



ST ALOYSIUS'
COLLEGE

Safeguarding and Child Protection Policy for all Pupils, Parents, Staff and Governors

St Aloysius' College

The College's Safeguarding Policy and Procedures follow the National Guidance for Child Protection in Scotland 2021 – Updated 2023

[Supporting documents - National Guidance for Child Protection in Scotland 2021 - updated 2023 - gov.scot \(www.gov.scot\)](https://www.gov.scot/supporting-documents/national-guidance-for-child-protection-in-scotland-2021-updated-2023)

The relevant contacts within the College are as follows:

Head Teacher:	Mr Patrick Doyle
Lead Safeguarding Officer:	Mrs Isabelle Erskine
Assistant Safeguarding Officers:	Mr Ryan Ferrie Mrs Emma Doherty
Chair of Governors:	Dr Isabelle Cullen
Safeguarding Governor:	Mrs Tina Campbell
Safeguarding Team:	Mrs Isabelle Erskine Mr Ryan Ferrie Mrs Emma Doherty Ms Gilda Catani (Administrator)

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1. Introduction

St Aloysius' College is committed to promoting and safeguarding the wellbeing and protection of children and young people. The College believes it is everyone's collaborative responsibility to keep children and young people safe. The College upholds every child's right to the care and protection that promotes their human growth and sense of personal worth and dignity. This policy sets out the College's principles and procedures for putting into practice its commitment to the wellbeing of its pupils, in the matter of child protection.

This policy applies to and provides clear direction to all staff, volunteers, governors, parents and pupils and it is our firm belief that we share the responsibility to create a culture of protection.

2. Key Safeguarding Terminology

Child

For the purpose of this guidance, generally, a child is any learner attending a school.

Child Protection

Child protection refers to the processes involved in consideration, assessment and planning of required action, together with the actions themselves, where there are concerns that a child may be at risk of harm. Child protection guidance provides overall direction for agencies and professional disciplines where there are concerns that a child may be at risk of harm. Child protection procedures are initiated when police, social work or health professionals determine that a child may have been abused or may be at risk of significant harm. Child protection involves:

- Immediate action, if necessary, to prevent significant harm to a child
- inter-agency investigation about the occurrence or probability of abuse or neglect, or of a criminal offence against a child. Investigation extends to other children affected by the same apparent risks as the child who is the subject of a referral
- assessment and action to address the interaction of behaviour, relationships and conditions that may, in combination, cause or accelerate risks
- focus within assessment, planning and action upon listening to each child's voice and recognising their experience, needs and feelings
- collaboration between agencies and persistent efforts to work in partnership with parents in planning and action to prevent harm or reduce risk of harm
- recognition and support for the strengths, relationships and skills within the child and their world in order to form a plan that reduces risk and builds resilience

Safeguarding

This is a much wider concept than child protection and refers to promoting the welfare of children, young people and protected adults. It encompasses protecting from maltreatment, preventing impairment of their health or development, ensuring that they are growing up in circumstances consistent with the provision of safe and effective care; acting to enable all children, young people and protected adults to have the best outcome. Child protection is part of this definition and refers to activities undertaken to prevent children suffering, or likely to suffer, significant harm.

Proprietors must take full account of safeguarding issues that may impact on children

and young people such as bullying, online abuse and eating disorders. The school must ensure relevant policies and guidance are in place to support children, young people and staff. In developing these policies, staff are required to refer to national guidance.

Child Abuse

Child abuse is a form of maltreatment and may involve the infliction of harm, or the failure to act to prevent harm. There are four categories of child abuse: physical, emotional, sexual and neglect.

Physical abuse is the causing of physical harm to a child or young person.

Emotional abuse is the persistent emotional ill treatment that has severe and persistent adverse effects on a child's emotional development. It may involve, for example, repeated silencing, ridiculing or intimidation; conveying to a child that they are worthless or unloved; exploitation or corruption of a child.

Child sexual abuse (CSA) is defined as: an act that involves a child under 16 years of age in any activity for the sexual gratification of another person, whether or not it is claimed that the child either consented or assented. Sexual abuse involves forcing or enticing a child to take part in sexual activities, whether or not the child is aware of what is happening. For those who may be victims of sexual offences aged 16-17, child protection procedures must be considered. These procedures must be applied when there is concern about the sexual exploitation or trafficking of a child.

The activities may involve physical contact, including penetrative or non-penetrative acts. They may include non-contact activities, such as involving children in looking at or in the production of indecent images, in watching sexual activities, using sexual language towards a child, or encouraging children to behave in sexually inappropriate ways.

Neglect is the persistent failure to meet the basic physical or psychological needs of a child which is likely to result in the serious impairment of the child's health or development. Poverty, and other systemic stresses, may be a factor and neglect are an indicator of both support and protection needs.

'Persistent' means there is a pattern which may be continuous or intermittent which has caused, or is likely to cause significant harm. However, single instances of neglectful behaviour by a person in a position of responsibility can be significantly harmful. Early signs of neglect indicate the need for support to prevent harm. (The National Guidance for Child Protection in Scotland 2021 (updated 2023))

See Appendix 1 for Further Safeguarding Terminology.

See Appendix 2 for Indicators of Child Abuse

3. Legal Framework

Core principles, values and shared standards of practice form the foundation for effective child protection practice, and include key legislation and guidance, including the [UN Convention on the Rights of the Child](#) (UNCRC) and '[Getting it Right for Every Child](#)' (GIRFEC) which are enshrined in the [Children and Young People \(Scotland\) Act 2014 \(amended 2020\)](#).

This policy should be read in conjunction with;

- Anti-bullying Policy

- Physical Contact and Safe Touch Policy
- Discipline Policy
- Additional Support Policy
- Health and Safety Policy
- ICT & Acceptable Use Policy
- Trips Policy
- Related Data Protection Policies
- Visitors' Policy
- Persons in Vulnerable Groups (PVG) and Criminal Check Policy (Safer Recruitment Policy)
- Getting it Right for Every Child (*GIRFEC*)
- Children and Young People (Scotland) Act 2014 (amended 2020)
- Children's Rights
- Care Inspectorate Quality Framework

4. Principles

All safeguarding procedures are underpinned by the following principles:

- At all times the needs and wellbeing of the child or young person are paramount. Our safeguarding approach to Child Protection is based upon the protection of Children's Rights.
- The College will adopt a co-ordinated and unified approach to identifying concerns, assessing needs, agreeing actions and outcomes, based on the wellbeing indicators.
- All staff have a duty to be competent in recognising, responding, recording and reporting issues of a wellbeing or child protection nature.
- Child Protection is everyone's responsibility.
- All children and young people whatever their age, culture, racial origin, disability, gender, language, sexual orientation, gender reassignment, religion or belief have a right to protection.
- Children and young people should be respected, listened to, and where there are concerns, staff must follow the College safeguarding reporting procedures.
- Children and young people have a right to express views on all matters which affect them.
- The College recognises the need to work in partnership with children, young people, their parents, carers and other agencies in promoting children and young people's wellbeing.
- Sharing information about children and young people will be relevant, necessary and proportionate and limited to those who need to know.
- The College recognises the fundamentals of Getting it Right for Every Child (*GIRFEC*) which supports Children's Rights.
- All our Child Protection processes should uphold [Children's Rights](#).

5. Procedures

The College will seek to keep children and young people safe by:

- Staff taking responsibility to provide a safe environment in which children and young people can learn and will therefore always act in their best interest by valuing, listening to and respecting them.
- Having systems within the College which support safeguarding through policy, practice and procedures.
- Appointing a designated Lead Safeguarding Officer (LSO), Assistant Safeguarding Officer (ASO) and a Governor with a safeguarding remit.
- Providing appropriate safeguarding and child protection training and giving guidance and support if required. Appendix 2 - Indicators of Child Abuse.
- Ensuring that reporting procedures are clear and that staff are confident and prepared to report concerns if necessary. Appendix 3 – Guidance on how to respond to a disclosure from a child or young person. Appendix 4 – College procedures for dealing with a child protection concern.
- Working closely with relevant agencies, where appropriate, to ensure best outcomes for children and young people. (When information is shared a record will be kept within our secure systems).
- The Governors being accountable for the wellbeing and protection of pupils; meet the standards for Governors for effective safeguarding.
- Taking all appropriate steps to recruit staff who are safe to work with children and young people.
- Complying with all statutory guidelines/legislation on robust recruitment practice.

6. Roles and Responsibilities

- All staff have responsibility to identify children and young people who may be in need of extra help or are suffering, or are likely to suffer, significant harm. All staff then have a responsibility to take appropriate action.
- The Lead Safeguarding Officer has the broad responsibility for safeguarding and child protection in respect to making referrals, training, raising awareness and managing and reviewing the reporting and recording systems.
- The Head has the responsibility for appointing the Lead Safeguarding Officer and then working closely with them, being attentive to the concerns raised by him or her. The Head should also provide appropriate support in order for the Safeguarding Team to carry out this role.
- The Governing Body are responsible for ensuring the College has effective Child Protection Policies and Procedures in place. The College has a designated Governor with a particular responsibility for safeguarding and child protection.
- The Safeguarding Committee is an internal group of staff including Medical, Human Resources, Safeguarding Officers and the PSHE Coordinator. This group have no responsibility for decision making on child protection matters, they act as a support to the Safeguarding officers by exploring relevant issues affecting children and young people.
- The Safeguarding Commission is an external body of Independent Consultants who support the Head and the Safeguarding Officers in quality assuring their practice and policies. This body has no responsibility for decision-making on child protection matters within the College.

Policy Reviewed by Audit Risk and Governance Committee: February 2019

This policy will be reviewed annually by: Lead Safeguarding Officer, Mrs Isabelle Erskine

Policy reviewed by Safeguarding Team: Mrs Erskine, Mr Ferrie, Mrs Doherty, January 2020

Policy updated: October 2023

Policy updated: December 2023

Policy reviewed and updated February 2024 by Safeguarding Team: Mrs Erskine, Mr Ferrie, Mrs Doherty

7. Appendices

Appendix 1

Further Key Safeguarding Terminology:

Child Sexual Exploitation (CSE)

Child sexual exploitation (CSE) is defined as a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a person under 18 into sexual activity in exchange for something the victim needs or wants, and/or for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact. It can also occur through the use of technology. Children who are trafficked across borders or within the UK may be at particular risk of sexual abuse (National Guidance for Child Protection in Scotland 2021).

Female Genital Mutilation (FGM)

FGM is a procedure where the female genitals are deliberately cut, injured or changed, but where there is no medical reason for this to be done. This traditional practice is an extreme form of gender-based abuse, causing significant and lifelong physical and emotional harm. Cultural considerations and sensitivities should not override the need of professionals to act to protect a child at risk.

Domestic Abuse

Domestic abuse is any form of physical, verbal, sexual, psychological or financial abuse which might amount to criminal conduct and which takes place within the context of a relationship. The abuse may be committed in the home or elsewhere, including online. Domestic abuse includes degrading, threatening and humiliating behaviour predominantly by men and predominantly towards women. There is significant evidence of links between domestic abuse and emotional, physical and sexual abuse of children, and children themselves can experience domestic abuse as 'coercive control' of the whole family environment, not just of their mother.

Forced Marriage

A forced marriage is a marriage conducted without the full and free consent of both parties, and where duress is a factor. Duress can include physical, psychological, financial, sexual and emotional abuse. A forced marriage is different from an 'arranged marriage'. Child protection will be considered up to the age of 18.

Radicalisation

Radicalisation is the process through which a person comes to support or be involved in extremist ideologies. It can result in a person becoming drawn into terrorism and is in itself a form of harm. All organisations that work with children and young people have a responsibility to protect children from harm. This includes becoming radicalised and/or being exposed to extreme views.

Peer on Peer

Peer-on-peer sexual abuse is a form of HSB where sexual abuse takes place between children of a similar age or stage of development. Child-on-child sexual abuse is a form of HSB that takes place between children of any age or stage of development.

Suicidal Ideation

Suicidal ideation refers to thoughts, fantasies, or contemplation about taking one's own life. Individuals experiencing suicidal ideation may have a range of thoughts, from fleeting considerations to more persistent and detailed plans. Suicidal ideation can be associated with various mental health conditions, such as depression, anxiety disorders, or other mood disorders.

Self-harm

Self-harm refers to self-poisoning or self-injury, irrespective of the apparent purpose of the act. Self-harm is generally a way of coping with overwhelming emotional distress. Self-harm may combine with other expressions of distress and disturbance.

Munchausen Syndrome by Proxy (MSBP)

Also known as Factitious Disorder is a mental health disorder in which a carer, usually a parent or guardian, fabricates, exaggerates, or induces physical or psychological illness in someone under their care. This behaviour is driven by a desire for attention and sympathy that the carer receives as a result of the perceived caregiver role.

Appendix 2

Indicators of Child Abuse

It is important to remember that lists such as the one below are neither definitive nor exhaustive. The information has to be used in the context of the child's whole situation and in combination with a range of other information related to the child and his/her circumstances.

There are general indicators that a child may be troubled though not necessarily about abuse. The child or young person may have some of these problems or none at all. It is the combination, frequency and duration of the signs that will alert to a problem. Try to notice all changes in usual behaviour.

There can be an overlap between all the different forms of child abuse and all, or several, can coexist.

1. PHYSICAL ABUSE

Signs of possible physical abuse:

- Unexplained injuries or burns, particularly if they are recurrent.
- Improbable excuses given to explain injuries.
- Refusal to discuss injuries.
- Untreated injuries, or delay in reporting them.
- Excessive physical punishment.
- Arms and legs kept covered in hot weather.
- Fear of returning home.
- Aggression towards others.
- Running away.

When considering the possibility of non-accidental injury it is important to remember that the injuries may have occurred for other reasons, e.g. genuine accidents or medical disorders.

2. NEGLECT

Signs of possible physical neglect:

- Constant hunger.
- Poor personal hygiene.
- Constant tiredness.
- Poor state of clothing.
- Frequent lateness and/or unexplained non-attendance at school.
- Untreated medical problems.
- Low self-esteem.
- Poor peer relationships.
- Stealing.

3. NON-ORGANIC FAILURE TO THRIVE

Signs of possible non-organic failure to thrive:

- Significant lack of growth.
- Weight loss.
- Hair loss.
- Poor skin or muscle tone.
- Circulatory disorders.

4. EMOTIONAL ABUSE

Signs of possible emotional abuse:

- Low self-esteem.
- Continual self-deprecation.
- Sudden speech disorder.
- Significant decline in concentration.
- Socio-emotional immaturity.
- 'Neurotic' behaviour (e.g., rocking, head banging).
- Self-mutilation.
- Compulsive stealing.
- Extremes of passivity or aggression.
- Running away.
- Indiscriminate friendliness.

5. SEXUAL ABUSE

Not all children are able to tell parents that they have been assaulted. Changes in behaviour may be a signal that something has happened. It is important to remember that in sexual assault there may well be no physical or behavioural signs.

Signs of possible sexual abuse:

Behavioural

- Lack of trust in adults or over familiarity with adults.
- Fear of a particular individual.
- Social isolation - withdrawal or introversion.
- Sleep disturbance (nightmares, irrational fears, bed wetting, fear of sleeping alone, needing a nightlight).
- Running away from home.
- Girls taking over the mothering role.
- Reluctance or refusal to participate in physical activity or to change clothes for activities.
- Low self-esteem.
- Drug, alcohol or solvent abuse.
- Display of sexual knowledge beyond child's years.
- Unusual interest in the genitals of adults or children or animals.
- Expressing affection in an age inappropriate way, e.g., 'French kissing'.
- Fear of bathrooms, showers, closed doors.
- Abnormal, sexualised drawing.
- Fear of medical examinations.
- Developmental regression.
- Poor peer relations.
- Inappropriate or sexually harmful behaviours.
- Compulsive masturbation.
- Stealing.
- Psychosomatic factors, e.g., recurrent abdominal pain or headache.
- Having unexplained/abundance of sums of money and/or possessions.
- Sexual promiscuity.

Physical/Medical

- Sleeplessness, nightmares, fear of the dark.
- Bruises, scratches, bite marks to the thighs or genital areas.
- Itch, soreness, discharge, unexplained bleeding from the rectum, vagina or penis.
- Pain on passing urine or recurrent urinary infection.

- Stained underwear.
- Unusual genital odour.
- Anxiety/depression.
- Eating disorder, e.g. anorexia nervosa or bulimia.
- Discomfort/difficulty in walking or sitting.
- Pregnancy - particularly when reluctant to name father.
- Venereal disease, sexually transmitted diseases.
- Soiling or wetting in children who have been trained.
- Self-mutilation/suicide attempts.

Appendix 3

Guidance on how to respond to a disclosure from a child or young person

1. Receive

- Keep calm
- Listen to what is being said without displaying shock or disbelief
- Take what is said seriously
- Note down what has been said

2. Respond

- Reassure the child or young person that they have done the right thing in talking to you
- Be honest and do not make promises you cannot keep
- Do not promise confidentiality: you have a duty to refer
- Reassure the child or young person that information will only be shared with those who need to know

3. React

- Establish whether or not you need to refer the matter, but do not interrogate for full details
- Make sure all questions are open, not for example “Did he/she....?”
- Explain what you have to do next and who you have to talk to

4. Record

- Make some hand written brief notes at the time and write them up as soon as possible
- Do not destroy these notes
- Record the date, time, place, any non-verbal behaviour and the words used by the child
- Ensure that as far as possible you have recorded the actual words used by the child or young person
- Record statements and observable things rather than your interpretations or assumptions

5. Report

- Contact a member of the Safeguarding Team immediately (Mrs Isabelle Erskine or Mrs Emma Doherty for Junior School, Mr Ryan Ferrie for Senior School, Ms Gilda Catani, Administrator).
- The Safeguarding Team may be required to make appropriate records available to other agencies.

Appendix 4

College procedures for dealing with a child protection concern

