



Safeguarding & Child Protection Policy

September 2017

Policy Information and Review

Named personnel with designated responsibility

Academic year	Designated Lead Person	Nominated Governor	Chair of Governors
2017-2018	Helen Chell, CP Jacky Teer, OM Jane Traore, RC		Angela Keane

Policy review dates (frequency of review: every 2 years)

Review Date	Changes made	By whom
May 2015	Policy created	Manchester City Council in association with appropriate Unions
December 2017	Policy reviewed	Headteachers and the Board of Directors

Ratification by Board of Directors

Academic year	Date of ratification	Chair of Board
2016 - 17	December 2016	Jo Hart

Revision History

Revision date	Paragraph	Summary of changes	Editor
July 2016		Designated Person now becomes Designated Safeguarding Lead (DSL)	
July 2016	3	Specific teaching regarding safeguarding	
July 2016	6.2	Angela Keane – Safeguarding Governor	H Chell
July 2016	6.3	DSL training at least every 2 years	
July 2016	6.4	Safeguarding Team – updated contacts	H Chell
July 2016	11.2	Reporting directly to Children’s Services - criteria	H Chell
July 2016	12	Dealing with a disclosure	H Chell
July 2016	14	Children who may be particularly vulnerable	H Chell
July 2016	17	So called Honour Based Violence	H Chell
July 2016	21	Photography and Images including sexting	H Chell
July 2016	22	Child Sexual Exploitation	H Chell
July 2016	23	Peer on Peer Abuse	H Chell
July 2016	Appendix C	Indicators of harm – amalgamated from previous Child Protection policy	H Chell
July 2016	Appendix E	Updated list of contact details	H Chell

1. INTRODUCTION

- 1.1 This policy has been developed to ensure that all adults within the CLIC Trust are working together to safeguard and promote the welfare of children and young people. This policy has been ratified by the Board of Directors at its meeting on 06 December 2016 and will be reviewed in December 2017. See Appendix D for a summary of a 'good' safeguarding school.
- 1.2 This policy describes the management systems and arrangements in place to create and maintain a safe learning environment for all our children, young people and staff. It identifies actions that should be taken to redress any concerns about child welfare.
- 1.3 The Headteachers or, in their absence, the authorised member of senior staff (**Child Protection Officer**), has the ultimate responsibility for safeguarding and promoting the welfare of children and young people.
- 1.4 Safeguarding and promoting the welfare of children and young people goes beyond implementing basic child protection procedures. It is an integral part of all activities and functions of each school within the Trust. This policy complements and supports other relevant school and Local Safeguarding Board policies (Appendix A).
- 1.5 Under the Education Act 2002 schools/settings have a duty to safeguard and promote the welfare of their pupils and, in accordance with guidance set out in 'Working Together to Safeguard Children 2016', the CLIC Trust will work in partnership with other organisations where appropriate to identify any concerns about child welfare and take action to address them.

2. ETHOS

- 2.1 The schools within the CLIC Trust aim to create and maintain a safe learning environment where all children and adults feel safe, secure and valued and know they will be listened to and taken seriously. Our school is committed to the principles outlined in 'Working Together to Safeguard Children 2016' and implements policies, practices and procedures which promote safeguarding and the emotional and physical well being of children, young people and staff.
- 2.2 Our schools are committed to supporting the delivery of effective early help using The Multi-Agency Levels of Need and Response Framework. The children have access to appropriate curriculum opportunities, including emotional health and well being, to support the development of the skills needed to help them stay safe and healthy, develop their self-esteem and understand the responsibilities of adult life, particularly in regard to child care and parenting skills.
- 2.3 Access to cross-curricular activities will provide opportunities to develop self-esteem and self-motivation and to help pupils respect the rights of other individuals and potentially vulnerable groups.

3. THE CURRICULUM

- 3.1 All children have access to an appropriate curriculum, differentiated to meet their needs. This enables them to learn to develop the necessary skills to build self-esteem, respect others, defend those in need, resolve conflict without resorting to violence, question and challenge and to make informed choices in later life. The schools within the Trust have a clear behaviour code that focuses on making the right choices. All children are involved in creating their class rules at the beginning of the year that focus on positive behavior. We use the restorative approach to solving disputes.
- 3.2 Children and young people are encouraged to express and discuss their ideas, thoughts and feelings through a variety of activities and have access to a range of cultural opportunities which promote respect and empathy for others. There is access to information and materials from a diversity of sources which promote social, spiritual and moral well-being and physical and mental health. We use Social and Emotional Aspects of Learning (SEAL) to deliver assemblies and inform our PSHE lessons. Some children also have access to Social group interventions and the Therapeutic Inclusion room.
- 3.3 Personal Health and Social Education, Citizenship and Religious Knowledge lessons will provide opportunities for children and young people to discuss and debate a range of subjects including lifestyles, forced marriage, family patterns, religious beliefs and practices and human rights issues. We deliver Philosophy for Children lessons which allows open discussion and debate. There are also Sex and Relationships lessons that are delivered to our Key Stage 2 pupils and we use the Barnardoes 'Real Love Rocks' programme with Year 6 pupils.
- 3.4 All pupils will know that there are adults in their school whom they can approach in confidence if they are in difficulty or feeling worried and that their concerns will be taken seriously and treated with respect. There are Safeguarding assemblies delivered to children about the importance of sharing any worries, a display in the dinner hall that provides information and a Confide button that they can use to contact confidentially any member of the safeguarding team via the computer.

4. ATTENDANCE & EXCLUSIONS

- 4.1 The CLIC Trust views attendance as a safeguarding issue and in accordance with the schools' Attendance policies, absences are rigorously pursued and recorded. The schools, in partnership with the appropriate agencies, take action to pursue and address all unauthorised absences in order to safeguard the welfare of children and young people in their care.

- 4.2 Our Attendance policies identify how individual cases are managed and how we work proactively with parents/carers to ensure that they understand why attendance is important. In certain cases this may form part of an Early Help Assessment (EHA) or a Parenting Contract.
- 4.3 We implement the statutory requirements in terms of monitoring and reporting children missing education (CME) and off-rolling and understand how important this practice is in safeguarding children and young people.
- 4.4 The schools will only place young people in alternative educational provision which is a registered provider and has been quality assured. Young people who require access to alternative provision will have a personalised learning plan designed to meet their needs. Their attendance will be monitored by each individual school.
- 4.5 The designated safeguarding lead will be informed when a fixed term or permanent exclusion is being discussed and any safeguarding issues will be considered. Where it is felt that a child or young person is likely to be permanently excluded, a multi-agency assessment will be instigated to ensure that there is improved understanding of the needs of the young person and their family and that the key agencies are involved.

5. KEEPING RECORDS

- 5.1 All schools within the CLIC Trust will keep and maintain up to date information on children on the school roll including where and with whom the child is living, attainment, attendance, referrals to and support from other agencies. The school record will also include a chronology of any other significant event in a child's life. These records will be kept securely in school until the child moves to another school, when they will be transferred once the child is on roll. Electronic copies will be maintained securely in school.

6. ROLES AND RESPONSIBILITIES

- 6.1 The Headteachers of individual schools within the Trust will ensure that:

- The policies and procedures adopted by the Governing Body to safeguard and promote the welfare of pupils are fully implemented and followed by all staff including volunteers.
- Safe recruitment and selection of staff and volunteers is practiced.
- A Designated Senior Member of staff for child protection is identified and receives appropriate on-going training, support and supervision.
- Sufficient time and resources are made available to enable the designated member of staff to discharge their responsibilities, including attending inter-agency meetings, contributing to the assessment of children and young people, supporting colleagues and delivering training as appropriate.
- All staff and volunteers receive appropriate training which is regularly updated.
- All temporary staff and volunteers are made aware of the school's safeguarding policy and arrangements.
- All staff and volunteers feel safe about raising concerns about poor or unsafe practice in regard to the safeguarding and welfare of the children and young people and such concerns will be addressed sensitively and effectively.

- Parents/carers are aware of and have an understanding of the school's responsibilities to promote the safety and welfare of its pupils by making its obligations clear in the school/setting prospectus.
- Ensure that the Safeguarding and Child Protection policy is available on the school's website.

6.2 The Governing Body of each school will ensure that:

- A member of the Governing Body is identified as the designated governor for Safeguarding and receives appropriate training. The identified governor will provide the governing body with appropriate information about safeguarding and will liaise with the designated member of staff.
- A senior member of the school's leadership team is designated to take lead responsibility for safeguarding within the school.
- The school's safeguarding policy is regularly reviewed and updated and the school complies with local safeguarding procedures.
- The school operates safe recruitment and selection practices including appropriate use of references and checks on new staff and volunteers.
- Procedures are in place for dealing with allegations of abuse against members of staff and volunteers and these are in line with Local Authority procedures.
- All staff and volunteers who have regular contact with children and young people receive appropriate training and information about the school's safeguarding processes as part of induction.

6.3 In each school, the Designated Senior Member of Staff for Child Protection has a specific responsibility for championing the importance of safeguarding and promoting the welfare of children and young people registered in the school. The Designated Person will:

- Act as the first point of contact with regards to all safeguarding matters.
- Attend up-dated training at least every two years.
- Provide relevant information to the LA on how the school carries out its safeguarding duties.
- Provide support and training for staff and volunteers
- Ensure that the schools actions are in line with the MCSB Safeguarding Inter-Agency Procedures. (Guidance on these procedures may be found on MSCB website at manchesterscb.org.uk)
- Support staff to make effective referrals to the Children and Families Services and any other agencies where there are concerns about the welfare of a child.
- Keep copies of all referrals to Children and Families Services and any other agencies related to safeguarding children.
- Ensure that all staff and volunteers receive information on safeguarding policies and procedures from the point of induction.
- Ensure that any staff with specific responsibility for safeguarding children receive the appropriate training to undertake this role.
- Manage and keep secure the school's safeguarding records.
- Ensure that all staff and volunteers understand and are aware of the school's reporting and recording procedures and are clear about what to do if they have a concern about a child. Any concerns or verbal concerns should be recorded promptly on a 'Cause for Concern' form (located in the staffroom) and passed to the DSL (or deputy in her absence).
- Liaise with the Headteacher about any safeguarding issues.
- Ensure that the Safeguarding Policy is regularly reviewed and up-dated.

- Keep up to date with changes in local policy and procedures and are aware of any guidance issued by the DfE concerning Safeguarding.
- Send a pupil's child protection or safeguarding file separately from the main file to a new establishment if a pupil leaves the school. Keep a copy of the file.

6.4 THE SAFEGUARDING TEAM

Chorlton Park

The Designated Lead Person for Child Protection in this school is:

NAME: Helen Chell.
hchell@chorltonpark.manchester.sch.uk
 0161 881 1621

A Deputy DSL team has been appointed to act in the absence/unavailability of the DSI.

The Deputy Designated Persons team for Child Protection in this school is:

NAME:
 Headteachers: Meryl Blackburn, mblackburn@chorltonpark.manchester.sch.uk
 Stef Habershon, shabershon@chorltonpark.manchester.sch.uk
 SENDCo : Kate Holden-Sim, kholdensim@chorltonpark.manchester.sch.uk

Governor with responsibility for Safeguarding:

NAME: Angela Keane

Local Authority Designated Officer:

NAME: Majella O'Hagan 0161 234 1214

Old Moat

The Designated Lead Person for Child Protection in this school is:

NAME: Jacky Teer
jteer@oldmoat.manchester.sch.uk
 0161 445 4208

A Deputy DSL team has been appointed to act in the absence/unavailability of the DSI.

The Deputy Designated Persons team for Child Protection in this school is:

NAME:

Headteachers: Sally Lamb, slamb@oldmoat.manchester.sch.uk
Oliver Kerr, okerr@oldmoat.manchester.sch.uk

SENDCo : Kelly McNicholas, kmcnicholas@oldmoat.manchester.sch.uk

Governor with responsibility for Safeguarding:

NAME:

Local Authority Designated Officer:

NAME: Majella O'Hagan 0161 234 1214

Rolls Crescent

The Designated Lead Person for Child Protection in this school is:

NAME: Jane Traore
traore@rolls-crescent.manchester.sch.uk
0161 881 1621

A Deputy DSL team has been appointed to act in the absence/unavailability of the DSI.

The Deputy Designated Persons team for Child Protection in this school is:

NAME:

Angela Martinez – osmond@rolls-crescent.manchester.sch.uk
Zara Thomason – thomason@rolls-crescent.manchester.sch.uk
Headteachers: Jeff Reynolds – reynolds@rolls-crescent.manchester.sch.uk
Headteacher: Helen Turner – turner@rolls-crescent.manchester.sch.uk
SENDCo : Jane Traore

Governor with responsibility for Safeguarding:

NAME:

Local Authority Designated Officer:

NAME: Majella O'Hagan 0161 234 1214

7. SAFE RECRUITMENT AND SELECTION OF STAFF

- 7.1 Each school's recruitment and selection policies and processes adhere to the DfE guidance "Keeping Children Safe in Education" September 2016.
- 7.2 All staff, volunteers and governors are DBS checked.
- 7.3 The Headteacher and governing body in each school will ensure that all external staff and volunteers using the school site will have been vetted and checked.

8. WORKING WITH OTHER AGENCIES

8.1 Each school within the CLIC Trust has developed effective links with other relevant agencies and co-operates as required with any enquiries regarding child protection issues. The schools will notify social care if:

- A child subject to a child protection plan is about to be permanently excluded.
- There is an unexplained absence of a pupil who is subject to a child protection of more than two days from school.
- It has been agreed as part of any child protection plan or core group plan.

9. CONFIDENTIALITY AND INFORMATION SHARING

9.1 Staff ensure that confidentiality protocols are followed and information is shared appropriately. The Headteacher or Designated Safeguarding Lead in each school discloses any information about a pupil to other members of staff on a need to know basis only.

9.2 All staff and volunteers must understand that they have a professional responsibility to share information with other agencies in order to safeguard children. All staff and volunteers must be clear with children that they cannot promise to keep secrets.

10. TRAINING FOR STAFF AND VOLUNTEERS

10.1 In accordance with “Keeping children safe in education – September 2016” all staff will receive training at induction.

10.2 All staff should receive appropriate child protection training which includes basic safeguarding information about the school’s policies and procedures, signs and symptoms of abuse (emotional and physical), how to manage a disclosure from a child as well as when and how to record a concern about the welfare of a child.

10.3 The Designated Safeguarding Lead will receive refresher training at least every two years. All staff will receive appropriate child protection training which is regularly updated.

10.4 All staff will receive training or briefings on particular safeguarding issues, for example, Guns and Gangs, Forced Marriage, Female Genital Mutilation, Domestic Abuse and Child Sexual Exploitation, E-Safety, Preventing Violent Extremism.

11. RECORDING AND REPORTING CONCERNS

11.1 All staff, volunteers and visitors have a responsibility to report any concerns about the welfare and safety of a child and all such concerns must be taken seriously (Appendix B). If a concern arises all staff, volunteers and visitors must:

- Promptly speak to the Designated Person or the person who acts in their absence
- Agree with this person what action should be taken, by whom and when it will be reviewed
- Record the concern using the school’s cause for Concern sheets based in the staffrooms.

11.2. Reporting directly to child protection agencies -

Information may be directly shared with children's social care, police or the NSPCC if:

- the situation is an emergency and the designated senior person, their deputy, the Principal and the Chair of Governors are all unavailable
- they are convinced that a direct report is the only way to ensure the child's safety.

11.3. Emergency action

In some cases you may need to protect a child immediately- in these situations dial 999. The police are the only agency with statutory powers for the immediate protection of children. It is not the responsibility of any member of staff to decide whether the abuse has taken place or not but it is the responsibility of every member of staff to pass on information to the appropriate authority immediately.

12. DEALING WITH A DISCLOSURE

12.1. If a child discloses that he or she has been abused in some way, the member of staff / volunteer should:

- Listen to what is being said without displaying shock or disbelief
- Accept what is being said
- Allow the child to talk freely
- Reassure the child, but not make promises which it might not be possible to keep
- Not promise confidentiality – it might be necessary to refer to Children's Services: Safeguarding and Specialist Services
- Reassure him or her that what has happened is not his or her fault
- Stress that it was the right thing to tell
- Listen, only asking questions when necessary to clarify
- Not criticise the alleged perpetrator
- Explain what has to be done next and who has to be told
- Make a written record as soon as possible using the child's words verbatim.
- Pass the information to the Designated Senior Person without delay

12.2. Support

Dealing with a disclosure from a child and safeguarding issues can be stressful. The member of staff/volunteer should, therefore, consider seeking support for him/herself and discuss this with the Designated Safeguarding Lead. (in line with KCSIE 2016).

13. INFORMING PARENTS/CARERS

- a) Our approach to working with parents/carers is one of transparency and honesty and our responsibility is to safeguard and promote the welfare of all the children in our care. We aim to do this in partnership with our parents/carers. In most cases, parents and carers will be informed when concerns are raised about the safety and welfare of their

child. Parents and carers should be given the opportunity to address any concerns raised.

- b) Parents and carers will be informed if a referral is to be made to the Children's Social Care Service or any other agency.
- c) Parents/carers will not be informed if it is believed that by doing so would put the child at risk. In such cases the Designated Person or Headteacher will seek advice from Children's Social Care.

14. CHILDREN WHO MAY BE PARTICULARLY VULNERABLE

14.1. Some children are at increased risk of neglect and or abuse. Many factors can contribute to an increase in risk, including prejudice and discrimination, isolation, social exclusion, communication issues and reluctance on the part of some adults to accept that abuse happens, or who have a high level of tolerance in respect of neglect.

To ensure that all of our children receive equal protection, we will give special consideration and attention to children who are:

- disabled or have special educational needs
- vulnerable to self-harming
- vulnerable to eating disorders
- living with medical conditions
- living in a known domestic abuse situation
- affected by known parental substance misuse
- asylum seekers / refugees
- living away from home
- vulnerable to being bullied, or engaging in bullying
- living in temporary accommodation
- living transient lifestyles
- living in chaotic, neglectful and unsupportive home situations
- vulnerable to discrimination and maltreatment on the grounds of race, ethnicity, religion or sexuality
- involved directly or indirectly in prostitution or child trafficking
- do not have English as a first language.

15. DOMESTIC ABUSE

15.1 The schools in the Trust are aware that children and young people's development, as well as their social and emotional resilience, is affected by many factors including exposure to domestic abuse within the family situation and is a safeguarding issue.

15.2 Children and young people react to domestic abuse in similar ways to other types of abuse and trauma.

15.3. Information about Domestic Abuse and its effect upon children and young people will be incorporated into staff Safeguarding and Child Protection training and briefings and the

school's Safeguarding and Child Protection's Policies and Procedures will be used to protect children and young people exposed to, and at risk from, domestic abuse.

- 15.4 Any child or young person thought to be at immediate risk will be reported without delay to the police service as a 999 emergency and the Manchester Children's Service Contact Centre will be contacted as soon as possible.

16. FORCED MARRIAGE

- 16.1 Forced Marriage became a criminal offence in June 2014. It is a form of child, adult and domestic abuse and, in line with statutory guidance, is treated as such by this Trust. The schools within the Trust are sensitive to differing family patterns and lifestyles and child-rearing patterns that vary across different racial, ethnic and cultural groups. Child abuse cannot be condoned for religious or cultural reasons.
- 16.2 Information about Forced Marriage will be incorporated into staff Safeguarding and Child Protection training and briefings and the school's Safeguarding and Child Protection Policies will be used to protect a victim or potential victim of forced marriage.
- 16.3 If a case of forced marriage is suspected, parents and carers will not be approached or involved about a referral to any other agencies.

17. SO CALLED HONOUR BASED VIOLENCE

- 17.1 So Called Honour based violence is an ancient cultural tradition that encourages violence towards family members who are considered to have dishonoured their family. It is rooted in domestic violence and is often a conspiracy of family members and associates meaning victims are a risk from their parents and families. It is 'so called' Honour based violence as no violence or death can be condoned in the name of honour.

School staff should respond to suspicions of a forced marriage or so called honour based violence by making a referral to Children's Social Care and if the risk is acute, to the Police. School staff should not treat any allegations of forced marriage or so called honour based violence as a domestic issue and send the child back to the family home. It is not unusual for families to deny that forced marriage is intended, and once aware of professional concern, they may move the child and bring forward both travel arrangements and the marriage.

For this reason, staff should not approach the family or family friends, or attempt to mediate between the child and family, as this will alert them to agency involvement.

Further information and advice can be obtained from the Forced Marriage Unit

Telephone: 020 7008 0151

From overseas: +44 (0)20 7008 0151

Monday to Friday, 9am to 5pm

Out of hours: 020 7008 1500 (ask for the Global Response Centre)
and the Honour Based Violence Helpline **0800 5 999 365**.

18. FEMALE GENITAL MUTILATION (see Appendix C for indicators)

- 18.1 Female Genital Mutilation (FGM) is illegal in the United Kingdom and is a violation of human rights of girls and women. Information on FGM will be incorporated into staff Safeguarding and Child Protection training and briefings.
- 18.2 The Serious Crime Act 2015 strengthened further the legislation on FGM and now includes a new statutory duty placed on professionals (including teachers) to notify the police when they discover that FGM appears to have been carried out on a girl under 18.
- 18.3 FGM helpline 0800 028 3550
Email fgmhelp@nspcc.org
See FGM reporting pathway

19. PREVENTING RADICALISATION and VIOLENT EXTREMISM

- 19.1 The CLIC Trust values the fundamental rights of freedom of speech, expression of beliefs and ideology and tolerance of others which are the core values of our democratic society. However, all rights come with responsibilities and free speech or beliefs designed to manipulate the vulnerable or which advocate harm or hatred towards others will not be tolerated. The CLIC Trust seeks to protect its students and staff from all messages and forms of violent extremism and ideologies including those linked to, but not restricted, to the following: Far Right/Neo Nazi, White Supremacist ideology, Islamist ideology, Irish Nationalist and Loyalist paramilitary groups and extremist Animal Rights groups.
- 19.2 The CLIC Trust is clear that exploitation and radicalisation will be viewed as a safeguarding concern and will be referred to the appropriate safeguarding agencies. Computers and websites are monitored and any concerns are emailed with a screenshot to the DSL via Impero for any violation. Referrals to be sent to the Contact Centre at mcsreply@manchester.gov.uk and channel.project@gmp.police.uk

20. E-SAFETY

- 20.1 All schools within the CLIC Trust have an E-Learning Policy which recognises that E-safety is a safeguarding issue not an ICT issue. The purpose of internet use in school is to help raise educational standards, promote pupil achievement, and support the professional work of staff as well as enhance the school's management information and business administration.
- 20.2 The internet is an essential element in 21st century life for education, business and social interaction and all schools within the Trust have a duty to provide children and young people with quality access as part of their learning experience.
- 20.3 It is the duty of the CLIC Trust to ensure that every child and young person in its care is safe and this applies equally to the 'virtual' or digital world.
- 20.4. All schools within the Trust will ensure that appropriate filtering methods are in place to ensure that pupils are safe from all types of inappropriate and unacceptable materials, including terrorist and extremist material.

21. PHOTOGRAPHY AND IMAGES

21.1 The vast majority of people who take or view photographs or videos of children do so for entirely innocent, understandable and acceptable reasons, however we ensure that we have some safeguards in place.

To protect children we will:

- seek their consent for photographs to be taken or published (for example, on our website or in newspapers or publications)
- seek parental consent
- use only the child's first name with an image (unless consent from a parent/carer is given to use full name)
- ensure that children are appropriately dressed
- encourage children to tell us if they are worried about any photographs that are taken of them.

21.2 **SEXTING**

Sexting is when someone shares sexual, naked or semi-naked images or videos of themselves or others, or sends sexually explicit messages.

They can be sent using mobiles, tablets, smartphones, laptops - any device that allows you to share media or messages.

21.3 Creating or sharing explicit images of a child is illegal, even if the person doing it is a child.

A young person is breaking the law if they:

- take an explicit photo or video of themselves or a friend
- share an explicit image or video of a child, even if it's shared between children of the same age
- possess, download or store an explicit image or video of a child, even if the child gave their permission for it to be created.

21.4 **Handling incidents of sexting**

- Refer to the designated safeguarding lead
- DSL meets with the young people involved
- Do not view the image unless it is unavoidable
- Discuss with parents, unless there is an issue where that's not possible
- Any concern the young person is at risk of harm, contact social care or the police

School will refer to the police or social care if incident involves:

- an adult
- coercion, blackmail, or grooming
- concerns about capacity to consent, [e.g., SEN]
- images show atypical sexual behavior for the child's developmental stage
- violent acts are depicted
- image shows sex acts and includes a child under 13
- a young person at risk of immediate harm as a result of the disclosure (for example, self-harm or suicide)

21.5 **Deleting images (from devices and social media)**

If school has decided that involving other agencies is not necessary, consideration should be given to deleting the images.

It is recommended that pupils are asked to delete the images themselves and confirm they have done so. This should be recorded, signed, and dated.

Any refusal to delete the images should be treated seriously, reminding the pupil possession is unlawful.

22. Child Sexual Exploitation (CSE) (see Appendix C for indicators)

22.1. Child sexual exploitation is illegal activity by people who have power over young people and use it to sexually abuse them. This can involve a broad range of exploitative activity, from seemingly 'consensual' relationships and informal exchanges of sex for attention, accommodation, gifts or cigarettes, through to very serious organised crime. Any child or young person may be at risk of sexual exploitation, regardless of their family background or other circumstances. This includes boys and young men as well as girls and young women.

However, some groups are particularly vulnerable. These include:

- children and young people who have a history of running away or of going missing from home,
- those with special needs,
- those in and leaving residential and foster care,
- migrant children, unaccompanied asylum seeking children,
- children who have disengaged from education
- children who are abusing drugs and alcohol,
- and those involved in gangs.

22.2. CSE Online

When sexual exploitation happens online, young people may be persuaded, or forced, to:

- send or post sexually explicit images of themselves
- take part in sexual activities via a webcam or smartphone
- have sexual conversations by text or online.

Abusers may threaten to send images, video or copies of conversations to the young person's friends and family unless they take part in other sexual activity.

Images or videos may continue to be shared long after the sexual abuse has stopped.

22.3. As professionals we will:

- Be aware of the indicators
- Be proactive and warn children of the dangers helping children and young people gain an understanding of acceptable and unacceptable relationships and sexual behaviour and to gain a sense of self-worth and respect for others through the PSHE, SEAL and SRE. The school will deliver the Real Love Rocks programme (or similar) to Year 6 pupils. All children will receive yearly training on online safety including how to use CEOP.

- Provide children with a safe space to share concerns. The school also has the 'Confide' button whereby any child can email one of the safeguarding team directly to share a concern.
- Pass on Cause for Concern sheets to the school's Child Protection Officer.

23. Peer on Peer Abuse

- 23.1 Peer on peer abuse is when a child might have been abused by another child. There is no clear boundary between incidents that should be regarded as abusive and incidents that are more properly dealt with as bullying, sexual experimentation etc. This is a matter of professional judgement.
- 23.2 If one child or young person causes harm to another, this should not necessarily be dealt with as abuse: bullying, fighting and harassment between children are not generally seen as child protection issues. However, any concern must be referred to the Designated Person particularly if:
- There is a large difference in power (for example age, size, ability, development) between the young people concerned; or
 - The perpetrator has repeatedly tried to harm one or more other children; or
 - There are concerns about the intention of the alleged perpetrator.
- 23.3 If the evidence suggests that there was an intention to cause severe harm to the victim, this should be regarded as abusive whether or not severe harm was actually caused.

24. Private Fostering

- 24.1. The Children Act 1989 Section 66 defines a 'privately fostered child' as:
- A child who is under 16 years, or 18 if disabled, who is cared for and provided with accommodation in their own home by someone other than:
 - His or her parent;
 - Another person who is not his or her parent but who has Parental Responsibility for him or her;
 - A child's relative - defined by the Children Act 1989 Section 105(1) as a grandparent, brother, sister, uncle or aunt (whether of full or half blood or by affinity (marriage) or civil partnership), or step parent.

And the child **has been** or **is intended** to be cared for and accommodated by that person for 28 days or more.

- 24.2 If a child is thought to be privately fostered, all schools within the CLIC Trust seek to establish the circumstances with the carers and notify the local authority at the earliest opportunity.
- 24.3. Children under the age of 8 years cared for continuously for a period up to 27 days, which includes overnight stays, are subject of child minding regulations. If this timescale is exceeded then this becomes a private fostering arrangement. The calculation of whether this period exceeds 27 days includes weekend and short stays that together total 28 days or more over a 12 month period.

- 24.4. A person who from the outset intends to foster a child for 28 days or more becomes a private foster carer on the day on which the child is first cared for.
- 24.5 A private foster carer becomes responsible for day to day care which promotes the safety and welfare of the fostered child. Overarching responsibility for the safety and wellbeing of a privately fostered child remains with the parent or person with parental responsibility. Parental responsibility is **not** transferable.
- 24.5 Children's Services are required to satisfy themselves that where private foster care arrangements are made, they are safe and satisfactory in every respect, and meet the needs of the child. The child does not become a 'Looked After' Child.
- 24.6 All schools within the CLIC Trust has a mandatory duty to inform the local authority of children in such arrangements.

25. CHILD PROTECTION CONFERENCES AND CORE GROUP MEETINGS

- 25.1 Members of staff in each school within the Trust are likely to be asked to attend a child protection conference or other relevant core group meetings about an individual pupil and will need to have as much relevant updated information about the child as possible. A child protection conference will be held if it is considered that the child/children are suffering or at risk of significant harm.
- 25.2 All reports for a child protection conference should be prepared in advance of the meeting and will include information about the child's physical, emotional, intellectual development and wellbeing as well as relevant family related issues. This information will be shared with the parents/carers.

26. MANAGING ALLEGATIONS AND CONCERNS AGAINST STAFF AND VOLUNTEERS

- 26.1 The school follows the government guidance Keeping Children Safe in Education – September 2016 when dealing with allegations made against staff and volunteers.
- a. All allegations made against a member of staff and volunteers, including contractors or security staff working on site, will be dealt with quickly and fairly and in a way that provides effective protection for the child while at the same time providing support for the person against whom the allegation is made.

27. COMPLAINTS OR CONCERNS BY PUPILS, STAFF OR VOLUNTEERS

- 27.1 Any concern or expression of disquiet made by a child will be listened to seriously and acted upon as quickly as possible to safeguard his or her welfare.
- 27.2 We will make sure that the child or adult who has expressed the concern or made the complaint will be informed not only about the action to be taken but also where possible about the length of time required to resolve the complaint. We will endeavour to keep the child or adult informed about the progress of the complaint/expression of concern.

28. SERIOUS CASE REVIEWS

28.1 The Manchester Safeguarding Children Board will always undertake a serious case review when a child or young person dies (including death by suicide) and abuse or neglect is known or suspected to be a factor in their death. The purpose of the serious case review is to:

- Find out if there are any lessons to be learnt from the case about how local professionals and agencies work together to safeguard and promote the welfare of children and young people
- Identify what those lessons are, how they will be acted on and what is expected to change as a result of the serious case review.
- Improve inter-agency working to better safeguard and promote the welfare of children and young people

28.2 If required, all schools within the CLIC Trust will provide an individual management report for a serious case review and will cooperate fully with implementing outcomes of the review including reviewing policy, practice and procedures as required.

This policy has been ratified by the Board of Directors at its meeting in December 2016 and will be reviewed in December 2017.

APPENDIX A

School Policies:

- Health and Safety
- Sex and Relationships Education
- Equal Opportunities
- E-Safety
- Behaviour Management including fixed and short term exclusions
- Trips and Visit
- Special Educational Needs and Disability (SEND)
- Anti-bullying
- Supporting Pupils with Medical Conditions

Further Information on Safeguarding and Safeguarding Policies can be found on the MSCB Website at www.manchesterscb.org.uk

- Managing Allegations and Concerns Against Staff and Volunteers
- Forced Marriage
- Domestic Abuse
- Missing from Home and Care
- Private Fostering
- Child Sexual Exploitation
- Guns and Gangs
- E-Safety Policy
- Safe Staffing and Recruitment
- Prevent

The following definitions are from Working Together to Safeguard Children (2015)**Significant Harm**

The threshold that justifies compulsory intervention in family life and gives Local Authorities a duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering or likely to suffer significant harm.

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 an 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 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, 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, including prostitution, whether or not the child is aware of what is happening.

The activities may involve physical contact, including penetrative (e.g. rape, buggery or oral sex) or non-penetrative acts. The activities may include non-contact activities, such as involving children in looking at, or in the production of, sexual online images, watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

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 for example.

Once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food and clothing, 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 caretakers).
- Ensure access to appropriate medical care or treatment.
- It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

INDICATORS OF HARM

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.

Indicators in the child**Bruising**

It is often possible to differentiate between accidental and inflicted bruises. The following must be considered as non-accidental unless there is evidence or an adequate explanation provided:

- Bruising in or around the mouth
- Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive)
- Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally, for example the back, mouth, cheek, ear, stomach, chest, under the arm, neck, genital and rectal areas
- Variation in colour possibly indicating injuries caused at different times
- The outline of an object used e.g. belt marks, hand prints or a hair brush
- Linear bruising at any site, particularly on the buttocks, back or face
- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting
- Bruising around the face
- Grasp marks to the upper arms, forearms or leg
- Petechae hemorrhages (pinpoint blood spots under the skin.) Commonly associated with slapping, smothering/suffocation, strangling and squeezing

Fractures

Fractures may cause pain, swelling and discolouration over a bone or joint. It is unlikely that a child will have had a fracture without the carers being aware of the child's distress.

If the child is not using a limb, has pain on movement and/or swelling of the limb, there may be a fracture.

There are grounds for concern if:

- The history provided is vague, non-existent or inconsistent
- There are associated old fractures
- Medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement

Rib fractures are only caused in major trauma such as in a road traffic accident, a severe shaking

injury or a direct injury such as a kick.

Skull fractures are uncommon in ordinary falls, i.e. from three feet or less. The injury is usually witnessed, the child will cry and if there is a fracture, there is likely to be swelling on the skull developing over 2 to 3 hours. All fractures of the skull should be taken seriously.

Mouth Injuries

Tears to the frenulum (tissue attaching upper lip to gum) often indicates force feeding of a baby or a child with a disability. There is often finger bruising to the cheeks and around the mouth. Rarely, there may also be grazing on the palate.

Poisoning

Ingestion of tablets or domestic poisoning in children under 5 is usually due to the carelessness of a parent or carer, but it may be self-harm even in young children.

Fabricated or Induced Illness

Professionals may be concerned at the possibility of a child suffering significant harm as a result of having illness fabricated or induced by their carer. Possible concerns are:

- Discrepancies between reported and observed medical conditions, such as the incidence of fits
- Attendance at various hospitals, in different geographical areas
- Development of feeding / eating disorders, as a result of unpleasant feeding interactions
- The child developing abnormal attitudes to their own health
- Non organic failure to thrive - a child does not put on weight and grow and there is no underlying medical cause
- Speech, language or motor developmental delays
- Dislike of close physical contact
- Attachment disorders
- Low self esteem
- Poor quality or no relationships with peers because social interactions are restricted
- Poor attendance at school and under-achievement

Bite Marks

Bite marks can leave clear impressions of the teeth when seen shortly after the injury has been inflicted. The shape then becomes a more defused ring bruise or oval or crescent shaped. Those over 3cm in diameter are more likely to have been caused by an adult or older child.

A medical/dental opinion, preferably within the first 24 hours, should be sought where there is any doubt over the origin of the bite.

Burns and Scalds

It can be difficult to distinguish between accidental and non-accidental burns and scalds. Scalds are the most common intentional burn injury recorded.

Any burn with a clear outline may be suspicious e.g. circular burns from cigarettes, linear burns from hot metal rods or electrical fire elements, burns of uniform depth over a large area, scalds that have a line indicating immersion or poured liquid.

Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation. Scalds to the buttocks of a child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

The following points are also worth remembering:

- A responsible adult checks the temperature of the bath before the child gets in.
- A child is unlikely to sit down voluntarily in a hot bath and cannot accidentally scald its bottom without also scalding his or her feet.
- A child getting into too hot water of his or her own accord will struggle to get out and there will be splash marks

Scars

A large number of scars or scars of different sizes or ages, or on different parts of the body, or unusually shaped, may suggest abuse.

Emotional/behavioural presentation

Refusal to discuss injuries

Admission of punishment which appears excessive

Fear of parents being contacted and fear of returning home

Withdrawal from physical contact

Arms and legs kept covered in hot weather

Fear of medical help

Aggression towards others

Frequently absent from school

An explanation which is inconsistent with an injury

Several different explanations provided for an injury

Indicators in the parent

May have injuries themselves that suggest domestic violence

Not seeking medical help/unexplained delay in seeking treatment

Reluctant to give information or mention previous injuries

Absent without good reason when their child is presented for treatment

Disinterested or undisturbed by accident or injury

Aggressive towards child or others

Unauthorised attempts to administer medication

Tries to draw the child into their own illness.

Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or

sexual assault

Parent/carer may be over involved in participating in medical tests, taking temperatures and measuring bodily fluids

Observed to be intensely involved with their children, never taking a much needed break nor allowing anyone else to undertake their child's care.

May appear unusually concerned about the results of investigations which may indicate physical illness in the child

Wider parenting difficulties, may (or may not) be associated with this form of abuse.

Parent/carer has convictions for violent crimes.

Indicators in the family/environment

Marginalised or isolated by the community

History of mental health, alcohol or drug misuse or domestic violence

History of unexplained death, illness or multiple surgery in parents and/or siblings of the family

Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

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.

Indicators in the child

Developmental delay

Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or no attachment

Aggressive behaviour towards others

Child scapegoated within the family

Frozen watchfulness, particularly in pre-school children

Low self-esteem and lack of confidence

Withdrawn or seen as a 'loner' - difficulty relating to others
Over-reaction to mistakes
Fear of new situations
Inappropriate emotional responses to painful situations
Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)
Self-harm
Fear of parents being contacted
Extremes of passivity or aggression
Drug/solvent abuse
Chronic running away
Compulsive stealing
Low self-esteem
Air of detachment – 'don't care' attitude
Social isolation – does not join in and has few friends
Depression, withdrawal
Behavioural problems e.g. aggression, attention seeking, hyperactivity, poor attention
Low self-esteem, lack of confidence, fearful, distressed, anxious
Poor peer relationships including withdrawn or isolated behaviour

Indicators in the parent

Domestic abuse, adult mental health problems and parental substance misuse may be features in families where children are exposed to abuse.
Abnormal attachment to child e.g. overly anxious or disinterest in the child
Scapegoats one child in the family
Imposes inappropriate expectations on the child e.g. prevents the child's developmental exploration or learning, or normal social interaction through overprotection.
Wider parenting difficulties, may (or may not) be associated with this form of abuse.

Indicators of in the family/environment

Lack of support from family or social network.
Marginalised or isolated by the community.
History of mental health, alcohol or drug misuse or domestic violence.
History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

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); or***
- ensure access to appropriate medical care or treatment.***
-

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

Indicators in the child

Physical presentation

Failure to thrive or, in older children, short stature

Underweight

Frequent hunger

Dirty, unkempt condition

Inadequately clothed, clothing in a poor state of repair

Red/purple mottled skin, particularly on the hands and feet, seen in the winter due to cold

Swollen limbs with sores that are slow to heal, usually associated with cold injury

Abnormal voracious appetite

Dry, sparse hair

Recurrent / untreated infections or skin conditions e.g. severe nappy rash, eczema or persistent head lice / scabies/ diarrhoea

Unmanaged / untreated health / medical conditions including poor dental health

Frequent accidents or injuries

Development

General delay, especially speech and language delay

Inadequate social skills and poor socialization

Emotional/behavioural presentation

Attachment disorders

Absence of normal social responsiveness

Indiscriminate behaviour in relationships with adults

Emotionally needy

Compulsive stealing

Constant tiredness

Frequently absent or late at school

Poor self esteem

Destructive tendencies

Thrives away from home environment

Aggressive and impulsive behaviour

Disturbed peer relationships

Self-harming behaviour

Indicators in the parent

Dirty, unkempt presentation

Inadequately clothed

Inadequate social skills and poor socialisation

Abnormal attachment to the child .e.g. anxious

Low self-esteem and lack of confidence

Failure to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene

Failure to meet the child's health and medical needs e.g. poor dental health; failure to attend or keep appointments with health visitor, GP or hospital; lack of GP registration; failure to seek or

comply with appropriate medical treatment; failure to address parental substance misuse during pregnancy

Child left with adults who are intoxicated or violent

Child abandoned or left alone for excessive periods

Wider parenting difficulties may (or may not) be associated with this form of abuse

Indicators in the family/environment

History of neglect in the family

Family marginalised or isolated by the community.

Family has history of mental health, alcohol or drug misuse or domestic violence.

History of unexplained death, illness or multiple surgery in parents and/or siblings of the family

Family has a past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

Dangerous or hazardous home environment including failure to use home safety equipment; risk from animals

Poor state of home environment e.g. unhygienic facilities, lack of appropriate sleeping arrangements, inadequate ventilation (including passive smoking) and lack of adequate heating

Lack of opportunities for child to play and learn

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.

Indicators in the child

Physical presentation

Urinary infections, bleeding or soreness in the genital or anal areas

Recurrent pain on passing urine or faeces

Blood on underclothes

Sexually transmitted infections

Vaginal soreness or bleeding

Pregnancy in a younger girl where the identity of the father is not disclosed and/or there is secrecy or vagueness about the identity of the father

Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing

Emotional/behavioural presentation

Makes a disclosure.

Demonstrates sexual knowledge or behaviour inappropriate to age/stage of development, or that is unusually explicit

Inexplicable changes in behaviour, such as becoming aggressive or withdrawn

Self-harm - eating disorders, self-mutilation and suicide attempts

Poor self-image, self-harm, self-hatred

Reluctant to undress for PE

Running away from home

Poor attention / concentration (world of their own)

Sudden changes in school work habits, become truant

Withdrawal, isolation or excessive worrying

Inappropriate sexualised conduct

Sexually exploited or indiscriminate choice of sexual partners

Wetting or other regressive behaviours e.g. thumb sucking

Draws sexually explicit pictures

Depression

Indicators in the parents

Comments made by the parent/carer about the child.

Lack of sexual boundaries

Wider parenting difficulties or vulnerabilities

Grooming behaviour

Parent is a sex offender

Indicators in the family/environment

Marginalised or isolated by the community.

History of mental health, alcohol or drug misuse or domestic violence.

History of unexplained death, illness or multiple surgery in parents and/or siblings of the family

Past history of childhood abuse, self-harm, somatization disorder, false allegations of physical or sexual assault or a culture of physical chastisement.

Family member is a sex offender.

INDICATORS OF VULNERABILITY TO RADICALISATION/ EXTREMISM

- Pupil is distanced from their cultural/religious heritage and experience.
- Pupil demonstrates discomfort about their place in society.
- Pupil may be experiencing family tensions at home.
- Low self-esteem and sense of isolation.
- Pupil has distanced self from existing friendship groups and become involved with a different group of friends.
- Pupil may be searching for questions about their identity, faith and belonging.
- Pupil may have perceptions of injustice and rejects civic life.
- Pupil is accessing extremist websites and is in contact with extremist recruiters.
- Pupil justifies violence to solve societal issues.
- Significant changes in behaviour and/or appearance.
- Pupil uses extremist narratives and global ideology to explain personal disadvantage

INDICATORS OF VULNERABILITY TO FGM

- Low level of integration into UK society.
- Mother or sister has undergone FGM.
- Parents/ cares request withdrawal from PSHE.
- Visiting female elder from the country of origin.
- Being taken on a long holiday to the country of origin.
- Talk about a 'special' procedure to become a woman.

INDICATORS OF VULNERABILITY TO CSE

- Going missing for a period of time
- Returning home late
- Disengagement from education
- Poor attendance (truancy / school exclusions)
- Appearing with unexplained gifts: clothes, jewellery, trainers etc.
- Association with others involved in sexual exploitation
- Frequently in the company of older people, particularly boyfriends or girlfriends.
- Mood swings, anger control issues, changes in emotional well –being.
- Drug and alcohol misuse (often a method of increasing compliance)
- Inappropriate sexualised behaviour especially around strangers
- Association with 'risky' adults
- Chronic tiredness
- Secretive behaviour
- Low-level crime e.g. shop lifting

- Self-harm
- Talking about different areas, especially at night

A 'Good' Safeguarding School

The leadership, staff and governing body in all schools within the CLIC Trust are committed to a safe school which promotes the well-being and welfare of all its pupils, staff and visitors and the following is embedded into its vision, culture and practices:

ETHOS AND ENVIRONMENT

- The school is a place where 'Every Child Matters'.
- The environment is welcoming and pleasant and pupils, staff and visitors are greeted appropriately.
- The school/setting has pleasant and welcoming dining areas and encourages healthy eating.
- Achievements and progress are regularly celebrated and pupils have high expectations of themselves and others and understand that long-term goals are worth working for.
- Pupils feel valued and are open and confident in their relationships with staff and one another.
- Pupil's work is displayed and changed regularly.

PRACTICES AND PROCEDURES

- The school has a 'Safeguarding Policy' which all staff understand and practices are fully implemented.
- Behaviour Management and Anti-bullying Policies are in place and are clearly understood and followed by all.
- The Multi Agency Levels of Need and Response Framework is embedded.
- Effective School Improvement Plan and effective school self-evaluation procedures are in place.
- Appropriate Policies and Procedures are in place, understood and implemented by all staff.
- The school/setting takes account of the DDA and has made appropriate adjustments for staff and pupils.
- All staff involved in safeguarding liaise regularly to ensure continuity in the support they provide.
- The school/setting has an identified person who administers medicines.
- DBS checks are in place and regularly up-dated.
- Appropriate Risk Assessment procedures are in place and up-dated.

PUPIL TRACKING

- The progress and attendance of pupils in alternative provision is carefully tracked and monitored as for other pupils.

- Pupil tracking systems are in place and used effectively to monitor and track progress and intervene as required.
- Vulnerable groups are identified and tracked for progress, attainments and attendance.
- Effective transition for pupils takes place at all stages.

STAFF TRAINING

- The Leadership and Management of the school is trained in Safeguarding and is effective.
- A Senior Designated Person for Safeguarding is nominated and receives regular training and has access to appropriate supervision.
- Staff receive regular up-dated training on Safeguarding and identified staff receive higher level training as appropriate.

PUPIL ENGAGEMENT

- Pupil voice is valued and the School Council is afforded respect and is involved appropriately in decision making.
- Pupils are given responsibility in supporting other pupils and are involved in routine organisational tasks and activities.
- Pupils are encouraged to participate in a variety of clubs and activities.

THE CURRICULUM

- The curriculum, organisation of teaching and learning and ethos in settings and schools contributes to teaching children and young people about safety issues, including road safety, accident prevention, substance misuse, sexual harassment, self-harm, Internet safety and building resilience.
- Staff expectations of pupil's behaviour, attendance and attainment are high.
- School has developed approaches to tackling all forms of bullying including, racist, homophobic and cyber-bullying. This includes tackling issues leading to grooming and child sexual exploitation.
- There are formal and informal opportunities to praise reward and celebrate pupils behaviour and achievements in lessons, tutor groups, assemblies, dinner time, break time, before and after school, trips etc.

WORKING WITH PARENTS/CARERS AND OUTSIDE AGENCIES

- There is effective communication between the school staff, outside agencies and parents/carers.
- Family intervention work is an integral part of the school's support for children and families.

- The school actively pursues all absence – they know which children are at risk of becoming/or are persistently absent – non-attendance is understood as a potential safeguarding issue.
- The school does not exclude pupils but tries to find alternative ways of supporting them.
- The school does not see pupils at risk of gang involvement, sexual exploitation, radicalisation or criminal activity as crime and disorder issues but as a ‘children in need issue’ and works closely with other partner agencies to safeguard them.

APPENDIX E

List of Contact Details

MCC Contact Centre

24-hour Telephone **0161 234 5001** / 255 8250

Email: socialcare@manchester.gcsx.gov.uk or mcsreply@manchester.gov.uk

(Fax Service on 0161 255 8266 is being phased out)

http://www.manchester.gov.uk/info/100010/social_care_and_support/3843/help_for_someone_being_abused_or_neglected

The Homelessness service

During office hours (9am - 4.30pm):

Email: haasdutyofficer@manchester.gov.uk

Telephone: 0161 234 4692 Fax: 0161 274 7066

http://www.manchester.gov.uk/site/scripts/documents_info.php?categoryID=200117&documentID=1428

In person at:

Customer Service Centre, Town Hall Extension

Mount Street, Manchester, M2 5DB (Geographic postcode for satnav)

Police Protection Investigation Unit (PPIU)

PPIUs deal with Child Protection, Domestic Abuse and safeguarding Vulnerable Adults. They are centrally managed by the Public Protection Division.

South Manchester Public Protection Investigation Unit

Telephone: 0161 8566053 and 0161 8566080 Monday to Saturday – 8am to 4pm

E Division Wythenshawe E: southmanchester.ppiu@gmp.pnn.police.uk

E Division Longsight E: manchestermet.ppiu@gmp.pnn.police.uk

<http://www.gmp.police.uk/content/section.html?readform&s=D1E7D45521963799802579FB004EFE65>

Safe in the City – Missing from Home Scheme

If a young person is running away, or at risk of running, from home/care and living in Manchester, you can refer to Safe in the City.

Telephone 0161 202 0977 Fax 0161 205 2156

<http://www.childrenssociety.org.uk/what-we-do/helping-children/children-risk-streets/safe-city-manchester-0>

Eclipse – Drug and alcohol support for children, young people and families

Eclipse is a specialist service providing support and interventions for young substance users. The Family Team works with the whole family to provide support where there is parental substance misuse.

Telephone: 0161 273 6686 info@eclipse-yeps.org.uk

<http://www.lifeline.org.uk/>

<http://www.homelessuk.org/details.asp?id=UK28323>

Forced Marriage Unit

Telephone: +44 (0) 20 7008 0151

Email: fmufco.gov.uk

Email for outreach work: fmuoutreach@fco.gov.uk

Face book: [Forced Marriage page](#)

Twitter: [@FMUnit](#)

<https://www.gov.uk/forced-marriage>

FGM

Helpline 0800 028 3550

Email fgmhelp@nspcc.org

See FGM reporting pathway

The Child Exploitation and Online Protection (CEOP) Centre

CEOP are dedicated to eradicating the online sexual abuse of children. **CEOP Reception is manned from 09:00 till 17:00, Monday to Fridays.**

Online [contact form](#) Telephone: +44 (0)870 000 3344

Email enquiries@ceop.gov.uk

<https://www.thinkuknow.co.uk/Teachers/>

Early Help Team

You can contact your local early help hub for general advice, guidance and information

Earlyhelpsouth@manchester.gov.uk

0161 234 1977

Early Help Coordinators

School link – Aarti Bali

Vulnerable Baby Service (VBS)

The service facilitates a safeguarding approach for families identified of being at risk of unexplained death of infants. They facilitate Case Planning and provide Public Health education to staff and Social Marketing on cot death reduction of risk.

Location:

Safeguarding Children Team, Children's Community Services, Central Manchester University Hospitals NHS Foundation Trust Hospitals, Rusholme Health Centre, Walmer Street, Manchester. M14 5NB

Hours:

Monday - Friday 8.30 am - 4.30 pm

Contact Details:

Tel: 0161 861 2258 Fax: 0161 248 4811

Referrals:

Staff refer on EHA assessment former Targeted support request form and fax to office on 0161 248 4811

[http://www.cmft.nhs.uk/community-services/our-services/vulnerable-baby-service-\(vbs\).aspx](http://www.cmft.nhs.uk/community-services/our-services/vulnerable-baby-service-(vbs).aspx)

Additional Information:

The Lullaby Trust: <http://www.lullabytrust.org.uk/>

UNICEF: The Baby Friendly Initiative <http://www.babyfriendly.org.uk/>

Manchester City Council <http://www.manchester.gov.uk>

NHS Choices <http://www.nhs.uk>

End the fear <http://www.endthefear.co.uk/>

Manchester domestic violence helpline: 0161 636 7525 or 0161 273 4366

Local Authority Designated Officer (LADO)

Majella O'Hagan Tele: 0161 234 1214 quality.assurance@manchester.gov.uk

Manchester Safeguarding & Improvement Unit, 27 Bold Street, Alexander Park Estate Moss Side, M16 7AD.

The LADO has overall responsibility for ensuring the effective implementation of procedures for the management of cases where allegations are made against adults who work with children and young people.

GMSPP Procedures for Managing Allegations against People who work with Children

These procedures must be followed by all organisations providing services for children and staff or volunteers who work with or care for children in Manchester. Any organisations that commission services for children must ensure that their arrangements with those services are consistent with the requirements in this procedure.

http://greatermanchesterscb.proceduresonline.com/chapters/p_man_allegations.html

Additional resources:

[Guidance for Safer Working Practice for Adults who Work with Children and Young People.](#)

The Protect Team

Phoenix Protect is a multi-agency team which has a significant role in ensuring referrals for timely support and intervention including referrals for child protection planning; the team also work to raise awareness of CSE across the workforce.

Contact the Protect team for advice and guidance or to make a referral:

Tele: 0161 226 4196 or email: protect.team@gmp.pnn.police.uk

CSE page with resources and current Protect Remit <http://www.manchesterscb.org.uk/cse.asp>

MSCB website

www.manchesterscb.org.uk

Manchester Safeguarding Children Board has an independent website where further information can be found for:

- Children and young people
- Parents and carers,
- Professionals.

The website contains information on training, policies and procedures, membership of the Board, resource lists and fact sheets.

The **Safeguarding Children Referral Form** can be found on the [home page](#) of the MSCB website, at the bottom of the blue box headed 'What to do if you have concerns about individual children'. There is also a link to guidance on how to fill in the form.

The email address for sending referrals is mcsreply@manchester.gov.uk