

Safeguarding and Child Protection Policy



Buile Hill Visual Arts College

Safeguarding and Child Protection Policy

Key Contacts

Headteacher – James Inman- 0161 736 1773

Designated Child Protection Person (DCPP) – Melanie Howard- 0161 921 1327/James Inman- 0161 921 1316



Named Governor for Child Protection- Nikki Anderson

The Bridge Partnership for child protection referrals – tel: 0161 603 4500 or e mail

worriedaboutachild@salford.gov.uk

GMP Public Protection Investigation Unit (PPIU) – for referrals/consultation about crime-related safeguarding concerns – tel: 0161 856 5171 or email parklane.ppiu@gmp.police.uk

Managing allegations against an employee (or volunteer) - Local Authority Designated Officer (LADO) tel: 0161 603 4350 / 4445

Worried About a Child?

All reports or enquiries concerning the welfare or safety of a child must go straight to the Bridge Partnership on 0161 603 4500 as the first port of call. This applies to reports from council staff, the public, partners and outside agencies. The email address is worriedaboutachild@salford.gov.uk

If a child is in immediate danger of being harmed, or if a child is home alone, the police should be called on 999.

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This policy should be considered alongside school child protection procedures (Appendix 2) and other related policies in school. These are;

Behaviour

Staff Behaviour Policy / Code of Conduct

Whistleblowing,

Anti-bullying,

Health & Safety

Attendance

Teaching and Learning

Administration of medicines

E-Safety, including staff use of mobile phones

Risk Assessment

Recruitment and Selection

1. Introduction

- 1.1. Buile Hill Visual Arts College is a school based in Salford, Greater Manchester. This policy sets out Buile Hill Visual Arts College's commitment to safeguarding and promoting the welfare of children who attend the school.
- 1.2. Our school fully recognises the contribution it can make to protect children and support pupils in school and beyond.

There are three main elements to our Safeguarding Policy.

- (a) **Prevention:**
(e.g. 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 and school staff and to children who may have been abused).

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The term children/child includes anyone under the age of 18.

This policy applies to all adults, including temporary staff¹, volunteers and governors. The policy has been developed in accordance with the principles established by the Children Acts 1989 and 2004; the Education Act 2002, and in line with government publications: 'Working Together to Safeguard Children' 2015, Revised Safeguarding Statutory Guidance 2 'Framework for the Assessment of Children in Need, and their Families' 2000, Information sharing advice for safeguarding practitioners (2015) and 'What to do if You are Worried a Child is Being Abused' 2015. The guidance reflects, 'Keeping Children Safe in Education' July 2015.

The Governing body takes seriously its responsibility under section 175 of the Education Act 2002 to safeguard and promote the welfare of children; and to work together with other agencies to ensure adequate arrangements within our school to identify, assess, and support those children who are suffering harm.

2. School Commitment

2.1. We recognise that high self-esteem, confidence, peer support and clear lines of communication with trusted adults helps all children, and especially those at risk of or suffering harm from abuse or neglect.

Our school will therefore:

- (a) Establish and maintain an ethos where children feel secure, are encouraged to talk and are listened to. – Safeguarding is openly discussed with both staff and students. Inset time is used for additional training above and beyond the recommended 3 years.
- (b) Ensure that children know that there are adults in the school who they can approach if they are worried or are in difficulty.
The school information to parents and students outlines where help is available – LSU,LRC fully staffed at break , lunch, before and after school. HOH are visible in their areas during form time. Senior staff are on duty before and after school. Assemblies, lessons and notices direct students to where support is available.
- (c) Include in the curriculum, activities and opportunities for PSHE which equip children with the skills they need to stay safe and/or communicate their fears or concerns about abuse.
PHSE/Citizenship lesson/SOW available
Assemblies /form time activities focus on this
- (d) Include in the curriculum, material which will help children develop realistic attitudes to the responsibilities of adult life, particularly with regard to childcare and parenting skills.
See SOW
- (e) Ensure that every effort will be made to establish effective working relationships with parents and practitioners from other agencies.

2.2 'Everyone who comes into contact with children and their families has a role to play in safeguarding children. School and college staff are particularly important as they are in a position to identify concerns early and provide help for children, to prevent concerns from escalating. Schools and colleges and their staff form part of the wider safeguarding system for children. This system is described in statutory guidance *Working*

¹ Wherever the word "staff" is used, it covers ALL staff on site, including ancillary supply and self employed staff, contractors, volunteers working with children etc, and governors

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Together to Safeguard Children 2015. Schools and colleges should work with social care, the police, health services and other services to promote the welfare of children and protect them from harm.' Keeping Safe in Education 2015'

- 2.3 The Education and Inspections Act 2006 states, '*all schools must have measures to encourage good behaviour and prevent all forms of bullying amongst pupils*'. This Act also gives head teachers the ability to ensure that pupils behave when they are not on school premises or under the lawful control of school staff.
- 2.4 Safeguarding is the responsibility of *all* adults and especially those working with children. The development of appropriate multi-agency procedures and the monitoring of good practice are the responsibilities of the Salford Safeguarding Children Board (SSCB).

4. Roles and Responsibilities

4.1. All adults working with or on behalf of children have a responsibility to protect children. There are, however, key people within schools and the Local Authority who have specific responsibilities under Safeguarding and child protection procedures. The names of those carrying these responsibilities in school for the current year are listed in the key contracts section on page 2 of this document.

4.2 The role of the Designated Child Protection Person is to:

- Ensure that he/she receives SSCB refresher training at two yearly intervals to keep knowledge and skills up to date.
- Liaise with the local authority and work with other agencies in line with *Working Together to Safeguard Children 2015*. There should always be cover for this role.
- Ensure that he/she attends all Designated Teacher Seminars on behalf of the school (or arranges for the deputy designated Child Protection Person to attend if exceptionally unable to do so themselves).
- Ensure that all staff who work with children undertake appropriate training to equip them to carry out their responsibilities for safeguarding children effectively and that this is kept up to date by refresher training at three yearly intervals
- Ensure that new staff receive a school-based safeguarding children induction within 15 working days of commencement of their contract.
- Ensure that temporary staff and volunteers are made aware of the school's arrangements for safeguarding children within 7 working days of their commencement of work.
- Ensure that the school operates within the legislative framework and recommended guidance.
- Ensure that all staff and volunteers are aware of the Greater Manchester and Salford Safeguarding Children Procedures.
- Decide upon the appropriate level of response to specific concerns about a child e.g. discuss with parents, or refer to the Bridge Partnership.
- Liaise and work with Salford's the Bridge Partnership over suspected cases of child abuse.

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- Ensure that accurate safeguarding records relating to individual children are kept separate from the academic file in a secure place, marked 'Strictly Confidential' and are passed securely should the child transfer to a new provision. The originating school should consider whether it needs to retain a copy of the records (for example, if a sibling continues to attend the school). If a copy is retained the reason for this should be recorded.
- Submit reports to, and ensure the school's attendance at, child protection conferences contributing to decision making.
- Ensure the school's delivery of actions planned to safeguard the child (e.g. through core group participation).
- Ensure that the school effectively monitors children about whom there are concerns, including notifying Salford's Referral, Investigation and Assessment Team when there is an unexplained absence of more than two days for a child who is the subject of a child protection plan.
- Provide guidance to parents, children and staff about obtaining suitable support and advice in respect of concerns about the child's welfare.

Named Governor for Child Protection

- 4.4 The role of the Named Governor is key to ensuring that the governing body fulfils its responsibilities in respect of safeguarding children. The Named Governor should therefore ensure that the school:
- Has an effective safeguarding children policy in place and follows local procedures. Policies should be reviewed annually.
 - Recruits staff and volunteers in line with safer recruitment processes.
 - Has procedures for dealing with allegations of abuse made against staff and volunteers.
 - Has a designated senior member of staff for dealing with safeguarding children issues. In addition, a core team of highly trained and skilled colleagues work in this area.
 - Accesses appropriate safeguarding children training for **all** staff.
 - Liaises with the Headteacher to ensure that deficiencies in safeguarding arrangements are remedied without delay.

Headteacher

- 4.5 The Headteacher has prime responsibility for leading the school in fulfilling the ethos and policies set down by the governing body, including those set out above in the responsibilities for the Named Governor.
- 4.6 In such a role the Headteacher will ensure that safeguarding is central to whole school policy and practice, embedded in the delivery of the curriculum and in all systems for managing the school.
- 4.7 Part of the means of demonstrating such leadership is in attending SSCB training at least once every 3 years. Such leadership is also demonstrated by embedding safeguarding awareness into the school's organisational development and training programmes.

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5. Procedures – Early Intervention

Policies - We follow the Greater Manchester Safeguarding Procedures adopted by SSCB. The procedures provide a framework within which all agencies and professionals can work together to safeguard and promote the welfare of children and young people across Greater Manchester.

<http://greatermanchesterscb.proceduresonline.com>

5.1 It is very important that practitioners intervene as early as possible if a child or young person has additional needs and services can help in meeting these needs. Such action can help prevent problems becoming child protection concerns. The CAF is a tool for the early help assessment of need at level 2 of the Salford Thresholds of Need and Response Model www.partnersinsalford.org/sscb/Thresholds.htm

Salford's **Early Help Strategy** sits alongside Thresholds of Need and Response. See www.partnersinsalford.org/earlyhelp

For more about the CAF go to www.salford.gov.uk/caf.htm. Appendix 1 to this document contains a copy of the Thresholds of Need.

5.2 'The Anti-Bullying Policy ensures that we foster a culture of safety throughout the school where children and young people are able to alert us to any incidents of bullying and be confident that they will be dealt with effectively. The Anti-Bullying Policy also enables us to prevent issues escalating to safeguarding concerns.

6. Procedures – Child Protection

6.1 Where it is identified that a child is suffering from, or is at risk of significant harm, we will follow the child protection procedures set out by the Salford Safeguarding Children Board.

6.2 In implementing the Buile Hill Visual Arts College policies and procedures on Safeguarding and Child Protection the Headteacher will ensure that;

- the policies relating to safeguarding will be implemented and monitored on an on-going basis with annual evaluation of effectiveness and review. The Review will be presented as an annual item to the governing body.
- All staff and governors will be kept informed about child protection procedures using a variety of means such as staff meetings, Inset Days, one-to-ones and briefings in various forms.
- New and/or temporary staff will be made aware of the policy and procedures at induction within school with clarity about how safeguarding fits into whole school policy.
- As well as teachers all other staff in school, such as Teaching Assistants, administrators, welfare staff, kitchen staff etc will receive the core training on safeguarding and an induction that is specific to their role including knowing what to do if there are child protection concerns.
- Parents will be informed of the school's duties and responsibilities under the policy and procedures in a range of ways that reflects diverse ability to use methods of communication.

7. Training and Support

7.1. Our school will ensure that the Designated Child Protection Person and the nominated governor for Child Protection attend training relevant to their role' at intervals of not longer than 2 years including Multi Agency Child Protection training within this timescale.

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- All new staff undertakes immediate in house training from trained school staff. Salford training at another school arranged if they have not undertaken training in the last 3 years.
- CPD is 3 weekly so any current training can be disseminated
- HT operates an Open Door policy and all colleagues are made aware of Salford Procedures for reporting concerns about a child or for whistle blowing.

Prescribed Whole School and Designated Child Protection Person and Safeguarding Training Requirements

7.2 **All School Staff** – All school staff who do not have designated lead responsibility for child protection are required to undertake SSCB approved training to promote and safeguard the welfare of children and young people every three years².

As safeguarding is 'everybody's' responsibility then all staff in the school should know who to contact if they are concerned about a child or young person so it is important to ensure all new staff receive appropriate training and induction so that they clearly understand their roles and responsibilities³.

7.3 **Designated Person(s)** – As a minimum the Designated Person should attend the SSCB 2 day Foundation Course preferably prior or as soon as possible after beginning the role of Designated Person.

The Foundation Training can be refreshed after a period of 2 years with the one day SSCB Refresher course. Depending upon the circumstances of the school, Ofsted may require that the Designated Person(s) attend the Refresher course

Designated Person(s) are required to keep their knowledge and skills up to date every two years.

The Whole School Safeguarding SLA delivers termly, SSCB approved, two hour seminars which provide suitable updates for designated persons to refresh skills and knowledge. (Schools must have purchased the Whole School Safeguarding SLA to eligible to attend these seminars). After attending the Foundation Course (or equivalent) the Designated Person(s) should also consider accessing the following courses as relevant to the circumstances of the school, in line with SSCB annual priorities and national priorities.

- CAF (Common Assessment Framework) and Early Help
- Child Sexual Exploitation
- Communicating with children
- Core group
- E-safety
- Domestic abuse
- Self Harm
- Female Genital Mutilation
- Neglect
- Parental mental health
- Parental substance use
- Rapid response to a child death
- Sexual abuse

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- Preventing rad/WRAP workshop
- Equality and Diversity
- Forced Marriage
- Witchcraft and Spiritual Possession
- Trafficking
- Safeguarding healthy relationships
- Any additional training or events relating to serious case reviews*

8. Information Sharing and Confidentiality

8.1. Information sharing and Confidentiality are issues which need to be discussed and fully understood by all those working with children, particularly in the context of child protection.

- All staff are made aware that nothing can be kept confidential and that this must never be promised to a child via the training and HT briefing. Information must be immediately passed on to the DT or other SLT.
- Information should be disclosed only to the appropriate designated colleagues and is on a need to know basis.
- If in any doubt The Bridge should be contacted.

8.2 Practitioners work together best to safeguard children where there is an exchange of relevant information between them. Normally, personal information should only be disclosed to third parties (including other agencies) with the consent of the subject of that information (*Data Protection Act 1998, European Convention on Human Rights, Article 8*). Wherever possible, consent should be obtained before sharing personal information with third parties **but may be waived in the circumstances set out below**.

8.3 In some circumstances, achieving consent may not be possible or desirable but the safety and welfare of a child dictate that the information should be shared. The law permits the disclosure of confidential information necessary to safeguard a child or children. Disclosure should be justifiable in each case, according to the particular facts of the case, and legal advice should be sought if in doubt.

8.4 Where consent cannot be obtained to share information or consent is refused or where seeking it may undermine the prevention, detection, or prosecution of a crime the practitioner must judge from the facts whether there is enough public interest to justify sharing information. A concern in relation to protecting a child from significant harm, promoting the welfare of children, protecting adults from serious harm or preventing crime and disorder are all well within public interest.

8.5 The Public Interest test means that practitioners must decide whether sharing information is a necessary and proportionate response to the need to protect the child in question. The decision making process must weigh up what might happen if the information is shared against what might happen if it is not shared. Schools should identify their scheme of delegation for such decision making. However it should also be clear that every practitioner has a professional responsibility to share information without delay when there are concerns about harm to a child.

9. Records and monitoring

9.1 Well-kept records are essential to good child protection practice. Our school is clear about the need to record any concerns held about a child or children within our school, the status of such records and when these

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records, or parts thereof, should be shared with other agencies. All records relating to individual Child Protection and Safeguarding concerns will be held securely and kept separate from the child/young person's academic file.

- Past concerns for children, and what happened in response to the concerns can be very important information for staff members who may have concerns for the child at a later time.
- Record Retention – Child Protection records must be retained by all educational establishments until the child's 25th Birthday, unless the records are transferred to a new establishment when the child transfers to a new provision.
- At the point pupil/student transferring to another educational establishment, all formal records should be sent within 15 working days
- The originating school should consider whether it needs to retain a copy of the records (for example, if a sibling continues to attend the school). If a copy is retained the reason for this should be recorded.
- Concerns regarding a child will be recorded via the Worried About a Child form and passed to the HT who will store it securely.
- Child protection records are kept separate from other school Records. The Child Protection files are stored securely under lock and key and only the DSP/backup DSP have access to them.
- This procedure is in place to ensure that staff do not have open access to the information contained in child protection files. All teacher-held notes become part of school record and so everything is stored centrally.
- Where there are concerns the HT will designate a colleague to work with that student and colleagues will be notified of this action but not of the reason for the action. The nominated colleague will then be responsible for collating information, attending any meetings and keeping the HT updated.
- Any request for access to these files would have to be made to the HT direct who would liaise with the appropriate authorities.
- If a child transfers or leaves the school the child protection File are hand delivered where possible or individual arrangements made for secure handover . If the area or school is unknown then the school will retain the records.
- Anti-Bullying incidents are recorded.

10. Child protection conferences

- 10.1 The Child Protection conference is a meeting to discuss concerns about the care of a child. Its main purpose is to see whether the child is at risk of harm and, if so, to agree what needs to be done to reduce this risk. The Conference can decide to make the child the subject of a Child Protection Plan.
- 10.2 Children are made the subject of a Child Protection Plan when they are thought to be at risk of harm. This might be from physical abuse, sexual abuse, emotional abuse or neglect. It helps to keep a check on the work being done with these children. The Plan contains basic details of the children and their families. It is held securely by Children's Social Care and information from it is only given to authorised people.
- 10.3 The Designated Child Protection Person in school will advise school staff on the preparation of reports for child protection conferences, participation in core groups and carrying out specific tasks with the child and family as identified in the child protection plan.

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- 10.4 Further advice and support for school staff on participating in child protection meetings is also available from the Salford Children's Services Safeguarding Unit on 0161 603 4350
- 11. Supporting pupils at risk**
- 11.1 Our school recognises that children who experience harm through abuse, neglect or through witnessing domestic violence may find it difficult to develop a sense of self-worth and to view the world in a positive way.
- 11.2 Our school fosters a culture of safety through the development of an Anti-Bullying Policy where children and young people feel confident to report any incidents of bullying including cyberbullying.
- 11.3 This school may be the only stable, secure and predictable element in the lives of children at risk. Whilst at school, their behaviour may still be challenging and defiant. In response there may be steps taken to consider suspension or exclusion from school. Such steps should be taken in the context of considering the needs of the child; where appropriate a common assessment ('CAF') should be carried out (with the consent of the parent/carer and/or young person)
- 11.4 It is also recognised that some children who have experienced abuse may in turn abuse others. This requires a considered, sensitive approach in order that the child can receive appropriate help and support and that other children are protected from harm.
- 11.5 This school will endeavour to support pupils through:
- (a) The curriculum, to encourage self-esteem and self-motivation;
 - (b) The school ethos, which promotes a positive, supportive and secure environment and which gives all pupils and adults a sense of being respected and valued;
 - (c) The implementation of school behaviour management policies
 - (d) A consistent approach, which recognises and separates the cause of behaviour from that which the child displays. This is vital to ensure that all children are supported within the school setting;
 - (e) Regular liaison with other practitioners and agencies that support the pupils and their families, in-line with appropriate information sharing protocols;
 - (f) A commitment to develop productive, supportive relationships (i.e. to work in partnership) with parents/carers whenever possible and so long as it is in the child's best interests to do so;
 - (g) The development and support of a responsive and knowledgeable staff group trained to respond appropriately in child protection situations.
- 11.6 We recognise that children with behavioural difficulties and disabilities can be particularly vulnerable to abuse. School staff who work, in any capacity, with children with profound and multiple disabilities, sensory impairment and/or emotional and behaviour problems will need to be particularly sensitive to signs of abuse.
- 11.7 It must also be stressed that in a home environment where there is domestic violence, drug or alcohol misuse, children may also be particularly vulnerable and in need of support or protection.
- 11.8 We are committed to actively promoting the fundamental British values of democracy, the rule of law, individual liberty and mutual respect and tolerance of those with different faiths and beliefs; the pupils are encouraged to develop and demonstrate skills and attitudes that will allow them to participate fully in and contribute positively to life in modern Britain.

There is a current threat from terrorism in the UK and this can include the exploitation of vulnerable young people, aiming to involve them in terrorism or to be active in supporting terrorism. All staff seek have due

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regard to the need to prevent people from being drawn into Terrorism and draw upon The Prevent Duty Guidance, DfE Guidance “Keeping Children Safe in Education, 2015”; and specifically DCSF Resources “Learning Together to be Safe”, “Prevent: Resources Guide”, “Tackling Extremism in the UK”, and DfE’s “Teaching Approaches that help Build Resilience to Extremism among Young People”.

When operating this policy, we will use the following accepted Governmental definition of extremism which is:

‘Vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs; and/or calls for the death of members in our armed forces, whether in this country or overseas’.

Staff will have training that gives them knowledge and confidence to identify children at risk of being drawn into terrorism, and to challenge extremist ideologies. Being drawn into terrorism includes not just violent but non-violent extremism, which can create an atmosphere conducive to terrorism and can popularise views which terrorists can exploit

Concerns should be referred to the Designated Child Protection Person who has local contact details for Prevent and Channel referrals. They will also consider whether circumstances require the police to be contacted. <http://www.partnersinsalford.org/asg-extremism.htm> provides further information.

The Department for Education has launched a helpline for anyone concerned about a **child who may be at risk of extremism**, or about extremism within an organisation working with children and young people. Email: counter.extremism@education.gsi.gov.uk. Telephone: 020 7340 7264.

11.9 Children and young people who are privately fostered can also sometimes require additional support. For more information about this see: <http://www.partnersinsalford.org/sscb/privatefostering.htm>

Other specific safeguarding issues are:

- child sexual exploitation (CSE) • bullying including cyberbullying
- domestic violence
- drugs
- fabricated or induced illness
- faith abuse
- female genital mutilation (FGM)
- forced marriage
- gangs and youth violence
- gender-based violence/violence against women and girls (VAWG)
- mental health
- sexting
- teenage relationship abuse
- trafficking

NB Keeping Children Safe in Education 2015 Section 29 contains links to further guidance and support

11.9 We are committed to actively promoting the fundamental British values of democracy, the rule of law, individual liberty and mutual respect and tolerance of those with different faiths and beliefs; the pupils are encouraged to develop and demonstrate skills and attitudes that will allow them to participate fully in and contribute positively to life in modern Britain.

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There is a current threat from terrorism in the UK and this can include the exploitation of vulnerable young people, aiming to involve them in terrorism or to be active in supporting terrorism. All staff seek to protect children and young people against the messages of all violent extremism including but not restricted to those linked to Islam ideology, Far Right/Neo Nazi/White Supremacist ideology etc. Concerns should be referred to the Designated Child Protection Person who has local contact details for Prevent and Channel referrals. They will also consider whether circumstances require the police to be contacted. <http://www.partnersinsalford.org/asg-extremism.htm> provides further information.

12. Safer schools, safer staff

- School staff will be advised about ensuring safe practice. All staff should be directed to consider the information at www.partnersinsalford.org/sscb/safepractice.htm. This includes information about the importance of safer recruitment and best practice in providing a safe environment for children and young people.
- The school will make available to school staff information about 'counselling' and/or giving advice to children/young people about sexual matters.
- The school will ensure opportunities for staff to share perspectives and experiences with practitioners from other agencies⁴.
- The school will recruit and select safe staff in compliance with DfE guidance and with the procedures set down by the Independent Safeguarding Authority.
- The school will follow statutory guidance on disqualification by association.
- Staff will be made aware of the current SSCB procedures for dealing with allegations of abuse against staff.
- The school will make staff aware of the arrangements in respect of the following issues:
 - The school SG training covers the possibility of abuse by school staff and anyone else working within the school setting and the Safe Working Practices for School Based Staff is used as a basis for discussion.
 - This document also offers guidance to school staff about physical contact with pupils and working in a one-to-one situation with a pupil.
 - Staff made aware of what to do if they have concerns about the behaviour/conduct of the Head Teacher or other members of staff via the training they receive and by the information on the school and Salford intranet.

Appendix 1

www.salford.gov.uk/thresholds.htm

⁴ Child protection and safeguarding are multi-agency responsibilities. These responsibilities are best discharged when practitioners have a good understanding of each other's role. Such opportunities can be provided by SSCB training or, for example, by schools arranging for occasional meetings with other agencies in their locality.

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Appendix 2

School Child Protection Procedures

1. What Should Staff/Volunteers Do If They Have Concerns About A Child or Young Person in School?

Practitioners in schools who are concerned about a child's welfare or who believe that a child is or may be at risk of harm from abuse or neglect should pass any information to the Designated Child Protection Person

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(DCPP) in school; this should *always* occur as soon as possible and certainly within 24 hours (see Flowchart at Appendix 3):

The Designated Child Protection Person (DCPP) is: Melanie Howard, RAC - Safeguarding
The Back-up Designated Person for Child Protection is: James Inman, Headteacher

It is these senior colleagues who are responsible for taking action where the welfare or safety of children or young people is concerned. If staff are uncertain about whether their concerns are indeed 'child protection' then a discussion with their Designated Person/line manager will assist in determining the most appropriate next course of action. The multi-agency Bridge Partnership team can also be consulted, where you will be able to speak to a qualified social worker if necessary for support and advice.

Staff should never:

- Do nothing/assume that another agency or practitioner will act or is acting.
- Attempt to resolve the matter themselves alone.

What should the DCPP consider right at the outset?

- Am I dealing with 'risk' or 'need'? (By definition, a child at risk is also a child in need. However, what is the *priority / level and immediacy* of risk / need?)
- Can the level of need identified be met:
 - In or by the school or by accessing universal services
 - By undertaking a Common Assessment (CAF), without referral to the Bridge Partnership
 - By working with the child, parents and colleagues?
- What resources are available to the practitioner and the school and what are their limitations?
- Is the level of need such that a referral needs to be made to the Bridge Partnership which requests that an assessment of need be undertaken? (Section 17 Child in Need referral)
- Is the level and/or likelihood of risk such that a child protection referral needs to be made (i.e. a child is suffering or is likely to suffer significant harm? (Section 47 Child Protection referral)
- What information is available re: Child, Parents, Family & Environment?
- What information is inaccessible and, potentially, how significant might this be? For example has the parent/carer denied that there is a problem and failed to co-operate with the school in resolving the issue?
- Who do I/don't I need to speak to now and what do they need to know?
- Where can I access appropriate advice and/or support?
- If I am not going to refer, then what action am I going to take? (e.g. time-limited monitoring plan, discussion with parents or other practitioners, recording etc)

2. Feedback to Staff Who Report Concerns to the Designated Child Protection Person (DCPP)

Rules of confidentiality mean that it may not always be possible or appropriate for the DCPP to feedback to staff who report concerns to them. Such information will be shared on a 'need to know' basis only and the DCPP will decide which information needs to be shared, when and with whom. The primary purpose of confidentiality in this context is to safeguard and promote the child's welfare.

3. Thresholds for Referral to the Bridge Partnership

In making a decision about whether a referral to the Bridge Partnership may be required, there are two thresholds for (and their criteria) and types of referral that need to be carefully considered:

(i) Is this a Child In Need?

Under section 17 (s.17(10)) of the Children Act 1989, a child is in need if:

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- (a) He/she is unlikely to achieve or maintain, or to have the opportunity to achieve or maintain, a reasonable standard of health or development, without the provision of services by a local authority;
- (b) His/her health or development is likely to be impaired, or further impaired, without the provision of such services;
- (c) He/she is disabled.

(ii) Is this a Child Protection Matter?

Under section 47(1) of the Children Act 1989, a local authority has a duty to make enquiries where they are informed that a child who lives or is found in their area:

- (a) is the subject of an Emergency Protection Order;
- (b) is in Police Protection; or where they have
- (c) reasonable cause to suspect that a child is suffering or is likely to suffer significant harm.

Therefore, it is the 'significant harm' threshold' that justifies statutory intervention into family life. A practitioner making a child protection referral under s.47 must therefore provide information which clearly outlines that a child is suffering or is likely to suffer significant harm. The Designated Child Protection Person will make judgements around 'significant harm', levels of 'need' and when to refer

4. Making Referrals to CSC (Guidance for the Designated Child Protection Person)

(i) Child in Need/Section 17 Referrals

- Where a Common Assessment (CAF) already exists, the DCPD should send this with the referral to the Bridge Partnership.
- This is a request for assessment/support/services and, as such, you **must obtain the consent** of the parent(s)(and child/young person where appropriate). This should also be identified on the CAF.
- Where a parent/carer/young person refuses to consent, you should make clear your ongoing plans and responsibilities in respect of support, monitoring etc, and the possibility of a child protection referral at some point in future if things deteriorate or do not improve. (This is not about threats or saying that this is inevitable but about openness and transparency in dealings with parents).

(ii) Child Protection/Section 47 Referral

- Make a telephone call to the Bridge Partnership and forward for consideration.
- If a CAF exists this should be forwarded to the Bridge Partnership as soon as possible, and certainly within 48 hours.
- You **do not require the consent** of a parent or child/young person to make a child protection referral
- A parent should, **under most circumstances, be informed** by the referrer that a child protection referral is to be made. **The criteria for not informing parents are:**
 - (a) Because this would increase the risk of significant harm to a child(ren); or
 - (b) Because, in the referrer's professional opinion, to do so might impede an investigation that may need to be undertaken;
 - (c) Because there would be an undue delay caused by seeking consent which would not serve the child's best interests.

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Fear of jeopardising a working relationship with parents because of a need to refer is **not** sufficient justification for not making a referral nor for not telling them that you need to refer. Lack of openness will do little to foster ongoing trust, particularly as the source of referrals will be disclosed to parents except in a limited number of circumstances. If you feel that your own or another adult's immediate safety would be placed at risk by informing parents then you should seek advice and/or make this clear on the CAF and in any telephone contact with the Bridge Partnership.

5. Bridge Partnership Responses to Referrals and Timescales

In response to a referral, the Bridge Partnership may decide to:

- Provide advice to the referrer and/or child/family;
- Refer on to another agency who can provide services;
- Convene a Strategy Meeting ;
- Provide support services under Section 17;
- Undertake an social work assessment(completed within 45 working days);
- Convene an Initial Child Protection Conference (within 15 working days of a Strategy Meeting)
- Accommodate the child under Section 20 (with parental consent);
- Make an application to court for an Order;
- Take no further action.

6. Feedback from the Bridge Partnership

The Bridge Partnership has 24 hours within which to make a decision about a course of action in response to a referral. A DCPD should expect to receive written confirmation about action following any referral within 7 days. If you do not receive any (same day) verbal feedback following an urgent child protection referral, and where this places school/a child or children in a vulnerable position, you should ask to speak to a Duty Social Worker, or the relevant Team Manager.

7. Risk Assessment 'Checklist'

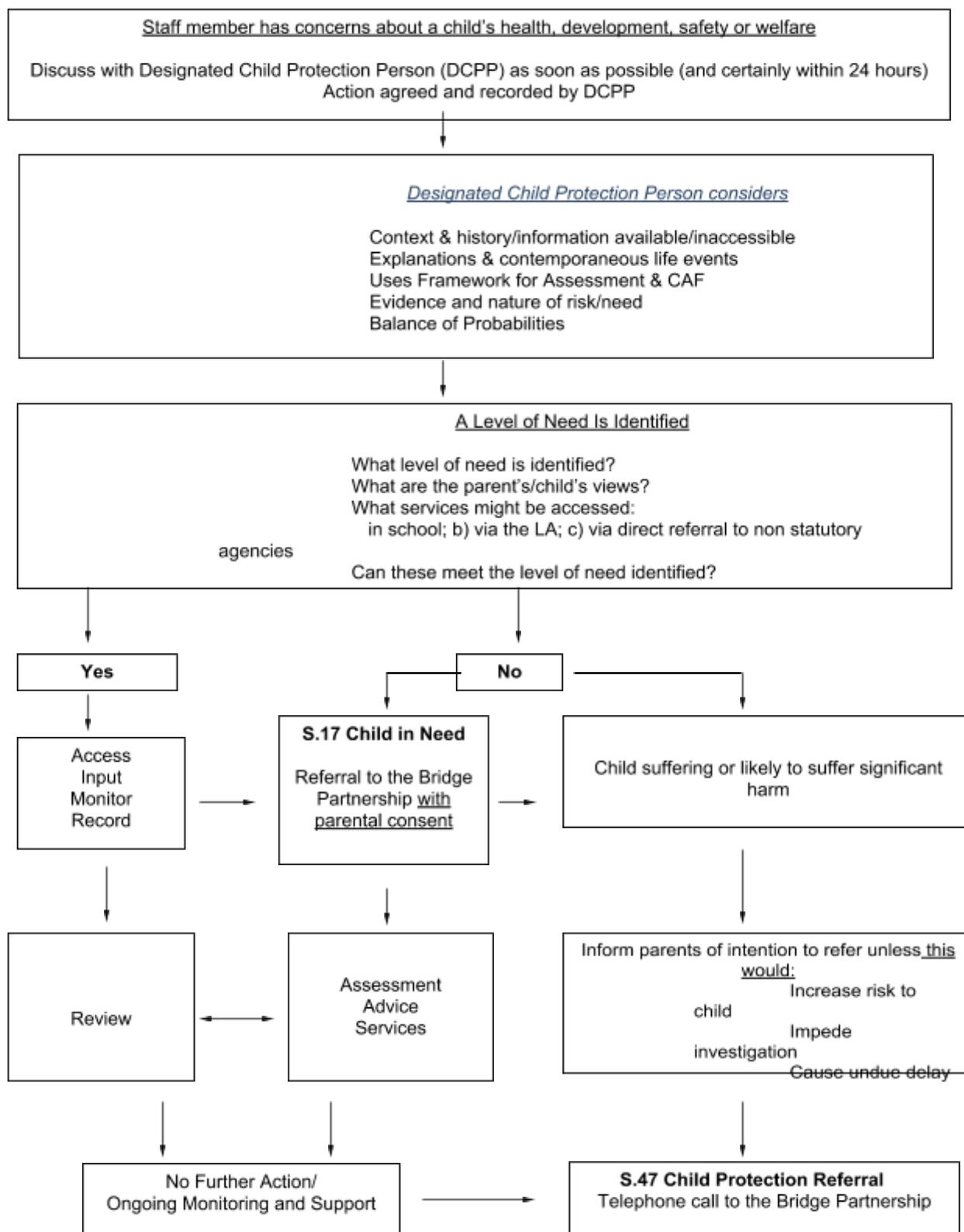
- Does/could the suspected harm meet the Working Together 2015 definitions of abuse?
- Are there cultural, linguistic or disability issues?
- Am I wrongly attributing something to impairment?
- Does the chronology indicate any possible patterns which could/do impact upon the level of risk?
- Are any injuries or incidents acute, cumulative, episodic?
- Did any injuries result from spontaneous action, neglect, or intent?
- Explanations consistent with injuries/behaviour?
- Severity and duration of any harm?
- Effects upon the child's health/development?
- Immediate/longer term effects?
- Likelihood of recurrence?
- Child's reaction?
- Child's perception of the harm?
- Child's needs wishes and feelings?
- Parent's/carer's attitudes/response to concerns?
- How willing are they to cooperate?
- What does the child mean to the family?
- What role does the child play?
- Possible effects of intervention?
- Protective factors and strengths of/for child
(I.e. resilience/vulnerability)

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- Familial strengths and weaknesses?
- When and how is the child at risk?
- How imminent is any likely risk?
- How grave are the possible consequences?
- How safe is this child?
- What are the risk assessment options?
- What are the risk management options?
- What is the interim plan?

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Appendix 3: taking action on child welfare/protection concerns in school



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Appendix 4: Responding to a disclosure

If a child wants to confide in you, you **SHOULD**

- Be accessible and receptive;
- Listen carefully and uncritically, at the child's pace;
- Take what is said seriously;
- Reassure children that they are right to tell;
- Tell the child that you must pass this information on;
- Make sure that the child is ok ;
- Make a careful record of what was said

You should **NEVER**

- Investigate or seek to prove or disprove possible abuse;
- Make promises about confidentiality or keeping 'secrets' to children;
- Assume that someone else will take the necessary action;
- Jump to conclusions, be dismissive or react with shock, anger, horror etc;
- Speculate or accuse anybody;
- Investigate, suggest or probe for information;
- Confront another person (adult or child) allegedly involved;
- Offer opinions about what is being said or the persons allegedly involved;
- Forget to record what you have been told;
- Fail to pass this information onto the correct person (the Designated Child Protection Person).

Children with communication difficulties, or who use alternative / augmentative communication systems

- While extra care may be needed to ensure that signs of abuse and neglect are interpreted correctly, any suspicions should be reported in exactly the same manner as for other children;
- Opinion and interpretation will be crucial (be prepared to be asked about the basis for it and to possibly have its validity questioned if the matter goes to court).
- Use of signers or interpreters

Recordings should

- State who was present, time, date and place;
- Be written in ink and be signed by the recorder;
- Be passed to the DCP or Head Teacher immediately (certainly within 24 hours);
- Use the child's words wherever possible;
- Be factual/state exactly what was said;
- Differentiate clearly between fact, opinion, interpretation, observation and/or allegation.

What information do you need to obtain?

- Schools have **no investigative role** in child protection (Police and the Bridge Partnership will investigate possible abuse very thoroughly and in great detail, they will gather evidence and test hypotheses – leave this to them!);
- Never prompt or probe for information, your job is to listen, record and pass on;
- Ideally, you should be clear about what is being said in terms of **who, what, where and when**;
- The question which you should be able to answer at the end of the listening process is 'might this be a child protection matter?';
- If the answer is yes, or if you're not sure, record and pass on immediately to the Designated Child Protection Person /Head Teacher/line manager or consult directly with the Bridge Partnership.

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If you do need to ask questions, what is and isn't OK?

- **Never** ask closed questions i.e. ones which children can answer yes or no to e.g. Did he touch you?
- **Never** make suggestions about who, how or where someone is alleged to have touched, hit etc e.g. top or bottom, front or back?
- If we must, use only '**minimal prompts**' such as 'go on ... tell me more about that ... tell me everything that you remember about that'
- Timescales are very important: '**When was the last time this happened?**' is an important question.

What else should we think about in relation to disclosure?

- Is there a place in school which is particularly suitable for listening to children e.g. not too isolated, easily supervised, quiet etc;
- We need to think carefully about our own body language – how we present will dictate how comfortable a child feels in telling us about something which may be extremely frightening, difficult and personal;
- Be prepared to answer the 'what happens next' question;
- We should never make face-value judgements or assumptions about individual children. For example, we 'know that [child.....] tells lies';
- Think about how you might react if a child DID approach you in school. We need to be prepared to offer a child in this position exactly what they need in terms of protection, reassurance, calmness and objectivity;
- Think about what support **you** could access if faced with this kind of situation in school.

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Appendix 4 – What is abuse and neglect?

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger for example, via the internet. They may be abused by an adult or adults, or another child or children.

Definitions of child abuse

There are four types of child abuse.

- Physical Abuse
- Emotional Abuse
- Sexual Abuse
- Neglect

Physical abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Emotional Abuse

Emotional abuse is the persistent emotional maltreatment 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. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Sexual Abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

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Neglect

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.

Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: provide adequate food, clothing and shelter (including exclusion from home or abandonment)

- protect a child from physical and emotional harm or danger
- ensure adequate supervision (including the use of inadequate care-givers)
- ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Signs of abuse

Recognising child abuse is not easy. Sometimes the signs are not obvious and sometimes signs that appear to be indicative of abuse can be due to other causes. Therefore it is very important that you use these signs to help you think about the concerns you have and how you will describe these when making a referral or consulting with the Bridge Partnership team.

These definitions and indicators only serve as a guide to assist you. Remember that children may exhibit some of these indicators at some time, and that the presence of one or more is not necessarily proof that abuse is occurring. There may be other reasons for changes in behaviour such as bereavement, significant changes in family relationships, including the birth of a new baby in the family or problems between parents/carers.

It is not your responsibility to decide whether or not child abuse has taken place or if a child is at significant risk of harm from someone. You do, however, have a responsibility and duty to act in order that the appropriate agencies can investigate and take any necessary action to protect a child. The social worker or police officer will always want to understand your concerns about the child in the context of the child's development and relationships.

The following information should help you to be more alert to the signs of possible abuse and to provide the necessary information when reporting your concerns.

Physical Abuse

Most children in daily life will collect cuts and bruises. But each child is different and any perceived injuries should be interpreted in light of:

- the child's medical and social history
- the child's developmental stage
- the explanation given for the injury

Most accidental bruises are seen over bony parts of the body, e.g. elbows, knees, shins, and often on the front of the body.

Important indicators of physical abuse are bruises or injuries that are either unexplained or inconsistent with the explanation given, or visible on the 'soft' parts of the body where accidental injuries are unlikely, e.g. cheeks, abdomen, back and buttocks.

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The physical signs of abuse may include:

- Bruising, marks or injuries on any part of the body that are unexplained or not consistent with the explanation given for them
- Injuries which occur to the body especially in clusters and in places which are not normally exposed to falls or rough games
- Injuries which have not received medical attention or there has been a delay in getting medical attention (although note that burn injuries are often delayed in presentation due to blistering taking place some time later)
- Cigarette burns
- Human bite marks
- Broken bones
- Scalds
- Multiple burns

Changes in behaviour that can also indicate physical abuse:

- fear of parents being approached for an explanation
- fear of further enquiries being made
- aggressive behaviour or severe temper outbursts
- flinching when approached or touched
- reluctance to get changed, for example in hot weather, or to participate in games or swimming
- depression
- withdrawn behaviour
- running away from home or school

Emotional Abuse

Emotional abuse can be difficult to identify, as there may be no outward physical signs.

There may be a developmental delay due to a failure to thrive and grow – but this will usually only be evident if the child puts on weight in other circumstances, for example when hospitalised or away from their parents' care.

Children who appear well-cared for may nevertheless be emotionally abused by being taunted, put down or belittled. They may receive little or no love, affection or attention from their parents or carers.

Emotional abuse can also take the form of children not being allowed to mix or play with other children.

Changes in behaviour or presentation which can indicate emotional abuse include:

- Depression, aggression, extreme anxiety, changes or regression in mood or behaviour, particularly where a child withdraws or becomes clingy
- Neurotic behaviour e.g. sulking, hair twisting, rocking
- Obsessions or phobias
- Sudden underachievement or lack of concentration
- Seeking adult attention and not mixing well with other children
- Sleep or speech disorders
- Negative statements about self
- Extreme shyness or passivity
- Running away, stealing and lying
- Being unable to play

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- Fear of making mistakes
- Sudden speech disorders
- Self-harm
- Fear of parent being approached regarding their behaviour
- Developmental delay in terms of emotional progress
- Reporting parental violence or discord (i.e. exposure to domestic violence)

Sexual Abuse

Sexual abuse is known to take place against children and young people of all ages, including infants and toddlers.

Usually, in cases of sexual abuse it is the child's behaviour that may cause you to become concerned, although physical signs can also be present.

Children who tell about sexual abuse do so because they want it to stop. It is important, therefore, that they are listened to and taken seriously.

It is not just adult men who sexually abuse children – there are increasing numbers of allegations of sexual abuse of children against women and sexual abuse can also be perpetrated by other children or young people.

The physical signs of sexual abuse may include:

- pain or itching in the genital area
- bruising or bleeding near genital area
- sexually transmitted disease
- vaginal discharge or infection
- repeated urinary infections
- stomach pains
- discomfort when walking or sitting down
- pregnancy

Changes in behaviour or presentation which can also indicate sexual abuse include:

- any allegation by the child of sexual abuse
- sudden or unexplained changes in behaviour e.g. becoming aggressive or withdrawn
- fear of being left with a specific person or group of people
- having nightmares and severe or persistent sleep disturbance
- running away from home
- sexual knowledge beyond their age or developmental level; preoccupation with sexual matters
- sexual activity through drawings, language or play
- bedwetting
- eating problems such as overeating or anorexia
- self-harm or mutilation, sometimes leading to suicide attempts
- saying they have secrets they cannot tell anyone about
- substance or drug abuse
- suddenly having unexplained sources of money
- not being allowed to have friends (particularly in adolescence)
- acting in a sexually explicit way towards adults

Neglect

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Neglect can be a difficult form of abuse to recognise but it has some of the most lasting and damaging effects on children.

The physical signs of neglect may include:

- constant or frequent hunger, sometimes stealing food
- constantly dirty or 'smelly'
- loss of weight, or constantly underweight
- inappropriate clothing for the conditions.
- Frequent diarrhoea
- Untreated illnesses, injuries or physical complaints

Changes in behaviour or presentation which can also indicate neglect may include:

- frequent tiredness
- overeating

- not requesting medical assistance and/or failing to attend appointments
- having few friends
- mentioning being left alone or unsupervised.

Female Genital Mutilation (FGM)

It is essential that staff are aware of FGM practices and the need to look for signs, symptoms and other indicators of FGM. Please see appendix 5 for full FGM Policy.

What is FGM?

It involves procedures that intentionally alter/injure the female genital organs for non-medical reasons.

4 types of procedure:

Type 1 Clitoridectomy – partial/total removal of clitoris

Type 2 Excision – partial/total removal of clitoris and labia minora

Type 3 Infibulation entrance to vagina is narrowed by repositioning the inner/outer labia

Type 4 all other procedures that may include: pricking, piercing, incising, cauterising and scraping the genital area.

Why is it carried out?

Belief that:

- FGM brings status/respect to the girl – social acceptance for marriage
- Preserves a girl's virginity
- Part of being a woman / rite of passage
- Upholds family honour
- Cleanses and purifies the girl
- Gives a sense of belonging to the community
- Fulfils a religious requirement
- Perpetuates a custom/tradition
- Helps girls be clean / hygienic

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- Is cosmetically desirable
- Mistakenly believed to make childbirth easier

Is FGM legal?

FGM is internationally recognised as a violation of human rights of girls and women. It is **illegal** in most countries including the UK.

Circumstances and occurrences that may point to FGM happening

- Child talking about getting ready for a special ceremony
- Family taking a long trip abroad
- Child's family being from one of the 'at risk' communities for FGM (Kenya, Somalia, Sudan, Sierra Leon, Egypt, Nigeria, Eritrea as well as non-African communities including Yemeni, Afghani, Kurdistan, Indonesia and Pakistan)
- Knowledge that the child's sibling has undergone FGM
- Child talks about going abroad to be 'cut' or to prepare for marriage

Signs that may indicate a child has undergone FGM:

- Prolonged absence from school and other activities
- Behaviour change on return from a holiday abroad, such as being withdrawn and appearing subdued
- Bladder or menstrual problems
- Finding it difficult to sit still and looking uncomfortable
- Complaining about pain between the legs
- Mentioning something somebody did to them that they are not allowed to talk about
- Secretive behaviour, including isolating themselves from the group
- Reluctance to take part in physical activity
- Repeated urinary tract infection
- Disclosure

Forced Marriage

- This is an entirely separate issue from arranged marriage. It is a human rights abuse and falls within the Crown Prosecution Service definition of domestic violence. Young men and women can be at risk in affected ethnic groups. Whistle-blowing may come from younger siblings. Other indicators may be detected by changes in adolescent behaviours. Never attempt to intervene directly as a school or through a third party.
- The 'One Chance' rule
- As with Forced Marriage there is the 'One Chance' rule. It is essential that settings /schools/colleges take action **without delay**.

Preventing Radicalisation

- Protecting children from the risk of radicalisation should be seen as part of schools' wider safeguarding duties, and is similar in nature to protecting children from other forms of harm and abuse. During the process of radicalisation it is possible to intervene to prevent vulnerable people being radicalised.
-
- Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism. There is no single way of identifying an individual who is likely to be susceptible to an extremist ideology.
-
- It can happen in many different ways and settings. Specific background factors may contribute to vulnerability which are often combined with specific influences such as family, friends or online, and with

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specific needs for which an extremist or terrorist group may appear to provide an answer. The internet and the use of social media in particular has become a major factor in the radicalisation of young people.

-
- As with managing other safeguarding risks, staff should be alert to changes in children's behaviour which could indicate that they may be in need of help or protection. School staff should use their professional judgement in identifying children who might be at risk of radicalisation and act proportionately which may include making a referral to the Channel programme.
-
- Please refer to [Keeping Children Safe in Education, July 2015, pgs 15-18](#) for further information on Preventing Radicalisation.

Appendix 5- Female Genital Mutilation (FGM) Policy

Rationale:

Buile Hill Visual Arts College has robust and rigorous safeguarding procedures and takes its responsibilities of child protection seriously.

Female Genital Mutilation is a form of child abuse and as such is dealt with under the school's Child Protection/Safeguarding policy. At Buile Hill Visual Arts College, the Headteacher and Governors expect Safeguarding to be everybody's responsibility expect all staff to adhere to and follow these policies. The school uses the World Health Organisation definition as written below.

Definition of FGM:

"Female Genital Mutilation (FGM) comprises of all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural or non-therapeutic reasons."
(World Health Organisation-1997)

Government documents:

The school has taken information from several documents to write this appendix. These include, The South West Child Protection Procedures Guidelines for FGM www.swcpp.org.uk, the Government Home Office guidelines, the *Ofsted* guidelines for "Inspecting Safeguarding".

The UK Government has written advice and guidance on FGM that states;

"FGM is considered child abuse in the UK and a grave violation of the human rights of girls and women. In all circumstances where FGM is practised on a child it is a violation of the child's right to life, their right to their bodily integrity, as well as their right to health. The UK Government has signed a number of international human rights laws against FGM, including the Convention on the Rights of the Child."

"Girls are at particular risk of FGM during school summer holidays. This is the time when families may take their children abroad for the procedure. Many girls may not be aware that they may be at risk of undergoing FGM.

UK communities that are most at risk of FGM include Kenyans, Somalis, Sudanese, Sierra Leoneans, Egyptians, Nigerians and Eritreans. However women from non-African communities that are at risk of FGM include Yemeni, Kurdish, Indonesian and Pakistani women."

As from January 2013 *Ofsted* have included FGM in their "Inspecting Safeguarding" briefing for Inspectors. Annex 4 contains questions and information about FGM for inspectors. Below are excerpts from this document;

ANNEX 4. FEMALE GENITAL MUTILATION

"...Designated senior staff for child protection in schools should be aware of the guidance that is available in respect of FGM, and should be vigilant to the risk of it being practised. Inspectors should be also alert to this when

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considering a school's safeguarding arrangements, and where appropriate ask questions of designated staff. Key questions could include:

- Are designated senior staff for child protection aware of the issue and have ensured that staff in the school are aware of the potential risks?
- How alert are staff to the possible signs that a child has been subject to female genital mutilation or is at risk of being abused through it?
- Has the school taken timely and appropriate action in respect of concerns about particular children?"

In light of this information Buile Hill Visual Arts College has decided to implement these policies and procedures.

Procedures School has in place:

Buile Hill Visual Arts College has decided to take proactive action to protect and prevent our girls being forced to undertake FGM. The Headteacher and Governors do this in 4 ways:

1. A robust attendance policy that does not authorise holidays, extended or otherwise.
2. FGM training for Child Protection leads and disseminated training for all staff at the front line dealing with the children.

In order to protect our children it is important that key information is known by all of the school community.

Indications that FGM has taken place:

- Prolonged absence from school with noticeable behaviour change – especially after a return from holiday.
- Spend long periods of time away from the class during the day.
- A child who has undergone FGM should be seen as a child protection issue. Medical assessment and therapeutic services to be considered at the Strategy Meeting.

Indications that a child is at risk of FGM:

- The family comes from a community that is known to practice FGM - especially if there are elderly women present.
- In conversation a child may talk about FGM.
- A child may express anxiety about a special ceremony.
- The child may talk or have anxieties about forthcoming holidays to their country of origin.
- Parent/Guardian requests permission for authorised absence for overseas travel or you are aware that absence is required for vaccinations.
- If a woman has already undergone FGM – and it comes to the attention of any professional, consideration needs to be given to any Child Protection implications e.g. for younger siblings, extended family members and a referral made to Social Care or the Police if appropriate.

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If we have concerns that children in our school community are at risk or victims of Female Genital Mutilation then we refer to the South West Child Protection Procedures Guidelines for FGM (www.swcpp.org.uk). We may;

ASK

Ask children to tell you about their holiday. Sensitively and informally ask the family about their planned extended holiday ask questions like;

- Who is going on the holiday with the child?
- How long they plan to go for and is there a special celebration planned?
- Where are they going?
- Are they aware that the school cannot keep their child on roll if they are away for a long period?
- Are they aware that FGM including Sunna is illegal in the U.K even if performed abroad?

If you suspect that a child is a victim of FGM you may ask the child;

- Your family is originally from a country where girls or women are circumcised – Do you think you have gone through this?
- Has anything been done to you down there or on your bottom?
- Do you want to talk to someone who will understand you better?
- Would you like support in contacting other agencies for support, help or advice?

These questions and advice are guidance and each case should be dealt with sensitively and considered individually and independently. Using this guidance is at the discretion of the Headteacher.

Record all interventions should be accurately recorded.

Refer to Child protection lead or Headteacher needs to seek advice about making referrals to Social Care and CAIT (Child Abuse Investigation Team) and to follow South West Child Protection Procedure Guidelines on FGM and CP referrals.

Useful documents include:

Multi-Agency Practice Guidelines: Female Genital Mutilation (HM Government, 2011)

Briefings and Information for Use During Inspections of Maintained Schools and Academies (Ofsted, updated December 2012).

South West Child Protection Procedure Guidelines

Working together to safeguard children, HM Government (2010), paragraphs 6.14 to 6.19.1

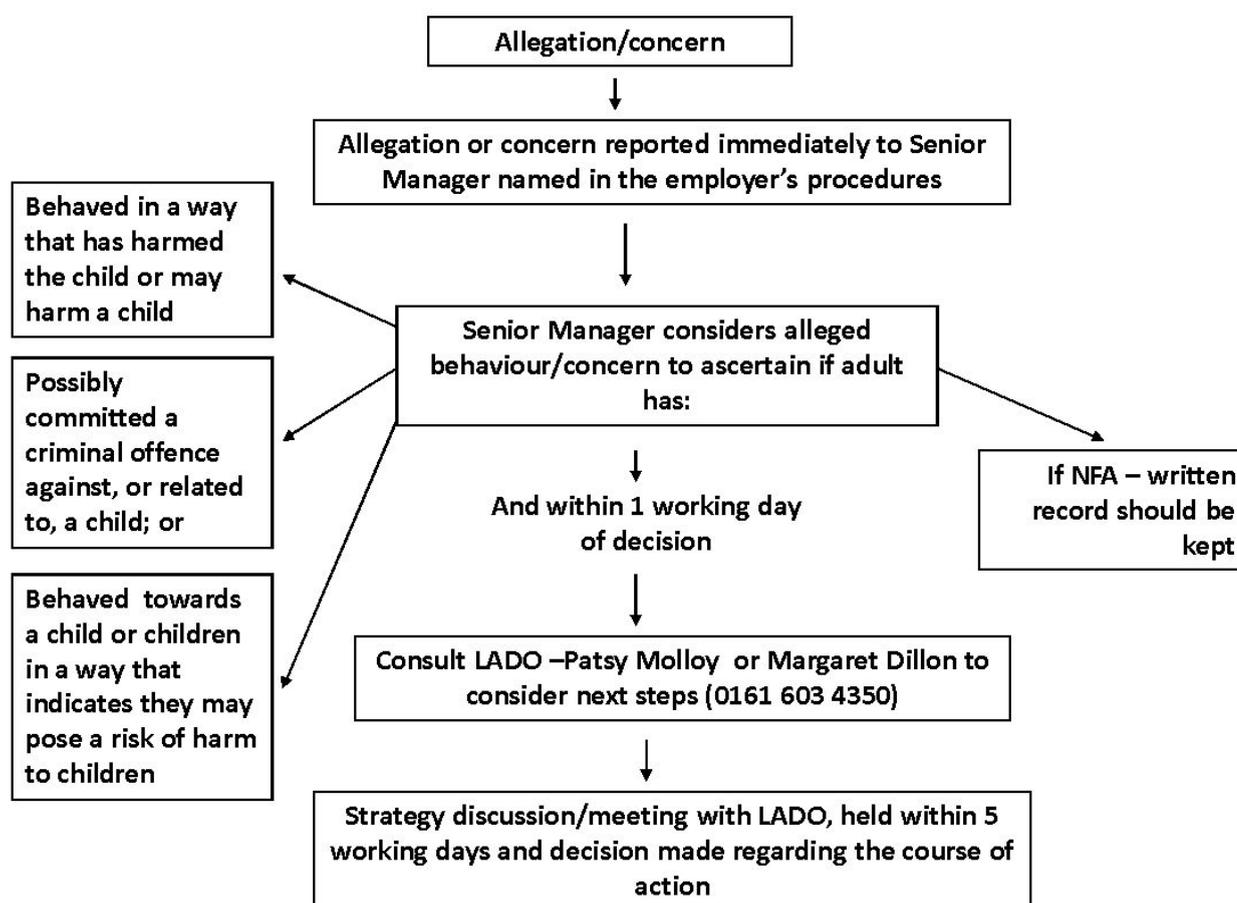
Safeguarding children and safer recruitment in education, DfE (2006), Annex A, paragraphs 39 to 42.2

The Department for Education website;

<http://www.education.gov.uk/schools/pupilsupport/pastoralcare/childprotection/a0072224/safeguarding-children-from-female-genital-mutilation>.

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Appendix 6- Managing Allegations Against Staff



More information can be found at: http://greatermanchesterscb.proceduresonline.com/chapters/p_man_allegations.html

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