

Safeguarding and Child Protection Policy



Every person at SAIS, has the right to feel happy, safe and secure. Regardless of your age, sex, race, social class, religion or special needs.

What is Safeguarding?

- I have chosen 3 definitions. All are taken from: 'Working together to safeguard children'
 1. 'Protecting children from maltreatment'.
 2. 'Ensuring that children grow up in circumstances consistent with the provision of safe and effective care'.
 3. 'Taking action to enable all children to have the best outcomes'.

Why do we need to talk about Safeguarding / Child Protection?

- ➔ Legal requirement.
 - Dcsf and Ofsted requirement to have:
 1. A policy in place.
 2. Train the staff every three years
 3. Appoint a Designated Safeguarding Leads (DSL).
 4. Train the leads every two years.

Our Aims

- We are committed to safeguarding and promoting the welfare of children and young people and expect all staff, volunteers and other third parties to share this commitment.'
- The safety of our pupils is our number one priority. Any concerns or signs of abuse or neglect must be reported immediately to one of the Designated Safeguarding Leads (DSL).

Objective

- To contribute to the personal safety of all children/young people attending by promoting child protection awareness, good practice and sound procedures.

What is child abuse?

- How would you distinguish normal marks, behaviour changes and children in need from the early signs of abuse?
- Children Act identifies **harm** in 4 areas. They are as follows:
 1. Physical,
 2. Emotional,
 3. Sexual, and
 4. Neglect.

1. Physical abuse

- Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing harm to a child/young person.
- Physical harm may also be caused when a parent/carer deliberately causes; ill health to a child/young person whom they are looking after.

Physical signs of abuse may include:

1. Any injuries not consistent with the explanation given for them.
2. Injuries which occur to the body in places which are not normally exposed to falls or games.
3. Unexplained bruising, marks or injuries on any part of the body.
4. Bruises which reflect hand marks or fingertips (from slapping or pinching).
5. Cigarette burns.
6. Bite marks.
7. Broken bones.
8. Injuries which have not received medical attention.
9. Neglect, failure to grow, constant hunger, stealing or gorging food, untreated illnesses, poor care.
10. repeated urinary infections or unexplained stomach pains.

- Changes in behaviour which can also indicate physical abuse may include:
 1. Fear of parents/carers being approached for an explanation.
 2. Aggressive behaviour or severe temper outbursts.
 3. Reluctance to get changed in front of others – for example, wearing long sleeves in hot weather.
 4. Depression.

Note:

- The previous signs may or may not be indicators that abuse has taken place but the possibility should be considered.

2. Emotional abuse

- Emotional abuse is the persistent emotional ill treatment of a child/young person, such as:
 - Making a child/young person feel or believe that they are worthless, unloved or unvalued which will have an effect on the child's/young person's emotional development.
 - It may also involve causing a child/young person to feel frequently frightened or in danger.

Emotional abuse may include:

1. A failure to grow, particularly if a child/young person puts on weight in other circumstances – for example, in hospital or away from their parents/carers.
2. Sudden speech disorders.
3. Persistent tiredness.
4. Development delay in terms of either physical or emotional progress.

- Changes in behaviour which can also indicate emotional abuse include:
 1. Obsessions or phobias.
 2. Sudden underachievement or lack of concentration.
 3. Inappropriate relationships with other children and/or adults.
 4. Being unable to play.
 5. Attention-seeking behaviour
 6. Fear of making mistakes
 7. Self-harm
 8. Fear of the parent/carer being approached regarding their behaviour.

Note:

- The previous signs may or may not be indicators that abuse has taken place but the possibility should be considered.

3. Sexual abuse

- Sexual abuse involves forcing or inviting a child/young person to take part in sexual activities, whether or not the child/young person is aware of it or does not know what is happening.
- The activities may involve **physical contact**, such as: rape, oral sex, or even touching.
- Sexual abuse may also include **non-contact** activities, such as involving children/young people in looking at, or in the production of pornographic material, or watching sexual activities, or encouraging children/young people to behave in sexually inappropriate ways.
- Boys and girls can be sexually abused by both males and females, whether adults or other children/young people

Physical signs of sexual abuse may include:

1. Pain or itching in the genital/anal area.
 2. Bruising or bleeding near genital/anal areas.
 3. Sexually transmitted disease.
 4. Vaginal discharge or infection.
 5. Stomach pains.
 6. Discomfort when walking or sitting down.
 7. Pregnancy.
- Changes in behaviour which can also indicate sexual abuse include:
 1. Sudden or unexplained changes in behaviour, such as becoming withdrawn or aggressive.
 2. Fear of being left with a specific person or group of people.
 3. Having nightmares.
 4. Running away from home.
 5. Sexual knowledge which is beyond the child's/young person's age or developmental level.
 6. Sexual drawings or language.
 7. Bed-wetting.
 8. Eating problems such as overeating.
 9. Self-harm or injury sometimes leading to suicide attempts
 10. Saying they have secrets that they cannot tell anyone about
 11. Suddenly having unexplained sources of money
 12. Not being allowed to have friends (particularly during teenage years).

Note:

- The previous signs may or may not be indicators that abuse has taken place but the possibility should be considered.

4. Neglect

- Neglect is the persistent failure to meet a child's/young person's basic physical and/or psychological needs.
- Which is likely results in the serious damage of the child's/young person's health or development.
- It may involve a parent or a carer failing to provide suitable food, shelter or clothing, leaving a child/young person at home alone or failing to ensure that a child/young person gets appropriate medical care or treatment.
- It may also include neglect by not showing sympathy to a child's/young person's basic emotional needs.

Physical signs of neglect may include:

1. Continuous hunger, sometimes stealing food from other children/young people.
 2. Being constantly dirty or smelly.
 3. Loss of weight or being constantly underweight.
 4. Inappropriate dress for the conditions.
- Changes in behaviour which can also indicate neglect include:
 1. Complaining of being tired all the time.
 2. Not requesting medical assistance and/or failing to attend appointments.
 3. Having few friends.
 4. Mentioning being left alone or unsupervised.

Note:

- It is accepted that in all forms of abuse there are elements of emotional abuse and that some children/young people are subjected to more than one form of abuse at any time.
- These four definitions do not minimise other forms of abuse.

If a child makes a disclosure of abuse

- **Follow these steps:**
 1. Make notes as soon as possible (ideally within one hour).
 2. Write down exactly what the child/young person has said, what you said in reply and what was happening immediately before you were told (for example, what activity was taking place).
 3. Record dates, times and when you made the record.
 4. Keep all your handwritten notes secure.
 5. Report your discussion to the designated person as soon as possible.
 6. **Do not** discuss your suspicions or allegations with anyone other than those nominated above

Allegations of physical injury or neglect

- If a child/young person has a symptom of physical injury or neglect, the designated person will:
 1. Contact social services for advice in cases of deliberate injury or concerns about the safety of the child/young person, but they must not inform the parents/carers
 2. Seek emergency medical attention if necessary
 3. Inform the child's/young person's doctor of any suspicions of abuse.
 4. In other circumstances, speak with the parent/carer and suggest that medical help/attention is sought for the child/young person.
 5. If appropriate, encourage the parent/carer to seek help from social services.
 6. If the parent/carer fails to act, seek advice from the Local Safeguarding Children Board
 7. In the case of real concern, contact social services for advice.

Allegations of sexual abuse

Please refer to:

- SAIS Safeguarding and Child Protection Policy.

Responding to a child making an allegation of abuse

1. It is important **not** to make promises that you may not be able to keep. Do **not** say that you will keep confidential what a child/young person is about to tell you, as you may have a duty to share it with others.
2. Find an appropriate early opportunity to explain that it is likely that the information will need to be shared with others.
3. Stay calm and listen carefully to what the child/young person is saying.
4. Allow the child/young person to continue at their own pace.
5. Ask questions for clarification only and at all times avoid asking questions that suggest a particular answer.
6. Reassure the child/young person that they have done the right thing in telling you.
7. Tell them what you will do next and with whom the information will be shared.
8. As soon as possible, record in writing what was said, using the child's/young person's own words.
9. Make a note of the date, time, any names mentioned and to whom the information was given, and ensure that the record is signed and dated.

Helpful statements to make

1. 'I believe you (showing acceptance of what the child/young person says).'
2. 'Thank you for telling me.'
3. 'It's not your fault.'
4. 'I will help you.'

Do not say:

1. 'Why didn't you tell anyone before?'
2. 'I can't believe it!'
3. 'Are you sure that this is true?'
4. 'Why? Who? When? Where?'

Remember!

- Never make promises you can't keep.

Good practice guidelines

- All the staff are encouraged to demonstrate exemplary behaviour in order to protect themselves from false allegations.
 - The following are common sense examples of how to create a positive culture and climate.
1. Always working in an open environment (for example, avoiding private or unobserved situations and encouraging open communication with no secrets).
 2. Treating all children/young people equally, and with respect and dignity.
 3. Always putting the safety of each child/young person first
 4. Maintaining a safe and appropriate distance with children/young people.
 5. Giving enthusiastic and constructive feedback rather than negative criticism.
 6. Recognising the developmental needs and capacity of children/young people and not pushing them against their will.
 7. Keeping a written record of any injury that occurs, along with the details of any treatment given.
 8. Requesting written consent from parents/carers, if it is necessary for staff/volunteers to transport children/young people in their cars.

Conclusion:

- This information applies to all pupils in the school and any pupil under the age of 18 will be regarded as a child.
- All staff have a responsibility for the implementation of these rules.
- Any concerns regarding safeguarding and/or child protection must be reported immediately to the Designated Safeguarding Lead (DSL) Saadia Lateef or Ahmad Barouni.
- If, at any point, there is a risk of immediate serious harm to a child a referral should be made to Children's Social Care immediately.
- All staff must have read and act in accordance with Part One of DfE Statutory Guidance Keeping Children Safe in Education 2016 (KCSIE).
- All staff and volunteers must know who the trained DSL and Deputy DSL are.
- All safeguarding and child protection concerns must be treated with the utmost confidence.
- The DSL must report all concerns in accordance with local authority thresholds to Children's Social Care.