

Fairfield House School

Safeguarding Statement

At Fairfield House School, we recognise that all adults, including staff, volunteers, health & education professionals, contractors and all those working in or on behalf of the schoolhave a full and active duty to safeguard and promote the welfare of children. This involves protecting children from maltreatment; preventing impairment of children’s health or development; ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and taking action to enable all children to have the best outcomes.

We take measures to reduce the risk of physical, emotional or sexual abuse and neglect or significant harm of a child. We enable children, staff and families to report concerns about actual or potential abuse and significant harm. We respond appropriately to allegations, occurrences and suspicions of abuse or significant harm of a child in the home, at the school, outside the home / school.

|  |  |
| --- | --- |
| **Designated Safeguarding Lead (DSL)** | Leanne Doherty |
| **Designated Safeguarding Lead ( DSL)** | Sam Cope |

**External contacts**

|  |  |
| --- | --- |
| **Trafford’s Multi-Agency Referral & Assessment Team (MARAT)** | Tel: 0161 912 5125Fax: 0161 912 5056Email: MARAT@Trafford.gov.ukMinicom: 0161 912 2000 |
| **Emergency Duty Team (Out of Hours)**  | Tel: 0161 912 2020 |
| **Police 24hrs non-emergency**  | Tel: 101 |
| **Emergency**  | Tel: 999 |
| **NSPCC Helpline** | Tel: 0808 800 5000 |
| **Childline Helpline** | Tel: 0800 1111 |
| **Ofsted** | Tel: 0300 123 1231 |

**AUTISM IMPACT** Fairfield House School provides a responsive and supportive service for children and young people accessing our services. We recognise that our service users may not have the communicative competence to fully engage in Safeguarding procedures. We support our service users to access relevant information in a simple supported and simplified document. We ensure all staff act as advocates for service users in being vigilant and aware of the Safeguarding policy.

**Introduction**

This policy has been developed in accordance with the principles established by the Children Acts 1989 and 2004 and the Childcare Act 2006. It follows the guidance from the Trafford Safeguarding Children Board (TSCB) and the Department for Education’s 'Working Together to Safeguard Children' (March 2015), Keeping Children Safe in Education (September 2016), ‘What to do if You are Worried a Child is Being Abused’ (March 2015).

We fully recognise our responsibilities for safeguarding children, young people and adults at risk and our policy applies to all groups.

Safeguarding and promoting welfare of children is everyone’s responsibility. Everyone who comes in to contact with children and their families and carers has a role to play in safeguarding children. Fairfield House School’s approach to safeguarding is child-centred. Managemnet and staff consider, at all times, what is in the best interests of the child. We believe that everyone who comes in to contact with the child has a role to play in identifying concerns, sharing information and taking prompt action.

All school staff should be aware that abuse, neglect and safeguarding issues are rarely standalone events that can be covered by one definition or label. In most cases, multiple issues will overlap with one another.

The main aims of our policy and procedures are as follows:

* Ensuring that we establish and maintain an environment where children feel safe, secure, valued, respected and listened to, and in which they can learn and develop
* Ensuring that all steps are taken to keep children safe and well
* Raising awareness of child protection issues and equipping children with the skills needed to keep them safe
* Developing and then implementing procedures for identifying and reporting concerns
* Supporting children who have been identified as in need of early help or at risk of harm

**Related policies**

* Health & Safety Policy
* Recruitment Policy
* Complaints Policy and Procedure
* Anti-bullying Policy
* Whistleblowing Policy
* Attendance Policy
* Physical Restraint Policy
* Radicalisation Policy
* E-Safety Policy
* Risk Assessment Policy
* Behaviour Policy
* Staff Code of Conduct

**Definitions**

Children and Young People at Risk

A child or young person is “at risk” if their health and emotional well-being is impaired in a way that has an impact on their ability to learn and engage with the opportunities we provide. Children and young people who have disabilities or special educational needs can also be considered as “at risk” although that is not always the case. Research has shown that the following children may be at risk

* teenage mothers, teenage fathers and pregnant teenagers
* children from low income backgrounds
* children living with domestic abuse, adult mental health issues and substance abuse
* children ‘in need’ or with a child protection plan
* children of offenders and/or those in custody
* those with protected characteristics as defined by the Equality Act 2010
* children who are in the care of the local authority (looked after children)
* children who are being cared for by members of their extended family such as a grandparent, aunt or older sibling
* children from families who move into and out of the area relatively quickly (transient families), such as asylum seekers, gypsy travellers, armed forces personnel and those who move into the area seeking employment or taking up seasonal work

Adults at risk

A person aged 18 or over who is in receipt or who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation’.

Abuse

Abuse: a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults or by another child or children.

Physical abuse

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

Emotional abuse

The persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child’s emotional development. It may involve conveying to a child 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 a 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, although it may occur alone.

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.

Neglect

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.

Institutional abuse

Institutional abuse is the mistreatment, abuse or neglect of a learner at risk by a regime or individuals. It can take place within settings and services that learners at risk live in or use, and it violates the person's dignity, resulting in a lack of respect for their human rights. Institutional abuse occurs when the routines, systems and regimes of an institution result in poor or inadequate standards of care and poor practice. It can take the form of an organisation failing to respond to or address examples of poor practice brought to their attention. It can take place in day care, care homes, hostels, supported housing, hospitals and sheltered and supported housing. It can be difficult to identify the difference between a poor service and institutional abuse.

Financial abuse

Everyone has the right to money and property that is legally theirs. Financial abuse is when someone takes your money or belongings without asking and uses this for their personal gain.

Financial abuse can include:

* money or possessions stolen, borrowed or withheld without permission
* preventing someone from buying goods, services or leisure activities
* staff or volunteers borrowing/accepting gifts or money from pupils
* goods or services purchased in someone's name but without their consent
* being deliberately overcharged for goods or services or being asked to part with money on false pretences
* being asked to sign or give consent to financial agreements when a person does not have the mental capacity to understand or give an informed consent

Discriminatory Abuse

Discrimination of one form or another underlies most forms of abuse. It includes bullying, racist or sexist remarks or comments based on a person’s impairment, disability, age or illness, religion and other forms of harassment, slurs or similar treatment. This may also include isolation or withdrawal from religious or cultural activity, services or supportive networks.

Professional misconduct abuse

When a professional person involved in the care of a child commits any of the above. Or when that person does not show due respect and dignity for that child in their care

**Recognising Abuse and Neglect**

Details of how to recognise different forms of abuse and neglect can be found on - Appendix 1

**Supervision of children**

In order to keep children safe and recognise the symptoms of abuse, staff at Fairfield House School follow these procedures:

* Children must not be left unsupervised by staff at any time i.e. staff members must not leave children by themselves for any reason or in any circumstances.
* At all times, staff must be aware of a child’s location, whom they are with and what they are doing.
* Where children are allowed to play or interact with other children, staff must ensure that:
	+ They are aware of the play or leisure activities the children are enjoying.
	+ The environment is appropriate and safe e.g. in the garden, in the classroom, in the community.
	+ A risk assessment has been made to ensure the activities are both appropriate and safe for each child.
* Staff are constantly observing the children.

**Specific safeguarding issues**

* All staff should are made aware of specific safeguarding issues, such as bullying (including cyber-bullying), domestic violence, children missing in education, children missing from home or care, child sexual exploitation, faith abuse, drugs, fabricated or induced illness, female genital mutilation, forced marriage, gangs & youth violence, gender based violence against women and girls, hate, mental health, private fostering, missing children and adults, private fostering, preventing radicalisation, relationship abuse, sexting and trafficking through training. They are also signposted to sources of additional information about these issues. [Keeping Children Safe in Education – September 2016](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/550511/Keeping_children_safe_in_education.pdf), go to page 12 of the document which can be found here: https://www.gov.uk/government/uploads/system/uploads/attachment\_data/file/550511/Keeping\_children\_safe\_in\_education.pdf

**Responsibilities**

* The Lead Teacher will ensure that the Proprietor and managers read ‘Keeping Children Safe in Education (Statutory guidance for schools and colleges), September 2016.

The Lead Teacher will ensure that education staff read ‘Keeping Children Safe in Education (Part 1: Information for all school and college staff), September 2016 and Annex A – Further information (September 2016).

* The proprietor and management of the school will ensure that the school contributes to inter-agency working in line with statutory guidance ‘Working together to safeguard children’ The school will work with social care, the police, health services and other services to promote the welfare of children and protect them from harm. This includes providing a coordinated offer of early help when additional needs of children are identified and contributing to inter-agency plans to provide additional support to children subject to child protection plans. The school will allow access for children’s social care from the host local authority and, where appropriate, from a placing local authority, for that authority to conduct, or to consider whether to conduct, a section 17 or a section 47 assessment.

All adults will:

* Take all necessary steps to keep children safe and well
* Develop positive relationships with children at Fairfield House School, generate a culture of openness and trust
* Be alert to any issues for concern in the child's life at home or elsewhere
* Follow our policies and procedures and notify the relevant person or agency without delay if concerns arise
* Keep appropriate records, even where immediate referral is not necessary, and keep these separate from the child's ordinary file in a secure place
* Disclose any convictions, cautions, court orders, reprimands or warning that may affect their suitability to work with children
* Notifying the centre manager if there is an unexplained absence of more than two days of a child who is subject to a child protection plan;
* Identify children who May benefit from early help (ie, provide support as soon as a problem emerges at any point in a childs’ life).
* Maintain an attitude of ‘it could happen here’ where safeguarding is concerned. Staff should always act in ‘the best interests’ of the child.
* Decide what action to take it they have any **concerns** about a child using information from the section further below in this document titled “**What to do if you have concerns about a child’s welfare**”– where possible, have a conversation with the DSL to agree a course of action)(Note : any staff member can make a referral to children’s social care). Other option include referral to specialist services or early help services and should be made in accordance with the referral threshold set by the Local Safeguarding Children Board.
* Make a referral to the police immediately if a child is in **immediate danger or at risk of harm**

In addition the school will:

* Ensure that management and staff implement a policy and procedures to safeguard children, which is in line with guidance from Trafford Safeguarding Children's Board and review these at least annually
* Nominate a Designated Safeguarding Lead (DSL) and deputy DSL and ensure that they receive the necessary training to perform their role
* Display the names and photos (if necessary) of the DSL and deputy in prominent places around the school to ensure everyone knows who to go to when they have a concern
* Ensure that a designated member of staff for safeguarding is available at all times that the school is open for staff to discuss concerns (DSL / Deputy DSL).
* Ensure that parents have an understanding of the responsibility placed on the school and staff for safeguarding and child protection by making this policy available to parents on the school’s website
* Operate safer recruitment practice by ensuring that at least one member on every recruitment panel has completed Safer Recruitment Training
* Ensure that all staff have up to date knowledge of safeguarding issues
* Ensure that all staff and volunteers understand their responsibility for referring any concerns to the DSL or deputy DSL and are aware that they may raise concerns directly with MARAT if they believe their concerns have not been listened to or acted upon.
* Ensure that the duty of care towards its children and staff is promoted by raising awareness of illegal, unsafe and unwise behaviour and assist adults in the school to monitor their own standards and practice
* Train all staff to understand the school’s safeguarding policies and procedures
* Ensure that all staff receive suitable Child protection and Safeguarding training
* Ensure that the training enables staff to identify signs of possible abuse (see appendix 2 for recognising abuse) and neglect in a timely way and respond appropriately
* Notify MARAT (or the police in an emergency) without delay if there is a concern about a child
* Be aware of and follow procedures set out by the Trafford (and other authorities where appropriate) Safeguarding Children’s Board where an allegation is made against a member of staff or volunteer, including making a referral to the Disclosure and Barring Service (DBS) if a person in regulated activity has been dismissed or removed due to safeguarding concerns, or would have been had they not resigned
* Notify Ofsted within 14 days, of any allegations of serious harm or abuse by any person living, working or looking after children on the premises
* Ensure the suitability of adults who have contact with children and not allow people whose suitability has not been checked to have unsupervised contact with children being cared for
* Obtain an enhanced DBS with barred list check for every person over 16 who works with children and/or works or lives on the premises
* Carry out a Prohibition from Teaching check through – NCTL employer access online.
* Carry out a Prohibition from Managing an Independent School check for those employed in managementroles to ensure they are not prohibited under section 128 provisions through NCTL employer access online
* Conduct pre-employment checks, including seeking references, for individuals who have lived or worked outside the UK - details can be found on our **Recruitment and Staffing policy**.
* Record information about staff qualifications, identity checks and vetting processes on the single central register
* Checks carried out on volunteers should be recorded on the single central record.
* Notify Ofsted of any significant event which is likely to affect the suitability of any person who is in regular contact with children on the premises
* Ensure that staff are aware that they should give Ofsted within 14 days the following information about themselves or any person who lives or is employed in the same household:
* Details of any order, determination, conviction, or other ground for disqualification from registration under regulations made under section 75 of the Childcare Act 2006;
* The date of the order, determination or conviction, or the date when the other ground for disqualification arose;
* The body or court which made the order, determination or conviction, and the sentence (if any) imposed; and
* A certified copy of the relevant order (in relation to an order or conviction).
* Designated Safeguarding Lead (DSL)

The DSL will**:**

* Attend training up to targeted level two and renew this every two years.
* Liaise with Trafford Safeguarding Children’s Board
* Raise awareness of the school’s safeguarding policies, procedures and systems, among staff and parents and carers.
* Ensure that all adults in the school understand and are able to implement the school's policies and procedures
* Support others as necessary in seeking advice and/or making a referral to MARAT
* Support staff in understanding their role in the absence of the DSL
* Support staff in protecting themselves from allegations
* Ensure policies and procedures are reviewed at least annually
* Keep up to date with current safeguarding and child protection legislation
* Ensure that consistent and effective record keeping systems are in place and guidelines followed throughout the school
* Ensure that a system is in place to review incidents and observations to identify patterns of concern and the need to make a referral to Children's Services
* Share child protection information with the DSL of any receiving school when children leave the Fairfield House School
* Develop effective links with relevant agencies and other professionals and co-operate as required with their enquiries regarding safeguarding matters including co-operation with serious case reviews, attendance at strategy meetings, initial and review child protection conferences, core group and child in need review meetings;
* Contribute to assessments and provide reports to initial and review conferences which have been shared with parents first.
* Support the member of staff in liaising with other agencies and setting up an inter-agency assessment as appropriate (Re: early help’). If early help or other support is appropriate, the case should be kept under constant review band consideration given to a referral to children’s social care if the child’s situation does not appear to be improving.

**Training**

* When staff, (including volunteers) join our school they will be informed of the safeguarding arrangements in place. They will be given a copy of this policy and the Staff Code of Conduct and will have access to 'Working Together to Safeguard Children' (March 2015), Keeping Children Safe in Education (September 2016), ‘What to do if You are Worried a Child is Being Abused’ (March 2015). They will be told who is the DSL and theDeputy DSL.
* All staff will receive Child Protection and Safeguarding training at induction. The training will cover the prevention of abuse, recognition of abuse, (including its recognition in non-verbal children), dealing with disclosure or suspicions of abuse, and Fairfield House School’s Child Protection Procedures.
* After completing training staff will be made aware that they can contribute to and shape safeguarding arrangements and child protection policy, since they are more likely to identify safeguarding concerns due to their contact with pupils on a daily basis.
* All staff will receive regular safeguarding updates (via email, e-bulletins and staff meetings) as required, but at least annually to provide them with relevant skills and knowledge to safeguard children effectively.
* The DSL and deputy DSL will take 'targeted level 2' training, updated every two years.
* In addition to their formal training, the knowledge and skills of the DSL / Dpt. DSL will be updated through bulletins, meeting other safeguarding leads, allocated time to read and digest safeguarding developments.

**Measures for Safeguarding Children**

Teaching children how to stay safe online

* Children and young people may expose themselves to danger, whether knowingly or unknowingly, when using the internet and other technologies. Additionally, some young people may find themselves involved in activities which are inappropriate or possibly illegal.
* We therefore, recognise our responsibility to raise staff awareness of these issues and educate our children, teaching them the appropriate actions and critical thinking skills to enable them to remain both safe and legal when using the internet and related technologies.
* We will protect children from potentially harmful and inappropriate online material by using appropriate filters and monitoring systems
* The Proprietor will ensure that ‘over blocking’ does not lead to unreasonable restrictions as to what children can be taught with regards to online teaching and safeguarding.
* The school will ask its IT provider to complete the UK Safer Internet self-certification documents outlining how their technology meets the standards for filtering and monitoring and protects pupils from specific risks and these will be passed on to the UK Safer Internet Centre

The use of mobile phones, cameras and images

* Personal mobile phones and devices which include a camera should not be used in the premises. If a mobile phone is brought in to school it must be kept by a staff member until the end of school
* Staff must not take or store photographs of children in the school on their own devices or for personal use.
* Under no circumstances should staff post any images which include children at the school on social media sites.
* Photographs of children may be taken in the interests of recording development and significant events, and cameras are provided by the school for this. These photographs will remain in the school or be passed on to parents and carers.
* Children will always be appropriately clothed on photographs taken in school
* Consent should always be sought when photographing children and additional consideration given to photographing vulnerable children, particularly Looked After Children or those known to be fleeing domestic violence. Consent must be sought from those with parental responsibility (this may include the Local Authority in the case of Looked After Children)
* Sometimes children and family members will want to take photographs of children for example at special events. On these occasions we will remind parents of our policies and ask them in particular not to post photographs of children other than their own on the internet.

Guidelines about physical contact between staff and pupils

* Children and young people from time to time need appropriate reassurance through physical contact such as touching, holding - however people have different ways of showing affection, and staff need to be careful not to impose their way on others. In addition, if touch has meant something other than affection to a child in the past, they might not understand that when staff try to show physical affection it is not intended as a prelude to abuse.
* As a general rule, at Fairfield House School, no one touches another person’s body without that person’s permission. Children should be asked if they would like comfort care this should be in the form of a) “Helpful Hug” as taught in the team teach training. Children need to be taught by a caring adult to say ‘no’ if they don’t want to be touched. Older children may need help to work out how to seek comfort from an adult without clinging to them physically. Children will be taught that the “Helpful Hug is our acceptable method. (see policy on contingent touch)
* Staff should avoid tickling and wrestling games that involve touching that can be misinterpreted.
* Staff should not do things that place them as an adult, in a position of physical power over a child and reinforces the child’s inability to stay in control.

Guidelines about Physical Intervention

* Staff must only ever use physical intervention as a last resort, and at all times it must be the minimal force necessary to prevent injury or damage to property
* We understand that physical intervention of a nature that causes injury or distress to a child may be considered under management of allegations or disciplinary procedures

Guidelines about being alone with children

There will be occasions when staff members need to spend time alone with a child or young person, e.g. comforting a child when they are distressed. Staff should follow the following guidelines:

* On no account should staff take a child to their or anyone else’s home.
* Ensure that other members of staff are aware of where you are and what you are doing with a child
* If travelling alone by car with a child ensure that the child sits in the back (if this is as per risk assessment for an individual) and is securely fastened in by seat belt or safety harness
* Same gender care where possible, and always where specified in a care plan

Guidelines about Intimate Care and Invasive Procedures

Due to the nature of some children’s disabilities it will be necessary from time to time, for staff to provide intimate care or invasive procedures. The following principles and guidelines should be followed:

* Staff should be mindful at all times of the need to respect a child’s privacy and dignity irrespective of the nature of any disabilities.
* All children who are old enough and able to bath and wash themselves should have privacy in the bathroom unless a risk assessment has indicated that staff intervention is necessary.
* The intimate care needs of the child should be recorded on the daily care plan for the child together with instructions on carrying them out. If a child or young person who requires intimate care needs changing, this should be done as soon as possible. Children and young people should not be left unchanged when they wet or soil their pads. Appropriate communication method understood by the young person should be used.
* Invasive procedures relating to the child’s medical needs or personal needs should be carried out in accordance with the details and instructions on the child’s daily care plan. All invasive procedures required by the child will be addressed by Fairfield House School with the Ofsted prior to the child’s admission.
* Details of intimate care or invasive procedures administered by staff should be recorded in the daily log and in the child’s records.
* Where possible these procedures will be carried out by the same gender staff unless alternative is agreed in the care plan.

**Measures for safeguarding children with disabilities**

The UK evidence on the extent of abuse amongst children with disabilities suggests that they are at an increased risk of abuse and that multiple disabilities appear to increase the risk of abuse and neglect.

Children with disabilities may be especially vulnerable for a number of reasons. They may:

* Have fewer outside contacts than other children.
* Receive intimate personal care, possibly from a number of carers, which may both increase the risk and make it more difficult to set and maintain physical boundaries.
* Have impaired capacity to resist or avoid abuse.
* Have communication difficulties, which will make it hard to tell others what is happening.
* Be inhabited about complaining because of losing services.
* Be especially vulnerable to bullying and intimidation.
* Be more vulnerable than other children to abuse by their peers.

Measures for safeguarding disabled children are the same as for children who are not disabled. There should however be particular attention paid to promoting awareness of a high level of risk and the need for high standards of practice. Additional measures of safeguarding children with disabilities at Fairfield House School include:

* Making it common practice to help children with disabilities make their wishes and feelings known in respect of their care and treatment.
* Ensuring that children with disabilities receive appropriate personal, health and social education, including sex education.
* Making sure that children with disabilities know how to raise concerns if they are worried or angry about something and giving them access to a range of adults with whom they can communicate. Children with disabilities who have communication difficulties should always have a means of being heard.
* An explicit understanding of all children’s safety and welfare needs among providers of services used by children with disabilities.
* Close contact with families and a culture of openness on the part of service providers
* Guidelines and training for all staff on good practice in intimate care; working with children of the opposite sex; handling difficult behaviour; consent to treatment such as first aid; anti-bullying strategies; and sexuality and sexual behaviour among young people living away from home.

Where there are concerns about the welfare of a child with a disability, they should be acted upon in accordance with these procedures. Social Services and the Police should know about non-verbal communication systems, when they might be useful and how to access them; they should also know how to contact interpreters or facilitators.

**What to do if you have concerns about a child’s welfare:**

* Discuss your concerns with your DSL. If you still have concerns, you or your manager could also, without necessarily identifying the child in question, discuss your concerns with senior colleagues in another agency, such as Trafford Council’s Multi-Agency Referral and Assessment Team (MARAT), in order to develop an understanding of the child’s needs and circumstances.
* If, after this discussion, you still have concerns, and consider the child and their parents would benefit from further services, consider which agency, you should make a referral to. If you consider the child is or may be a child in need, you should refer the child and family to children’s social care. This may include a child whom you believe is, or may be at risk of suffering significant harm. If your concerns are about a child who is already known to children’s social care, the allocated social worker should be informed of your concerns. In addition to children’s social care, the police and the NSPCC have powers to intervene in these circumstances.
* In general, seek to discuss your concerns with the child, as appropriate to their age and understanding, and with their parents and seek their agreement to making a referral to children’s social care unless you consider such a discussion would place the child at an increased risk of significant harm. For further guidance refer to Information sharing: Guidance for practitioners and managers.
* When you make your referral, agree with the recipient of the referral what the child and parents will be told, by whom and when.
* If you make your referral by telephone, confirm it in writing within 48 hours. Children’s social care should acknowledge your written referral within one working day of receiving it, so if you have not heard back within 3 working days, contact children’s social care again.
* If you discover that an act of FGM appears to have been carried out on a girl aged below 18 in the course of your work you must report this to the police (**101**). The duty to make this report applies to the person who has received the disclosure. Details of how to go about making the report can be found Appendix 2 under the FGM section
* If you only suspect that FGM has taken place, follow the normal safeguarding procedure – refer to the DSL or MARAT

**Information Sharing & Confidentiality**

* We recognise that all matters relating to child protection are confidential and the DSL will only disclose information about a child to other members of staff on a need to know basis. However, we also recognise our professional responsibility to share information with other agencies in order to safeguard children, and we will not promise a child that we will not tell anyone about an allegation (ie, keep information secret) as this may ultimately not be in the best interests of the child / compromise the child's safety or well-being.

**Communication with Parents or Carers**

* We recognise that good communication with parents/carers is crucial in order to safeguard and promote the welfare of children effectively. We will always undertake appropriate discussion with parents/carers prior to involvement of another agency unless to do so would place the child or an adult at further risk of harm or would impede a criminal investigation.
* We will ensure that parents/carers have an understanding of the responsibilities placed on the school and staff to safeguard children and their duty to co-operate with other agencies in this respect.

**Record Keeping**

* All concerns, discussions and decisions made and the reasons for those decisions should be recorded in writing. If in doubt about recording requirements, staff should discuss with the designated safeguarding lead.
* Any person in the school receiving a disclosure of abuse from a child or young person, or noticing signs or symptoms of possible abuse, will make notes as soon as possible (within the hour, if possible) writing down exactly what was said, using the child’s own words as far as possible. All notes will be timed, dated and signed, with name printed alongside the signature. Concerns will be recorded using the school’s safeguarding children recording system.
* All records of a child protection nature will be passed to the DSL including case conference or core group minutes and written records of any concerns. Child protection records are kept securely and transferred in a safe and timely manner when a child moves to another school
* The DSL will maintain and regularly audit the school's child protection records and ensure that each stand-alone file includes a chronology of significant events.

**Supporting Children**

We recognise that children who are abused or witness violence may find it difficult to develop a sense of self-worth. They may feel helplessness, humiliation and some sense of blame. We acknowledge that educational settings may be the only stable, secure and predictable element in the lives of children who have been abused or who are at risk of harm, and we are aware that research shows that their behaviour may be challenging and defiant or they may be withdrawn.

Fairfield House School will endeavour to support all children by:

* Encouraging self-esteem and self-assertiveness, as well as promoting respectful relationships, challenging bullying and humiliating behaviour
* Promoting a positive, supportive and secure environment giving children a sense of being valued
* Consistently applying strategies which are aimed at supporting vulnerable children, and supporting children in understanding that some behaviour is unacceptable but that they are valued and not to be blamed for any abuse which has occurred
* Liaising with other agencies that support the child such as Trafford Council’s MARAT
* Notifying MARAT immediately there is a significant concern
* Providing continuing support to a child about whom there have been concerns who leaves the school by ensuring that appropriate information is forwarded under confidential cover to the child’s new school.

**Supporting and Supervision of Staff**

* We recognise that staff working at Fairfield House School who have become involved with a child who has suffered harm, or appears to be likely to suffer harm, may find the situation stressful and upsetting. We will support such staff by providing an opportunity to talk through their anxieties with and to seek further support such as counselling or regular supervision, as appropriate.
* In order to reduce the risk of allegations being made against adults in the school, and ensure that they are competent, confident and safe to work with children, they will be made aware of safer working practice guidance and will be given opportunities in training to develop their understanding of what constitutes safe and unsafe behaviour.

**What to do if you have concerns about a member of staff**

* If you have concerns or receive allegations about a member of staff, please inform the Lead Teacher.
* If the concerns are about the Lead Teacher, please inform the Proprietor.
* If you feel that your concerns have not been addressed, feel unable to raise these concerns with school management or have concerns about the school’s safeguarding procedures follow the school’s whistleblowing procedure (see the Whistleblowing policy).
* General advice about whistleblowing can be found on the UK GOV website [here](https://www.gov.uk/whistleblowing/what-is-a-whistleblower).
* The [NSPCC whisltleblowing helpline](https://www.nspcc.org.uk/what-you-can-do/report-abuse/dedicated-helplines/whistleblowing-advice-line/) is available for staff who do not feel able to raise concerns about child protection failures internally. Staff can call 0800 028 0285 – line is available from 8:00 AM to 8:00 PM, Monday to Friday and email: help@nspcc.org.uk.

Procedure to be followed if an allegation against a member of staff is received

* Staff must never investigate an allegation of abuse, report it to the Lead Teacher
* When a safeguarding concern involves the behaviour of someone living working or looking after children on the premises, whether the allegations relate to harm or abuse committed on the premises or elsewhere the school must inform Ofsted.
* An allegation may be made by a child, a parent/carer, a member of staff or from an outside agency, and may be verbal or written but should be treated with equal concern
* Confirmation of the allegation in writing will be sought from the person making the allegation, but action should not be delayed whilst awaiting written confirmation
* The allegation will be recorded confidentially and stored securely
* The recipient of the allegation will immediately inform the DSL and the DSL should immediately advise the Lead Teacher and ensure the Proprietor is informed. If the allegation is against the DSL or manager, the member of staff in receipt of the allegation will notify the Proprietor. If the allegation is against the Proprietor the DSL will inform MARAT immediately and notify Ofsted
* A note will be made of any actions advised by MARAT or by Ofsted and of the date and time they are implemented
* The DSL may delegate responsibility for action to the Headteacher, but remains accountable for ensuring that the concern is shared immediately with MARAT, and that Ofsted is notified as soon as possible and within 14 days
* If necessary, MARAT will discuss the allegation with the Local Authority Designated Officer (LADO). If the allegation meets the threshold criteria for an independent investigation then the LADO will convene a LADO Position of Trust meeting

A risk assessment will be carried out as to whether the member of staff involved should be suspended pending the outcome of the LADO Position of Trust meeting. This meeting will determine whether enquiries and assessments by Social Care services are required, whether a police investigation is required, and whether there are implications regarding the alleged perpetrator's suitability to work with/have access to children at the school

N.B. If an allegation is made directly to the police or Children’s Services the Proprietor may be unaware of the allegation until informed of the LADO Position of Trust meeting.

If as a result of the LADO Position of Trust meeting Children’s Services Social Care and/or the police decide to carry out an investigation, suspension of the alleged perpetrator will be reconsidered. A risk assessment will be carried out to determine whether the alleged perpetrator should be suspended during the investigation. This may result in the closure of the school

* We will follow the advice of MARAT
* The allegation will be handled in confidence, and not discussed amongst the staff or with the member of staff involved, unless advised to do so by MARAT
* If an allegation is contained within a wider, more general complaint, the complaint will be recorded following the school’s usual complaints procedure but with care to keep the detail of the allegation itself confidential
* We may need to provide information to support the possible investigation by Social Services or the Police e.g. registers, staff rotas
* Parents/carers will be informed of any allegation involving their child unless by doing so this could put the child or adult in further danger
* We will make alternative staffing arrangements, if the member of staff is suspended, to ensure staffing ratios are met and inform parents/carers about any changes to staff deployment
* If no further action is recommended by MARAT or LADO Position of Trust meeting we may still proceed with disciplinary procedures
* If we have concerns about the suitability of the member of staff to continue to work with children there is a statutory duty to refer to the Disclosure and Barring Service (DBS)
* In all cases where an allegation against a member of staff is made, we will review all policies and procedure and address identified training/supervision needs
* Records of allegations will be retained until the alleged perpetrator reaches normal retirement age, or for 10 years if that is longer.

**Confidentiality**

* Fairfield House School will do its best to protect the identity of the whistle blower. However, if the concern raised needs to be investigated by an external agency the school cannot guarantee their anonymity.
* At any time when dealing with a whistle blowing concern, this policy may be superseded and the Safeguarding/Child Protection Procedure, Management of Allegation Procedure or Complaints Procedure will be followed

**Appendix 1: Recognising Signs of Abuse**

The following non-specific signs may indicate something is wrong:

* Significant change in behaviour
* Extreme anger or sadness
* Aggressive and attention-seeking behaviour
* Suspicious bruises with unsatisfactory explanations
* Lack of self-esteem
* Self-injury
* Depression
* Age inappropriate sexual behaviour

**Risk Indicators**

The factors described in this section are frequently found in cases of child abuse. Their presence is not proof that abuse has occurred, but:

* Must be regarded as indicators of the possibility of significant harm
* Justifies the need for careful assessment and discussion with designated / named / lead person, manager, (or in the absence of all those individuals, an experienced colleague)
* May require consultation with and / or referral to Children’s Services

The absence of such indicators does not mean that abuse or neglect has not occurred.

In an abusive relationship the child may:

* Appear frightened of the parent/s
* Act in a way that is inappropriate to her/his age and development (though full account needs to be taken of different patterns of development and different ethnic groups)

The parent or carer may:

* Persistently avoid child health promotion services and treatment of the child’s episodic illnesses
* Have unrealistic expectations of the child
* Frequently complain about/to the child and may fail to provide attention or praise (high criticism/low warmth environment)
* Be absent or misusing substances
* Persistently refuse to allow access on home visits
* Be involved in domestic abuse

Staff should be aware of the potential risk to children when individuals, previously known or suspected to have abused children, move into the household.

**Recognising Physical Abuse**

The following are often regarded as indicators of concern:

* An explanation which is inconsistent with an injury
* Several different explanations provided for an injury
* Unexplained delay in seeking treatment
* The parents/carers are uninterested or undisturbed by an accident or injury
* Parents are absent without good reason when their child is presented for treatment
* Repeated presentation of minor injuries (which may represent a “cry for help” and if ignored could lead to a more serious injury)
* Family use of different doctors and A&E departments
* Reluctance to give information or mention previous injuries

Bruising

Children can have accidental bruising, but the following must be considered as non- accidental unless there is evidence or an adequate explanation provided:

* Any bruising to a pre-crawling or pre-walking baby
* Bruising in or around the mouth, particularly in small babies which may indicate force feeding
* 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
* 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
* Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting
* Bruising around the face
* Grasp marks on small children
* Bruising on the arms, buttocks and thighs may be an indicator of sexual abuse

Bite Marks

Bite marks can leave clear impressions of the teeth. Human bite marks are oval or crescent shaped. Those over 3 cm in diameter are more likely to have been caused by an adult or older child.

A medical opinion 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, and will always require experienced medical opinion. Any burn with a clear outline may be suspicious e.g.:

* Circular burns from cigarettes (but may be friction burns if along the bony protuberance of the spine)
* 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 (a child getting into hot water is his/her own accord will struggle to get out and cause splash marks)
* Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation
* Scalds to the buttocks of a small child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

Fractures

Fractures may cause pain, swelling and discolouration over a bone or joint.

Non-mobile children rarely sustain fractures.

There are grounds for concern if:

* The history provided is vague, non-existent or inconsistent with the fracture type
* 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
* There is an unexplained fracture in the first year of life

Scars

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

**Recognising Emotional Abuse**

Emotional abuse may be difficult to recognise, as the signs are usually behavioural rather than physical. The manifestations of emotional abuse might also indicate the presence of other kinds of abuse.

The indicators of emotional abuse are often also associated with other forms of abuse.

The following may be indicators of emotional abuse:

* Developmental delay
* Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or not attachment
* Indiscriminate attachment or failure to attach
* Aggressive behaviour towards others
* Scape-goated 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

**Recognising Signs of Sexual Abuse**

Boys and girls of all ages may be sexually abused and are frequently scared to say anything due to guilt and/or fear. This is particularly difficult for a child to talk about and full account should be taken of the cultural sensitivities of any individual child/family.

Recognition can be difficult, unless the child discloses and is believed. There may be no physical signs and indications are likely to be emotional/behavioural.

Some behavioural indicators associated with this form of abuse are:

* Inappropriate sexualised conduct
* Sexually explicit behaviour, play or conversation, inappropriate to the child’s age
* Continual and inappropriate or excessive masturbation
* Self-harm (including eating disorder), self- mutilation and suicide attempts
* Involvement in prostitution or indiscriminate choice of sexual partners
* An anxious unwillingness to remove clothes e.g. for sports events (but this may be related to cultural norms or physical difficulties)

Some physical indicators associated with this form of abuse are:

* Pain or itching of genital area
* Blood on underclothes
* Pregnancy in a younger girl where the identity of the father is not disclosed
* 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

Sexual Abuse by Young People

The boundary between what is abusive and what is part of normal childhood or youthful experimentation can be blurred. The determination of whether behaviour is developmental, inappropriate or abusive will hinge around the related concepts of true consent, power imbalance and exploitation. This may include children and young people who exhibit a range of sexually problematic behaviour such as indecent exposure, obscene telephone calls, fetishism, bestiality and sexual abuse against adults, peers or children.

Developmental Sexual Activity encompasses those actions that are to be expected from children and young people as they move from infancy through to an adult understanding of their physical, emotional and behavioural relationships with each other. Such sexual activity is essentially information gathering and experience testing. It is characterised by mutuality and of the seeking of consent.

Inappropriate Sexual Behaviour can be inappropriate socially, in appropriate to development, or both. In considering whether behaviour fits into this category, it is important to consider what negative effects it has on any of the parties involved and what concerns it raises about a child or young person. It should be recognised that some actions may be motivated by information seeking, but still cause significant upset, confusion, worry, physical damage, etc. it may also be that the behaviour is “acting out” which may derive from other sexual situations to which the child or young person has been exposed.

If an act appears to have been inappropriate, there may still be a need for some form of behaviour management or intervention. For some children, educative inputs may be enough to address the behaviour.

Abusive sexual activity included any behaviour involving coercion, threats, aggression together with secrecy, or where one participant relies on an unequal power base.

Assessment

In order to more fully determine the nature of the incident the following factors should be given consideration. The presence of exploitation in terms of:

* **Equality** – consider differentials of physical, cognitive and emotional development, power and control and authority, passive and assertive tendencies
* **Consent** – agreement including all the following:
	+ Understanding that is proposed based on age, maturity, development level, functioning and experience
	+ Knowledge of society’s standards for what is being proposed
	+ Awareness of potential consequences and alternatives
	+ Assumption that agreements or disagreements will be respected equally
	+ Voluntary decision
	+ Mental competence
* **Coercion –** the young perpetrator who abuses may use techniques like bribing, manipulation and emotional threats of secondary gains and losses that is loss of love, friendship, etc. Some may use physical force, brutality or the threat of these regardless of victim resistance.

In evaluating sexual behaviour of children and young people, the above information should be used only as a guide.

Recognising Child Sexual Exploitation

The following list of indicators is not exhaustive or definitive but it does highlight common signs which can assist professionals in identifying children or young people who may be victims of sexual exploitation.

Signs include:

* underage sexual activity
* inappropriate sexual or sexualised behaviour
* sexually risky behaviour, 'swapping' sex
* repeat sexually transmitted infections
* in girls, repeat pregnancy, abortions, miscarriage
* receiving unexplained gifts or gifts from unknown sources
* having multiple mobile phones and worrying about losing contact via mobile
* having unaffordable new things (clothes, mobile) or expensive habits (alcohol, drugs)
* changes in the way they dress
* going to hotels or other unusual locations to meet friends
* seen at known places of concern
* moving around the country, appearing in new towns or cities, not knowing where they are
* getting in/out of different cars driven by unknown adults
* having older boyfriends or girlfriends
* contact with known perpetrators
* involved in abusive relationships, intimidated and fearful of certain people or situations
* hanging out with groups of older people, or anti-social groups, or with other vulnerable peers
* associating with other young people involved in sexual exploitation
* recruiting other young people to exploitative situations
* truancy, exclusion, disengagement with school, opting out of education altogether
* unexplained changes in behaviour or personality (chaotic, aggressive, sexual)
* mood swings, volatile behaviour, emotional distress
* self-harming, suicidal thoughts, suicide attempts, overdosing, eating disorders
* drug or alcohol misuse
* getting involved in crime
* police involvement, police records
* involved in gangs, gang fights, gang membership
* injuries from physical assault, physical restraint, sexual assault.

**Recognising Neglect**

Evidence of neglect is built up over a period of time and can cover different aspects of parenting. Indicators include:

* Failure by parents or carers to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene and medical care
* A child seen to be listless, apathetic and irresponsive with no apparent medical cause
* Failure of child to grow within normal expected pattern, with accompanying weight loss
* Child thrives away from home environment
* Child frequently absent from school
* Child left with adults who are intoxicated or violent
* Child abandoned or left alone for excessive periods

**Appendix two: Additional information about specific forms of abuse**

**Forced Marriage (FM)**

This is an entirely separate issue from arranged marriage. It is a human rights abuse and falls within the Crown Prosecution Service definition of domestic violence. Young men and women can be at risk in affected ethnic groups. Whistle-blowing may come from younger siblings. Other indicators may be detected by changes in adolescent behaviours. Never attempt to intervene directly as a school or through a third party.

**Female Genital Mutilation (FGM)**

It is essential that staff are aware of FGM practices and the need to look for signs, symptoms and other indicators of FGM.

What is FGM?

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

4 types of procedure:

* Type 1 Clitoridectomy – partial/total removal of clitoris
* Type 2 Excision – partial/total removal of clitoris and labia minora
* Type 3 Infibulation entrance to vagina is narrowed by repositioning the inner/outer labia
* Type 4 all other procedures that may include: pricking, piercing, incising, cauterising and scraping the genital area.

Why is it carried out?

Belief that:

* FGM brings status/respect to the girl – social acceptance for marriage
* Preserves a girl’s virginity
* Part of being a woman / rite of passage
* Upholds family honour
* Cleanses and purifies the girl
* Gives a sense of belonging to the community
* Fulfils a religious requirement
* Perpetuates a custom/tradition
* Helps girls be clean / hygienic
* Is cosmetically desirable
* Mistakenly believed to make childbirth easier

Is FGM legal?

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

Circumstances and occurrences that may point to FGM happening

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

Signs that may indicate a child has undergone FGM:

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

The ‘One Chance’ rule

As with Forced Marriage there is the ‘One Chance’ rule. It is essential that settings /schools/colleges take action without delay.

If you discover that an act of FGM appears to have been carried out on a girl aged below 18 (because the child discloses this to you) you must report this to the police (**101**). The duty to make this report applies to the person who has received the disclosure. The report should be made as soon as possible after the case is discovered ideally by the close of the next working day. If you have concerns that making the report is likely to result in an immediate safeguarding risk to the child or another child (such as a sibling) consult the DCPO before making the report. When making the report dial **101** and you will be connected to the police force covering the local area around the school. You will hear a message asking you to choose which police force you want to be connected to. The duty requires you to make the report to the police force in the area where the girl resides so you need to know where the girl lives before you make the call. You should be prepared to provide the following information when you make the call:

* explain that you are making a report under the FGM mandatory reporting duty
* your details:
	+ name
	+ contact details (work telephone number and e-mail address) and times when you will be available to be called back
	+ role
	+ place of work
* details of your organisation’s designated safeguarding lead:
	+ name
	+ contact details (work telephone number and e-mail address)
	+ place of work
* the girl’s details:
	+ name
	+ age/date of birth
	+ address
* Wherever possible you should inform the girl’s parents/carers before making a report unless you believe that informing them may result in a risk of serious harm to the child or sibling, or the family fleeing the country.
* If your concerns are different from the above, you must inform MARAT.

**This policy was adopted by Fairfield House School on:Jan 2017\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Safeguarding Organisational Structure- including Designated Safeguarding Leads**

**OFSTED CQC Local Authorities Police**

**Assistant to the Director Service Managers Parents/Social Worker Director**

Sam Cope- DSL Kellieanne Abiola Tzaraine Cope

 Mandy Henshaw

**Registered Managers Head Teacher**

Fairfield- D. McGarrigan Leanne Doherty- DSL

Springfield- G. Oluga

Oakfield- K Smith

Care Services- D. Dawson