



Safeguarding and Child Protection Policy

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1. Aims

All staff in an education setting have a crucial role to play in helping identify welfare concerns and indicators of possible abuse or neglect at an early stage. Keeping Children Safe in Education 2018 and Working Together to Safeguard Children 2015 puts a statutory responsibility on the Governing Body to have policies and procedures in place that safeguard and promote the welfare of children who are pupils of the school.

‘Disabled children are at greater risk of abuse than non-disabled children. There is a need for policies and practices within schools and other establishments that safeguard, respect and empower disabled children.’ NSPCC

As a Special school our protocols and procedures recognise the vulnerability of pupils who cannot always verbally communicate when they are worried or distressed about events that have taken place. Through the use of PECs, Makaton signing and familiar adults we are able to support the more vulnerable to share concerns. Staff need to be vigilant and skilled at recognising early signs that problems may exist in order to proactively follow guidelines and support the pupil involved.

In accordance with the Mission Statement, Castlebar School aims to provide an environment where pupils feel safe, secure and are able to trust the adults whose responsibility it is to care for them.

- To develop a culture in which pupils and adults develop an understanding and respect for each other.
- To develop pupils’ skills in keeping themselves and their friends safe.
- To keep the pupils in our care safe. All pupils regardless of race, gender or disability have the right to be protected.
- To develop, in pupils, the knowledge that their concerns will be fairly and seriously considered.
- To develop in all adults, the skills, sensitivity and knowledge when caring for pupils, who have suffered abuse.
- To ensure that adults feel secure when dealing with Child Protection matters.
- To promote a multi-agency approach with regard to Child Protection in line with the ‘Every Child Matters’ agenda.

2. Early Intervention

The school is committed to supporting children and families to ensure the best outcomes. If the school (possibly with other agencies) and/or the parent/carer begin to have a concern about the welfare of a child, the school will in the first instance discuss these concerns with the family.

Where appropriate and with the agreement of the parents/carers, we may initiate an Early Help Assessment Plan (EHAP). This is a way of working whereby a single assessment of need is carried out during a Team Around the Family (TAF) meeting, and an action plan worked out and agreed by all to deliver the additional help and support the child and their family need. An EHAP is used where there is a need for a multi-agency, multi-disciplinary or a targeted approach to addressing any issues.

Where concern for the child is for their safety - a referral will be made to ECIRS (Ealing Children’s Integrated Response Service) who will determine whether the case should be escalated to social care.

Formal Intervention and Support

If it is identified that a child is in need of further support in order to meet his/her basic needs and these needs cannot be met by universal services or an EHAP, Ealing Social Services may become involved. A child may be supported by a Child In Need (CIN) plan.

Should the support be unsuccessful and/or the child has suffered or is likely to suffer significant harm a Child Protection Conference may be called and the child may be made subject to a Child Protection Plan. Once a child is made subject to a plan, all agencies involved in the child’s welfare work collaboratively to reduce the risks posed to the child. The Child Protection Plan is first reviewed within 3 months and then every 6 months thereafter.

3. Responsibility for Child Protection Issues

Child protection issues are the responsibility of all staff involved in the care of our pupils, i.e. teaching staff, SSAs, SMSAs, caretakers, administrators, kitchen staff, supply teachers and students. No adult can say it has nothing to do with them. The Designated Safeguarding Lead teachers currently are the Headteacher (Paul Adair) and the Safeguarding and Family Lead (Dawn Murphy). In their absence any CP issues should be reported to the Deputy or either of the Assistant Head teachers. A concern should be uploaded onto the MyConcern system and the person raising the concern should then go to the DSL.

There are also two designated Safeguarding Governors - Sarah Wilson and Mohan Pandian.

4. Categories of Child Abuse

There are many aspects to child abuse and they are not easy to identify. Four main areas can be identified:

- Neglect:** The persistent or severe neglect of a child, or the failure to protect a child from exposure to any kind of danger, including cold, or starvation, or extreme failure to carry out important aspects of care, resulting in the significant impairment of the child's health or development including psychological failure to thrive.
- Physical Abuse:** Actual or likely physical injury to a child or failure to prevent physical injury, or suffering to a child including deliberate poisoning, suffocation and Munchausen's syndrome by proxy.
- Sexual Abuse:** Actual or likely sexual exploitation of a child or adolescent. The child may be dependent and/or developmentally immature. A child is sexually abused when they are forced or persuaded to take part in sexual activities. This doesn't have to be physical contact, and it can happen online. Child sexual exploitation is a type of sexual abuse in which children are sexually exploited for money, power or status.
- Emotional abuse:** Actual or likely severe adverse effect on the emotional and behavioural 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.

Complex forms of abuse can often be difficult to identify and may even fall into more than one category. Some examples are:

- **Fabricated/Induced Illness (FII):** this form of abuse occurs when a child is presented for medical attention with signs or symptoms which have been fabricated or induced by the child's carer.
- **Harmful practices related to culture and faith based beliefs:** Not all practices related to culture, faith and beliefs are harmful, but there are some that are unsafe and also illegal in the UK. These include branding a child as a witch, breast ironing, child trafficking; cupping therapy, and female genital mutilation, forced marriage, honour based violence, harsh forms of physical chastisements, scaring initiations, and certain healing practices and rituals.
- **Child Trafficking:** Child trafficking is the recruitment and movement of children for the purpose of exploitation. This can be for sexual, labour, domestic servitude, criminal activity, benefits fraud, forced marriages, or even the removal of organs.
- **Grooming:** is when someone builds an emotional connection with a child to gain their trust for the purposes of sexual abuse or exploitation. Children and young people can be groomed online or in the real world, by a stranger or by someone they know - for example a family member, friend or professional.
- **Online abuse:** is any type of abuse that happens on the web, whether through social networks, playing online games or using mobile phones.
- **Female Genital Mutilation (FGM):** Also known as female circumcision, is defined by World Health Organisation as a range of procedures that involves "the partial or total removal of the external genitalia or injury to the female genital organs whether for cultural or any other non-therapeutic reasons". According to 2007 Prevalence Study by FORWARD UK, it is estimated that 140 million girls worldwide have been affected, and 24,000 girls in the UK are at risk annually. FGM is child abuse and illegal in the UK. It is usually carried out on young girls at some time between infancy and the age of 15, however most likely between 6 - 8 years of age.

See appendix for guidance on how to respond if you are concerned a child is at risk or has already undergone FGM.

- **Radicalisation:** When a person is encouraged to become an advocate of a radical political reform by supporting terrorism and violent extremism. Radicalisation of children and young people may include encouraging them to undertake violent activities on the grounds of religious belief. Children may be exposed to messages about terrorism through a family member or friend, a Religious school or group, or through social media and the internet. This creates risk of a child or young person being drawn into criminal activity and exposure to significant harm.
- **Forced Marriage:** A forced marriage is when someone is made to marry another person who they do not want to. Forced marriages can happen in secret and can also be planned by parents, family or religious leaders. It may involve physical abuse, sexual abuse or emotional abuse.

5. Responding to the Child:

Children with social communication difficulties may express concerns in a variety of ways.

When a pupil first reveals something concerning/which may be considered abuse, the staff member should:

- a) Listen and watch carefully to what the child says or does and record his or her exact words/actions and expressions (if possible) immediately after;
- b) reassure the child that they are not to blame and were right to tell;
- c) acknowledge the child's feelings;
- d) ask questions to help them give more details if they wish but, do not lead: e.g. "Would anyone else understand how you feel?" rather than "Does he do this to your sister?";
- e) obtaining more information from children with limited verbal abilities may require enabling communication through symbols, and observing their behaviour for signs of distress or abnormal passivity;
- f) the child may love the abuser, but hate the abuse, so agree the abuse "is wrong";
- g) reassure the child that adults will ensure that they are protected;
- h) let the child know that you have to tell someone else so she or he will not be hurt anymore;
- i) make a written record as soon as possible after talking to the child;
- j) draw a diagram to show the location and size of marks on the child's body stating the date when it was seen;
- k) after referral and the parents have been informed, then the child's feelings must be acknowledged and they should be told:
 - who else knows about the allegation;
 - that they can talk to a staff member whenever they need to;
 - that it is right that abuse is made known.
- l) returning to school after a traumatic investigation will be easier for the pupil if an appropriate/known member of staff e.g. Headteacher / Deputy / Assistant Head Teacher/ Social Worker contacts the child/family, acknowledging the outcomes and rebuilding relationships.

6. Reporting Procedures:

Teachers should be aware of all the children in their class subject to a Child Protection Plan and any others about whom there are general social care concerns. If any adult suspects, or has evidence of, or a disclosure of abuse, then immediately, the following steps should be taken:

- (a) The staff member with the concern tells;
 - the designated lead teacher for child protection (in the first instance this is the Headteacher or Safeguarding and Family Lead). This should be backed up by the uploaded MyConcern. If the Head or Safeguarding and Family Lead is not available, the staff member should report to the Deputy Head Teacher and/or the Assistant Head teacher of their department.
- (b) The injury or concern and the child's explanation (or lack of it) should be uploaded onto MyConcern and the 'body map' completed if necessary - IMMEDIATELY.
- (c) The designated safeguarding lead teacher, in collaboration with the other DSL's may decide that a telephone call to the parent is sufficient if there have been no previous concerns. This call is to verify the child's story and to inform the parent. This shared decision means a shared responsibility. - WITHIN HALF A DAY.
- (d) If the explanation is unsatisfactory then the designated teacher must consult with all who may have knowledge of the child's welfare, i.e. SSA, previous teacher, to decide on what course of action should be taken. - WITHIN HALF A DAY.
- (e) If there is uncertainty about whether or not to refer, then one of the following can be consulted:
 - The appendix to Ealing's Child Protection Procedures;
 - The Social Services office for the child's home address;
 - The Education Department's designated officer for Child Protection;
- (f) If a child makes an allegation of abuse, a meeting should be convened as soon as possible. Social Services/ Local Authority Designated Officer (LADO) must be contacted.
- (g) Referrals should be made by phone and followed up in writing to Ealing Children Integrated Response Service (ECIRS). Cause for concern, the facts of the case, past concerns and any other relevant information should be given.
- (h) Confirm the referral, and the details of it, in writing to Social Services. (See section 13 below)
- (i) When the teacher speaks to Social Services, they should decide which of them will phone the parents about the referral and when this will happen. These decisions will depend on the circumstances of individual cases.
- (j) In cases of sexual abuse the concerns must not be discussed with parents. Social Services will do this only after an inter-agency strategy meeting. Advance warning may allow an abuser to bribe or intimidate a child. The same may apply in cases of physical abuse. Advising parents of the referral should happen after discussion with Social Services.
- (k) All information and decisions should be recorded, dated and signed. All information is confidential and securely kept in line with data protection.

7. Responding to Parents

It is necessary to strike a balance between respecting the parents and ensuring children are protected. Childcare legislation stresses that the child's welfare is paramount so parents may have to be distressed in order to protect children who may be abused. Staff need to keep in mind:

- a) the importance of not making assumptions;
- b) nor believing that parents are not the sort of person who would abuse;
- c) the importance of gathering all related information;
- d) the investigation is not a criminal inquiry but an attempt to find out what has happened;
- e) parent/carer should be contacted first and to share concerns and inform them of the referral prior to contacting Social Services, unless sharing this information would place the child at greater risk (especially in cases of physical or sexual abuse.
- f) to tell parents that Government guidelines direct schools to refer concerns to Social Services. The school has no discretion in the matter.

8. Recording and Monitoring Concerns

Recording has special importance in child protection work and will be invaluable in helping agencies to assess a case. It ensures accurate transfer of information between classes and schools. It may also be needed if court action is necessary. It also serves as a record that staff have acted appropriately and followed guidelines. All staff members have a responsibility to record child protection concerns. The school is not required to disclose any child protection information to parents. The following must be recorded:

- a) any concerns as they arise;
- b) marks on the pupil's body, using a body map and incident book;
- c) inappropriate behaviour;
- d) poor attendance reported to team leaders/SSW;
- e) details of conversations with parent and pupils about the concern;
- f) referral to another agency and contact with other service providers;
- g) this should be kept as a running note on the pupil's confidential school record;
- h) dirty or inappropriate clothes;
- i) teacher's notes pertaining to a pupil's wellbeing will be passed to the next teacher;

Other records, i.e. letters or case conference notes, which contain third party information, must be kept confidential and secure. This information is only accessible to the CP designated teacher and School Social Worker.

9. Role of the designated teacher: (for Child Protection and Looked After Children)

The designated teacher will be a senior member of staff. The Headteacher and the Safeguarding and Family Lead are the current designated safeguarding lead teachers. The Deputy and Assistant Headteachers are also trained as lead designated CP teachers and in the heads absence all concerns should be reported to them.

Duties include:

- a) to undertake training in the recognition and investigation of child abuse;
- b) to develop the knowledge of the procedures involved in reporting child abuse;
- c) to make this knowledge available to school staff in individual consultation and in school-based training;
- d) to liaise with appropriate school staff on ensuring the use of relevant curriculum material;
- e) to manage the process of referring cases of abuse to social service;
- f) to ensure the school is represented at relevant case conferences;
- g) be a contact point for agencies needing to contact the school about child protection issues;
- h) manage the Child Protection Register requirements;
- i) identify the need for support that any staff may have when involved in a serious abuse case and liaison with the Education Department's designated officer on how support can be offered (for more detailed information read page 8 of Ealing's Child Protection Procedures).

10. Support for Staff

The abuse of children can arouse strong emotions in professionals, especially if they know the child well. Such feelings are natural and can affect staff personally. Staff may also have the burden of continuing daily contact with the child, and in some cases the parents. Support in the form of opportunity for staff to discuss their feelings and the effect of this work on their personal life can come from:

- Colleagues, designated teacher, Headteacher or SSW;
- the Education Department's designated officer is available for discussion or organisation of appropriate support.

11. Training Needs

All staff need to be familiar with the guidelines and know how to respond to child abuse concerns. The guidelines will be discussed:

- in team, staff and management meetings;
- formal training as part of training days;
- CP courses provided by the borough.

The broad types of Safeguarding training are

- NSPCC online basic training;
- Whole staff/governor training every year;
- Induction training for new staff;
- Lead Safeguarding training for Senior Staff;
- Specific training e.g. FGM, PREVENT, Domestic Violence (DV).

12. Children Missing From Education (CME)

Children missing education are children of compulsory school age who are not registered pupils at a school and are not receiving suitable education otherwise than at a school. Children missing education are at significant risk of underachieving, being victims of harm, exploitation or radicalisation, and becoming NEET (not in education, employment or training) later in life.

Statutory duties and responsibilities are required of: the school, the local authority and parents/carers, as determined by the Education Act and the 2016 DfE Children Missing in Education guidance.

Local authorities: should have robust policies and procedures in place to enable them to meet their duty in relation to these children, including ensuring that there are effective tracking and enquiry systems in place, and appointing a named person to whom schools and other agencies can make referrals about children who are missing education. At Ealing the named person responsible is: Angineh Danialian, cme@ealing.gov.uk

Parents' responsibilities: Parents have a duty to ensure that their children of compulsory school age are receiving suitable full-time education. Some parents may elect to educate their children at home but there are conditions that must be met and additional requirements for children with EHC plans. Please refer to the Children missing from education guidance: see <https://www.gov.uk/government/publications/children-missing-education>

Schools' responsibilities: The school must enter pupils on the admission register from the date that the school has accepted the child will attend the school. If a pupil fails to attend on the agreed date, the school should undertake reasonable enquiries to establish the child's whereabouts and consider notifying the local authority at the earliest opportunity.

Schools must monitor pupils' attendance through their daily register in line with their attendance policy. Schools should monitor attendance closely and address poor or irregular attendance. It is important that pupils' poor attendance is referred to the local authority.

Where a pupil has not returned to school for ten days after an authorised absence or is absent from school without authorisation for twenty consecutive school days, the pupil can be removed from the admission register. Prior to

removing a child from the register both the local authority and school will make attempts to establish the child's whereabouts and reason for absence.

Schools must also arrange full-time education for excluded pupils from the sixth school day of a fixed period exclusion. This information can be found in the Exclusion from maintained schools, academies and pupil referral units in England statutory guidance.

Maintained schools have a safeguarding duty in respect of their pupils, and as part of this should investigate any unexplained absences. Further information about schools' safeguarding responsibilities can be found in the Keeping children safe in education statutory guidance and in the school's Safeguarding Policy.

13. Preventative Child Protection Curriculum

To develop our pupils' awareness of safety, self-discipline and self-esteem, our PSHE curriculum includes components differentiated by age so they progressively learn the knowledge and skills needed to keep them safe. These include the topics:

- myself and family;
- safety in the home and road safety;
- health and sex education;
- education for citizenship.
- E-safety

These and related issues are integrated into the wider curriculum and topics appropriate to different key stages. In addition, the school will seek advice and training from the LA's School Service.

14. Safer Recruitment and DBS

The Headteacher, members of the Leadership team and a governor have been trained in Safer Recruitment techniques. All adverts clearly state that children are safeguarded and all successful applicants are required to be DBS checked. All newly appointed staff are required to bring in qualifications, appropriate ID and evidence for DBS checks to take place and before taking up a placement at the school. The school has a Single Record Database in compliance with DfE guidance.

15. Allegations Against Staff

The School follows the guidance in Keeping Children Safe in Education for dealing with allegations against staff (and volunteers who work with children) – see link below. We aim to strike a balance between the need to protect children from abuse and the need to protect staff and volunteers from malicious or unfounded allegations. These procedures follow the guidance in Part four: Allegations of abuse made against teachers and other staff. If there is an allegation against the Head teacher, staff will contact the Chair of Governors, who will follow the same procedures and guidelines. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/550511/Keeping_children_safe_in_education.pdf

16. Governance and Monitoring

The governing body at Castlebar has a nominated Governor responsible for monitoring the safeguarding operations at the school and are familiar with their responsibilities outlined in Keeping Children Safe In Education 2018. It is the responsibility of the Head Teacher and those involved in safeguarding to provide an annual report to the governing body and report to the safeguarding Governor on a regular basis.

17. Prevent Duty within Castlebar

The 2015 counter-terrorism act requires school “to have due regard to the need to prevent people being drawn into terrorism. This is known as the ‘Prevent Duty’ The risk of radicalisation falls within our safeguarding policy and procedures and the lead professional is the designated child protection officer. We also have a safeguarding committee consisting of a range of professionals within the school.

Our strategies include, increasing awareness (at the level appropriate for the children with consideration given to age and developmental functioning). This includes raising awareness of wider local and global issues.

Prevent and the Curriculum: Throughout the PSED curriculum, attitudes and values of mutual respect and tolerance are explicitly taught. The school is also researching the Rights Respecting Schools programme

Training: All staff and governors have received training on the Prevent duty. They are aware of signs and risk factors that may make a child vulnerable to radicalisation.

Report Procedures: As with any concern around a child’s safety, matters should be reported to the designated officers within the school, who will then contact children services or the police.

Ealing Council has its own Prevent specialists:

- Paul Smith Prevent Consultant smithpa@ealing.gov.uk
- Nazia Matin Prevent Co-ordinator matnn@ealing.gov.uk

Castlebar School

1st October 2018

RATIFIED BY THE GOVERNING BODY ON: 12th October 2018

REVIEW DATE: 2019

APPENDIX I FGM Pathway

Female Genital Mutilation (FGM)

Action flowchart for LA, Education, Schools, Voluntary Sector



ACHildatRiskoffGM
Indications that FGM may be about to take place include:
<ul style="list-style-type: none"> Family comes from a community that is known to practice FGM e.g. Somalia, Sudan, other African countries (see countries listed below). It may be possible that they will practice FGM if a female family elder is around. Parents state that they or a relative will take the child out of the country for a prolonged period. A child may talk about a long holiday to her country of origin or another country where the practice is prevalent, including some African countries and the Middle East (see countries listed below). A child may confide to a professional that she is to have a 'special procedure' or to attend a special occasion. A professional hears reference to FGM in conversation e.g. a child may tell other children about it. A child may request help from a teacher or another adult. Any female child born to a woman who has been subjected to FGM must be considered at risk, as must other female children in the extended family. Any female child who has a sister who has already undergone FGM must be considered at risk, as must other female children in the extended family.

ACHildhasUndergoneFGM
Indications that FGM may have already taken place include:
<ul style="list-style-type: none"> A child may spend long periods of time away from the classroom during the day with urine, bladder or menstrual problems. There may be prolonged absences from school. A prolonged absence from school with noticeable behaviour changes on the girl's return could be an indication that a girl has recently undergone FGM. Professionals also need to be vigilant to the emotional and psychological needs of children who may/are suffering the adverse consequence of the practice e.g. withdrawal, depression etc. A child may confide in a professional A child may ask for help.
Please ensure cultural sensitivity and respect remains present throughout any process of referral. Families may not understand why there is intervention in what they may see as a cultural practice specific to their way of life.

Female Genital Mutilation: Female genital mutilation (FGM), also known as female circumcision or female genital cutting, is defined by the World Health Organisation (WHO) as the range of procedures which involve "the partial or complete removal of the external female genitalia or other injury to the female genital organs whether for cultural or any other non-therapeutic reason". It is a deeply rooted tradition widely practiced among specific ethnic populations in Africa and parts of Asia, which serves as a complex form of social control of women's sexual and reproductive rights. The great majority of affected women live in sub-Saharan Africa, but the practice is also known in parts of the Middle East and Asia. In the 29 African countries where FGM is practiced, the extent varies. African countries with the highest likelihood of FGM being practiced are Burkina Faso, Djibouti, Egypt, Eritrea, Ethiopia, Gambia, Guinea, Mali, Sierra Leone, Somalia & Sudan. It appears that the Democratic Republic of Congo, Ghana, Niger, Tanzania, Togo, Uganda & Yemen have the lowest incidence of FGM. However, within each of these countries there are specific communities in which the incidence of FGM is high. As a result of immigration and refugee movements, FGM is now being practiced by ethnic minority populations in other parts of the world, such as USA, Canada, Europe, Australia and New Zealand. In England & Wales, women from non-African communities, which are most likely to be affected by FGM, include Yemeni, Iraqi Kurd and Pakistani women. FORWARD UK estimates that as many as 6,500 girls are at risk of FGM within the UK every year. Short-term health problems include severe pain, difficulty passing urine, bleeding, infection and death. For some types of FGM long-term problems include difficulty passing urine and long painful periods. For some types there may be a long scar, which can make sex and childbirth difficult. Recurrent infections can lead to infertility. Women may also feel angry, depressed and suffer from posttraumatic stress disorder. FGM is illegal in the UK.

How to respond to concerns: Please follow the referral pathway at the top of this document. Child Protection Leads and other professionals can find more comprehensive information at http://www.londonscb.gov.uk/fgm_resources/. Further general information can be found at <http://www.forwarduk.org.uk> and on EGFL under FGM.

Training for Ealing Professionals: 'Female Genital Mutilation – A briefing' is available through ESCB Contact BERNADETTE BOLAND, ☎ 020 8825 8274 AND HER EMAIL IS boland@ealing.gov.uk

Other useful local contacts:	School Health Advisers (ask at school reception)
Ealing's African Well Woman Centre, Mill Hill Surgery, 111 Avenue Road, Acton, W3 8QH Contact: Hayat Arteh, Health Advocate ☎020 8383 8761 / 0795 001065	
African Well Women's Clinic, Guy's & St Thomas' Hospital, Lambeth Palace Rd, London SE1 7EH Contact: Ms Comfort Mornoh ☎020 7188 8872 / 07956 542 578	African Well Women's Health Clinic, Antenatal Clinic, Central Middlesex Hospital, Acton Lane, Park Royal, London NW 10 7NS ☎ 020 8453 2409
Juliet Albert, Midwife, Queen Charlotte's Hospital ☎ 07730 970738	Metropolitan Police Service: Project Azure ☎020 7230 8324



March 2010

