attend training relevant to their role. The training outlined below is as a minimum requirement.

* Headteacher and other key people will be trained every 2 years (DSL training)
* All other staff who work with the children will receive training every year which may involve more focused training on aspects such as domestic abuse, the child’s voice, understanding neglect, female genital mutilation and early help).
* All staff will be updated on elements of both statutory and non-statutory guidance through weekly safeguarding emails to consolidate knowledge.
* All temporary staff and volunteers who work with children will be made aware of this policy and procedures.
* All new staff joining our school have an induction meeting with the headteacher that includes awareness of this policy and our safeguarding arrangements. They will be signed up to carry out all necessary training as soon as possible.

**8. Records and monitoring**

Records relating to facts will be kept to ensure good practice.

* Records are kept in locked cupboard in the headteacher’s office or, more predominantly, on the secure online logging facility, CPOMS.
* The records are kept separate from other school records.
* Written records of concerns about children are kept, even where there is no need to refer the matter immediately.
* All staff are able to input information into CPOMS as well as verbally tell a child protection officer (DSL) about a concern and emphasise the importance. The designated safeguarding leads/child protection officers will receive immediate alerts of any such information.

Records of children subject to a child protection plan will have their records transferred when they leave school as soon as the next school is identified and the social worker will be informed.

**9. Child Protection Conferences / Core Groups**

The school will be represented at all Case Conferences by the designated person who will ensure that they have liaised with the relevant member(s) of staff in order to be fully informed about the immediate concerns together with information about the child and his or her family background. A conference report on the multi-agency template will be sent to the Safeguarding unit before the conference.

Where a Core Group is set up, the most appropriate person to represent the school will be chosen by the Headteacher, although this most likely will be the Headteacher. Senior staff will work to maintain positive relationships with parents during and after a referral has been made.

**10. Supporting Pupils at risk**

We recognise that children who are abused or witness violence may find it difficult to develop a sense of self-worth. They may feel helplessness, humiliation and some sense of blame. School may be the only stable, secure and predictable element in the lives of children at risk and when at school, their behaviour may be challenging and defiant or they may be withdrawn. We will endeavour to support the pupil through:

* The school ethos, which promotes a positive, supportive and secure environment and gives pupils a sense of being valued.
* Ensure children know they can approach an adult if they are worried or in difficulty.
* The content of the curriculum - equip children with the skills they need to keep safe from abuse, through an appropriate PSHE programme.
* The school behaviour policy, which is aimed at supporting vulnerable pupils in the school. The school will ensure that the pupils know that some behaviour is unacceptable but they are valued and not to be blamed for any abuse which has occurred.
* Liaison with other agencies that support the pupil such as social services, Child and Adult Mental Health Service, education welfare service and educational psychology service.
* Ensuring that, where a pupil subject to a child protection plan leaves the school, their information is transferred to the new school immediately and that the child's social worker is informed.
* Within school we may link the child or family with our SCIPS (Social Care In Partnership with Schools) worker for some specific intervention or some of our skilled staff who have counselling qualifications.
* The school’s pastoral care team – led by the Deputy Head, Mark Doherty, Mental Health Lead, Matt Keen, and facilitated by Katherine Walker and Briony Ball.

**11. Safe school, safe staff**

Adults need to be aware that allegations may be made against them.

* They should always be reported.
* Senior management will inform those who need to know including relevant personnel, safeguarding/child protection governor/chair of governors and LADO.
* Staff should seek advice from their professional association.

Staff should avoid confrontational situations and ensure other adults are around at all times.

The stress on staff involved in any aspects of child protection work is considerable and the school will ensure that such staff are properly supported. The Head / designated teacher will be responsible for supporting the staff concerned and, where necessary, seeking help from outside the school.

**12. Safe Recruitment** (see Safer Recruitment and Selection Policy)

The school follows national and local guidelines on the recruitment of all adults who have contact with children. The headteacher:

* Ensures safe recruitment practices are always followed; all adults employed by the school and volunteers are vetted through police records to ensure that there is no evidence of offences involving children or abuse.
* Maintain a comprehensive record of all CRB/DBS checks.

This policy stands alongside other Safeguarding Policies including:

* Health and Safety
* Looked After Children (CLA)
* Whistle blowing procedures
* Behaviour
* Attendance
* Anti-Bullying
* Disciplinary Procedure/Dealing with Allegations against Staff
* PSHE
* Safer recruitment
* Safeguarding

**13. Review**

The school’s policy for dealing with child protection issues will be reviewed annually. In the event of a child abuse incident the internal procedures will be reviewed to ensure their effectiveness.

Key References:

* Keeping children safe in education (2020)
* Working together to Safeguard Children (2018)
* Framework for the Assessment of Children In Need and their Families Practice Guidance (2000)
* What To Do If You are Worried a Child is Being Abused (2015)
* Safeguarding Children and Safer Recruitment in Education (2011)
* TSCB Safeguarding Children Procedures (2009)
* Information Sharing: guidance for Practitioners and Managers (2015)
* Guidance for Safe working Practice for the Protection of children and staff in education settings (2015)
* Safeguarding Disabled Children: Practice guidance (2009)

Signed: *Simon Parker* (Headteacher)

Signed: *Derek Brown* (Chair of Governors)

Date: September 2020

Review date: September 2021

## APPENDIX 1

Responding to Child Protection Disclosures

DON’T………

* Ever promise confidentiality
* Ever promise that “everything will be alright” – it may not be
* Interrogate the child with lots of questions. REMEMBER it is not your job as a teacher to carry out an investigation – that role is performed by social services and/or the police.
* Cast doubt on what a child is telling you. It has probably taken a great deal of courage for him/her to speak to you.
* Ask leading questions like, “Did he/she do X to you?” / “Did he/she touch you there?” etc.
* Make value judgements about the abuser. Remember that in many instances a child still loves the abuser.
* Say anything that could make the child feel responsible for the abuse, e.g. ”Why did you not tell someone before?” or “Are you sure this has happened to you?”
* PANIC. Remember the rule – THINK, FEEL and ACT. You need to have all three in balance when responding to suspected or alleged abuse. Remember that emotions can get in the way of rational thinking and that acting too hastily can be counterproductive.

DO……..

* Receive what is said
* Take what the child says seriously.
* Listen without showing shock or disbelief.
* Ask open questions, e.g. “Do you want to tell me anything else?” or “Yes” or “Tell me what has happened”.
* Inform the designated person as soon as possible

**Referrals**

The Trafford First Response Team Team Tel 0161 912 5125 will be the first point of contact for the Designated Person when dealing with concerns about the safety of a child.

**Confidentiality**

Information on children and child protection cases will only be shared within the school with those who need it in order to ensure the safety of the children

## APPENDIX 2

*What is female genital mutilation?*

It’s one of the most political areas of women's health. Worldwide it’s estimated that around 200 million women have been subjected to it, 137,000 women in the UK have undergone FGM, and as many as 60,000 girls under 15 could be at risk in the UK, with Greater Manchester being one of six hot spot areas. Supporters of the practice say it’s an important part of cultural and religious life, and some compare it to the practice of male circumcision that is more widely accepted in the Western world. Opponents say that not only is it potentially life threatening, it’s also an extreme form of oppression of women.

In some countries where it’s more widely practised it’s officially illegal - those who persist in the practice in Senegal will now face a prison term of between one and five years, for example. But it’s still carried out quietly, within the family and out of sight of officials.

Female circumcision is mainly carried out in western and southern Asia, the Middle East and large areas of Africa. It’s also known to take place among immigrant communities in the USA, Canada, France, Australia and Britain, where it’s illegal. In total it’s estimated that as many as two million girls a year are subjected to genital mutilation. It is most prevalent between the ages of 5 and 12, traditionally without sterilised equipment or anaesthetics, and some UK girls may be taken ‘on holiday’ to take part in the ceremony or becoming a woman.

There are three main types of circumcision:

* Type 1: The removal of the tip of the clitoris
* Type 2: Total removal of the clitoris and surrounding labia
* Type 3: The removal of the clitoris and labia and the sewing up of the vagina, leaving only a small opening for urine and menstrual blood - a process known as infibulation
* Type 4: Other forms such as piercing, pricking, incision, scraping, burning, pulling (labia elongation) and tightening

So drastic is the mutilation involved in Type 3 that young brides have to be cut open to allow penetration on their wedding night and are customarily sewn up afterwards.

*Why is female genital mutilation carried out?*

Female genital mutilation conforms to several cultural beliefs. The aim of the process is to ensure the woman is faithful to her future husband. Some communities consider girls ineligible for marriage if they have not been circumcised.

Girls as young as three undergo the process, but the age at which the operation is performed varies according to country and culture.

*What are the risks of female genital mutilation?*

Health workers say that the operation is often carried out in unsanitary and so potentially dangerous conditions. Razor blades, scissors, kitchen knives and even pieces of glass are used, often on more than one girl, which increases the risk of infection. Anaesthesia is rarely used. Some girls die as a result of haemorrhaging, septicaemia and shock. Infections and scarring can also lead to long-term urinary and reproductive problems.

The following are some signs that the girl may be at risk of FGM:

* The family belongs to a community in which FGM is practised
* The family makes preparations for the child to take a holiday, e.g., planning an absence from school
* The child talks about a ‘special procedure/ceremony’ that is going to take place

The following are some signs that FGM may already have taken place:

* Prolonged absence from school and noticeable behaviour change on return to school
* Avoidance of specific classes or activities such as PE or sports, giving reasons of bladder, menstrual or abdominal problems
* Girls finding it difficult to sit still in class or looking uncomfortable when sitting
* Girls taking a long time to go to the toilet or needing to go several times
* Girls complaining of pain between their legs, or talking about something someone did that they are not allowed to talk about.

If we suspect a child is at risk:

Reporting FGM is a personal duty. If you should have any concerns regarding a child in the above respect this must be reported immediately to the designated senior person (Headteacher) and TSCB procedures must be followed.

You should also call:

* Your local children's services or local safeguarding children's board
* Your local police child protection unit
* The NSPCC on 0808 800 5000

**Child Protection**

**We aim to provide the children of Urmston Primary School with appropriate safety and protection whilst in the care of the school. We want to allow all staff to make informed and confident responses to specific child protection issues.**

**If you have any concerns about a child which may include: a change in behaviour; bruising; use of inappropriate language or touching others inappropriately; a disclosure of worrying information; evidence of neglect-** *This is not an exhaustive list*

**Please do the following:**

**Log your concerns on CPOMS**

**Seek information informally from parents (you may want to speak to Mr Parker or Mr Doherty before)**

**Speak to one of the designated child protection officers- Mr S Parker or Mr M Doherty**

**The child protection officer may decide to make a referral to Trafford First Response**

**TFR: 0161-912-5125**