



Downe Primary School

CHILD PROTECTION AND SAFEGUARDING POLICY

SEPTEMBER 2021

Designated Safeguarding Lead (DSL)
Jodene Panteli, Head Teacher

Deputy Designated Safeguarding Lead:
Mark Dobson, Assistant Head Teacher

Designated Governor for Child Protection & Safeguarding:
Kim Brown, Safeguarding governor

1. INTRODUCTION

The governors and staff of Downe Primary School fully recognise the responsibility they have for the safeguarding and protection of pupils as defined in the Children Act 2004. All governors and staff, including volunteers, have a full and active part to play in protecting children and young people from harm.

All staff and governors believe that our school should provide a caring, positive, safe and stimulating environment which promotes the social, physical and emotional development of the individual pupil.

Safeguarding and promoting the welfare of children is **everyone's** responsibility. Everyone must always act in the **best interests of the child**.

The school will act in accordance with statutory legislation and guidance

Keeping Children Safe in Education September 2021

Working Together to Safeguard Children Updated December 2020

What to do if you are worried a child is being abused March 2015

Sexual violence and harassment between children in schools and colleges 2018

All London Child Protection Procedures updated September 2021

BSCB Procedures and Protocols including: The Threshold of Need November 2021

The Statutory Framework for the Early Years Foundation Stage updated September 2021

The Children Act 1989

The Children Act 2004

The Children and Families Act 2014

The Education Act 2002

The Education Act 2011

The Teachers' Standards 2012

Safeguarding Children and Safer Recruitment in Education 2011

Guidance for Safer Working Practice for Adults who work with Children in Education 2019

The Prevent Duty 2015 DFE advice for Schools

2. AIMS

Everyone in our school shares the objective to keep children safe by having a child-centred and co-ordinated approach to safeguarding. We will aim to do this by:

- Supporting the child's development in ways that will build their understanding of keeping safe, their confidence, self-esteem and independence.
- Providing a safe environment for children to learn in.
- Supporting healthy development of mental and physical health.
- Maintaining an ethos where children feel safe and are encouraged to talk and to be listened to, including having free access and effective means of communicating with more than one adult.
- Maintaining a school community that is inclusive. There is no place for extremist views of any kind in our school, whether from children, staff or governors, the wider school community, external agencies or visitors. **(It is our duty to PREVENT extremism and radicalisation)**
- Providing curriculum activities which equip children to develop the skills they need to know how to keep themselves safe and understand positive relationships (PHSE / RHE).
- Identifying and responding to children in need of support or protection
Any staff member that has a concern must know and follow the referral processes. All staff should be aware of the early help process and understand their role in it. (Keeping Children Safe in Education).
Where a child is suffering, or is likely to suffer, significant harm, it is important that a referral to social care (and if appropriate the police) is made immediately.
- Raising awareness of all staff, including volunteers, of the need to safeguard children and of their responsibilities in identifying and reporting a possible case of abuse.
Abuse can be physical, sexual, emotional or neglect (See Annex 1 Keeping Children Safe in Education 2021).
All staff should be aware of the signs and symptoms of FGM.
All staff should also be aware that children are at risk of abuse or exploitation outside of their families too. Extra-familial harms can include other children, sexual exploitation, criminal exploitation and youth violence.
- Providing a systematic means of monitoring children known, or thought, to be at risk of harm.
- Having established procedures and protocols which will be followed by all staff and volunteers.
- Working together effectively with other agencies
- Ensuring that all adults who have unsupervised access to children have been checked as to their suitability and have an enhanced DBS disclosure.

- Implementing safer recruitment procedures.

3. PROCEDURES AND PROTOCOLS

Our procedures will be in line with *Bromley and London Child Protection Procedures updated November 2021*.

We will ensure that:

- We have designated members of staff (DSL, Deputy DSL, Senco) who will undertake training at two yearly intervals, one of whom will attend termly safeguarding forums BSCB at the LA.
- The whole school staff and governors will undertake training updates at least annually and full training every two years.
- All staff will receive updates via staff meetings and safeguarding training regularly.
- All members of staff will regularly renew their understanding of the signs and indicators of abuse or need (including FGM, sexually exploited children and criminally exploited children).
- All teachers know that is a mandatory duty for them to report disclosures on FGM about a female under 18 under the Serious Crime Act 2015.
- We will report to the Local Authority any children in private fostering arrangements. This is also mandatory.
- All members of staff will regularly renew their knowledge of the procedure to follow when raising concerns, and know it is imperative **to act immediately**.
- Safeguarding and Child Protection will be an agenda item on every weekly staff inset session and every governor meeting.
- All staff will be kept up-to-date on safeguarding issues, and will be able to identify concerns and understand procedures to protect and safeguard children and young people. They will be sign-posted to relevant DFE guidance. Issues include:
Children missing from care and home,
Children and the court system,
Children missing from education,
Children with family members in prison,
Child sexual exploitation,
Child criminal exploitation,
County lines,
Domestic abuse,
Children witnessing domestic violence
Homelessness,
E-safety

FGM,
Honour based killings,
Forced marriage,
Young Carers,
Preventing radicalisation & extremism,
Prevent/Channel
Peer on peer abuse, sexual violence and sexual harassment. (See Keeping Children Safe in Education 2021),
Upskirting,
Looked after children
There is further information in Keeping Children Safe in Education (Annex 1) and regular training will be given.

- All staff will have read this policy, Keeping Children Safe in Education 2021, the code of conduct policy and Acceptable use of IT, as part of the performance review process annually (or when it is updated if that is sooner). All new staff will be given copies as part of their induction programme.
- The Head Teacher and governing body will take a proportionate and risk-based approach to the level of information that is provided to temporary staff (eg supply teachers, student teachers, volunteers etc)

Retention and storage of child protection records

- The child protection data should be relevant, adequate for purpose and not excessive.
- It should be stored securely, paper files in a locked cabinet or cupboard and electronic files should be password protected and stored on a computer with protection against hackers and viruses.
- Child protection files should be kept separate from a child's general school record.
- Child protection concerns should be stored on individual named logs and not on a general concerns log.
- It should only be stored for as long as it is necessary. Child protection data on children needs to be stored until the child is 25 years old. However it needs to be stored by the relevant authority, when a child leaves Downe Primary School their child protection files should be securely handed over to the receiving school or if they are home-schooling to the Local Authority.

First Day Calling and Attendance Monitoring

- The school attendance policy states all parents are expected to telephone the school by 9:30am on the first day of absence. Mrs. Allum (SAO) will make telephone contact with the parents of all absent pupils who have not informed the school to ensure their safety and well-being.
- In the absence of the SAO, these absence related calls will be carried out by another member of staff, recording pertinent information on SIMS.
- Children subject to a child protection plan will be prioritised and called first. If there is no reply from the home and there are concerns for the child's wellbeing, Social Care, and Education Welfare should be contacted.
- The Head Teacher and governing body will make appropriate safeguarding responses – reporting and referring immediately to BSCB children who are missing from education, particularly on repeated occasions. See Keeping Children Safe in Education & Children Missing from Education guidance.

Early Help

- The school will be alert to the potential need for early help for any of our children. We will be mindful of the list of potentially vulnerable children in Keeping Children Safe in Education.
- All members of staff have a responsibility to raise a concern about any child who they observe may be in need of early help.
- If early help is appropriate, the school will make a referral to the Local Authority for this, using the CAF or Early help referral system documented below.
- Any child receiving early help will be kept under constant review. If the child's situation doesn't appear to improve we will decide whether to make a statutory referral to social care.

Children in Need

- The school will be alert to identify children who are unlikely to achieve or maintain a reasonable level of health or development, or whose health or development is likely to be impaired, or a child who is disabled. We will follow the BSCB procedures **The London Borough of Bromley Threshold of Need November 2021**. These children should be assessed under section 17 of the Children Act 1989. The LA is required to provide services for them.

What to do where it is believed a child is suffering or at risk of significant harm (Statutory Assessments)

- We follow the BSCB procedures **The London Borough of Bromley Threshold of Need, November 2021**. In immediate or acute risk, a referral will be made to Social Care or the Police. Parents will be advised of the intention to refer to social care in advance and their views and co-operation sought, unless we have good reason to believe that to do so would place a child at greater risk of harm. These children should be assessed under section 47 of the Children Act 1989. The LA is required to provide services for them.
- We will work effectively with relevant external agencies in child protection matters. If invited to a Child Protection Case Conference, staff will be given priority to attend.
- All members of staff know how to respond to a pupil who discloses abuse. *Appendix 2 and 'What to do if you think a child is being abused'*. The member of staff must record information regarding the concern as soon as possible and on the same day. The recording must be a clear factual account. All staff know that they cannot promise a child to keep secrets. It should be recorded using My Concern and **the DSL must be informed immediately. The DSL and DDSL will receive email notification of the concern in addition.**
- Staff will take any immediate and urgent action required to assist the child, eg emergency medical treatment.
- Confidentiality will be upheld. Information concerning children at risk will be shared with members of staff on a "need to know" basis. The DSL will make the judgement about who needs to know.
- All concerns, no matter how small or seemingly insignificant must be recorded using My Concern. My Concern builds a chronology.

- All verbal conversations will be recorded by the person who received the information first hand, using My Concern.

Making a referral

- **Making a CAF referral (DSL/ Family worker/ SENCO)**

CAF Referrals should be made using the Bromley CAF Form.

CAF forms and detailed guidance can be found at www.bromley.gov.uk/caf

- **Making a referral for Early Help (BCP Bromley Children Project) (DSL/ Family worker/ SENCO)**

Referrals to the Bromley Children Project should be made online

- **Team around the child (TAC) meeting (DSL or Family worker/ SENCO)**

It is good practice and helpful to hold a multi-agency meeting including the family, so that information can be shared and to enable everyone to plan the next steps together.

- **Making a Child Protection referral**

A referral to the Multi Agency Safeguarding Hub (MASH) is required when children reach the higher end of level 3 or level 4 on the threshold of need continuum. In school this referral would normally be made by the DSL. **But any person who is seriously concerned about the welfare and safety of a child can make a referral through MASH or phone the police.**

If at any time you have reasonable concern that a child or young person may be at immediate or acute risk of suffering significant harm, or has already suffered significant harm, you must make a referral to Children's Social Care IMMEDIATELY.

During Office hours

MASH:

020 8461 7309 / 7373 /7368

mash@bromley.gov.uk

Out of hours (Emergencies only)

0300 303 8671

The Educational Safeguarding Senior Practitioner is

Joan Keenan-O'Malley: 020 8461 7266 Email: joan.keenan-o'malley@bromley.gov.uk

She will work in developing and strengthening links between schools and Children Social Care. She will discuss thresholds of need and when to refer. But referral must be made through MASH.

Multi Agency Working

Working with Children

- The school will take a child-centred approach as outlined in the introduction of *Working together to safeguard children 2018*. The needs of the child must be put first when determining what action to take.

Working with Parents

- The school will work with parents to achieve best outcomes for the child, aiming to make timely and early intervention and implement a multi-agency approach. CAFs (the assessment tool to build a shared understanding of a child's need) will be used where appropriate.
- All parents or carers will be made aware of the school's Child Protection and Safeguarding Procedures. The policy is on the website. A copy of the policy is given to all new families joining the school.

Working with Governors

- The full governing body will receive regular reports about numbers of child protection referrals, allegations against school staff and other child protection/safeguarding matters.
- The Head Teacher and safeguarding governor will work closely together. This will operate as an initial stage of supervision.

Working with Agencies

- The school is committed to multi agency working as outlined in *Working together to safeguard children (updated 2020)*. The safeguarding partners are: the Local Authority, the Police Force and the Health Authority (Clinical Commissioning groups). All schools are under a statutory duty to co-operate in safeguarding processes and the published arrangements.

- There needs to open sharing of data between agencies. Data protection fears should not stand in the way of information sharing.

"All practitioners should be confident of the processing conditions under the Data Protection Act 2018 and the GDPR which allow them to store and share information for safeguarding purposes, including information which is sensitive and personal, and should be treated as 'special category personal data'; where practitioners need to share special category personal data, they should be aware that the Data Protection Act 2018 contains 'safeguarding of children and individuals at risk' as a processing condition that allows practitioners to share information".

Working together to safeguard children

- Local authorities should share the fact that a child has a social worker and the DSL should hold and use this information so that decisions can be made in the best interest of the child. (eg decisions about responding to unauthorised absences or missing education) KCSIE 2021

Female Genital Mutilation mandatory reporting duty.

- All staff know there is a specific legal duty that if a teacher in the course of their work discovers that FGM has appeared to have been carried out they must report it to the police. See Keeping Children Safe in Education Annex A.

Private Fostering mandatory reporting to the Local Authority

- All staff know there is a legal duty to report private fostering to the local authorities. Private fostering is when a child is provided with care and accommodation by a person who is not a parent or a person with parental responsibility for them or a relative in their own home for more than 28 days.

Counter terrorism and the Prevent duty

- The prevent duty for schools is to have due regard to prevent people being drawn into terrorism and extremism. All staff know to be alert to changes in children's behaviour which might indicate they could be in need of help and protection. All staff work to build resilience to radicalisation by promoting Fundamental British Values.

Allegations against staff

- All staff are responsible for reporting concerns regarding a colleague's behaviour including a supply teacher or a volunteer working in the school. *See Whistle-blowing Procedures and policy.*

If they have concerns that they:

1. Behaved in a way that has harmed a child, or may have harmed a child
2. Possibly committed a criminal offence against a child
3. Behaved in a way that indicates that he or she may pose a risk of harm to a child
4. Behaved in a way that indicates they may not be suitable to work with children

- A pupil may make an allegation against a member of staff.

Such an allegation must be taken seriously. It must be ensured that the child is safe and supported and the Head Teacher must be informed as soon as possible. An accurate factual account of what was alleged must be written immediately.

- The Head Teacher, on all such occasions, will discuss the content of the allegation with the Local Authority Designated Officer (Lead Officer for Education Safeguarding – Gemma Taylor 020 8461 7669 or 020 8313 4325

lado@bromley.gov.uk or

lado@bromley.gcsx.gov.uk

- If an allegation is made against the Head Teacher then the Chair of Governors must be informed immediately and they will then discuss the allegation with the Local Authority Designated Officer. (as above)

Schools have a duty of care towards their staff. They should ensure that they provide effective support for anyone facing an allegation. Any allegation of abuse must be dealt with in a fair and consistent way that provides protection for the child and at the same time supports the person who is the subject of the allegation.

- Allegations against a person who is not employed by the school (eg a supply teacher) must be investigated. The employment agency must be informed. Whilst the school is not the employer they should ensure that the allegations are dealt with properly. (It is not enough to just stop using this supply teacher or agency). The Head Teacher should liaise with the LADO to determine a suitable outcome

Safer Recruitment

- The School will implement their responsibilities for safer recruitment strategies. The Head Teacher and Child Protection Governor will attend Safer Recruitment training every two years.

- At least one person on every interview panel will be trained in safer recruitment practices. The selection process will always involve appropriate tasks and questions to explore fully the child protection

and safeguarding knowledge, skills and attitudes of all candidates. All offers of employment will be conditional on an enhanced DBS check

- All staff must have an enhanced DBS check. These checks should be renewed every three years. Governors must have an enhanced DBS check and a Section 128 check.
- There is a teacher services system database that ensures a candidate is not subject to a prohibition order issued by the secretary of state

Online safety

- The school's policy and procedures will be regularly reviewed and up-dated.
- All teaching staff will be conversant with the DFE Guidance Teaching online safety in school (June 2019) and the Education for a Connected World Framework which gives age-related advice on online knowledge and skills.
- Regular training will be provided for staff.
- Staff should ensure that online safety is included in relevant lessons and standalone E-safety lessons. Children should be taught about peer on peer abuse, including sexting and exchanging of inappropriate photographs online and upskirting.
- It is the governors' responsibility to ensure that the school has appropriate filters and monitoring systems in place.

Children with Special Educational needs

- Children with SEND can face additional safeguarding challenges. Staff need to be informed and challenge the assumption that possible indicators of abuse such as behaviour, mood and injury relate to the child's disability.
- Be aware of the potential for children with SEND to be bullied.
- Children with SEND may have communication barriers and difficulties in articulating concerns or overcoming barriers.

Supporting Children

- We recognise that a child who is abused or witnesses violence may find it difficult to develop and maintain a sense of self-worth. We recognise that a child in these circumstances may feel helpless and humiliated. We recognise that a child may feel self-blame.
- We recognise that the school may provide the only stability in the lives of children who have been abused, experienced trauma i.e. witnessed domestic violence, or who are at risk of harm.
- We accept that research shows that the behaviour of a child in these circumstances may range from that which is perceived to be normal to aggressive or withdrawn.
- We accept that research shows that disabled children may be more at risk; we will be particularly vigilant of these and other vulnerable children and awareness of their particular needs will be taken into account.

- We know that a child can also be abused by another child (peer on peer abuse) and that this can happen in school as well as out of school. Research shows that there is a gendered nature to this, there are often more boys being perpetrators and more girls victims, but this is not exclusively so. All staff will be vigilant. Any incident observed or reported will be recorded, fully investigated and dealt with in line with our anti-bullying policy and procedures. The victim & perpetrators of peer on peer abuse will be supported.

Supporting Staff

- We recognise that staff working in the 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 the DSL and to seek further support as appropriate.

4. ROLES & RESPONSIBILITIES

Safeguarding children is everyone's responsibility. All adults working with children have the responsibility to safeguard and promote the welfare of children. Everyone must work to achieve best outcomes for the child

The Designated Safeguarding Lead is responsible for:

- Taking the lead responsibility for safeguarding and child protection.
- To be available (or a deputy) during school hours during term time (this can be via a phone if necessary). Out of hours arrangements for contact should be supplied to Local Authority.
- Liaising with the safeguarding partners (Police, Local Authority and Health) and ensuring multi agency working.
- Developing effective working relationships with other agencies, submitting reports and ensuring school's attendance at child protection conferences, and contributing to decision making as appropriate
- Manage referrals and support any staff who have made a referral, including referring to the Disclosure and Barring service (DBS) where a person has been dismissed or left due to risk or harm caused to a child (failure to do so is a criminal offence) and referring to the police any crime committed.
- Ensuring their own training and that of all staff. The DSL should be trained every two years and undertake Prevent awareness training. The deputy Designated Safeguarding Lead should be trained at the same level as the DSL.
- Raise awareness of safeguarding and keep it high profile in the school (including online safety).
- Act as a source of support, advice and expertise for all staff.
- Ensuring that all new staff have had safeguarding induction within 1 week.
- Ensuring the school operates within the legal framework and that procedures and policies are in place.
- Adhering to the London Child Protection Procedures and BSCB policies and procedures. Ensuring school policies and procedures are known and followed; especially taking account of staff absences and temporary cover staff.
- Effectively monitor children with regard to child protection. Particular attention will be paid to the attendance and development of any child of whom the school has concerns. Keeping written records of concerns about a child even if there is no need to make an immediate referral.

- Ensuring that children with special educational needs and disabilities will be safeguarded.
- Ensuring all records are kept confidentially and securely, and are separate from pupil records.
- Ensure that the guidelines for the retention, storage and destruction of child protection records are followed.
- Ensure that a child protection file on a child is handed over securely to the new school when a child moves school. To share information about child protection concerns with a receiving school. It will NOT be retained by Downe Primary School.
- Ensure CP records are written and stored in accordance with GDPR.
- Ensuring that first day of absence calling is implemented daily and attendance monitoring
- Ensure that children are taught about safeguarding, and keeping safe, including online safety.
- Ensuring that Relationships and Health Education is taught (mandatory Sep 2020).
- Keeping governors informed

Looked after children designated teacher

The designated safeguarding lead is also the Looked after children designated teacher. The virtual school head will receive the pupil premium plus funding. The LAC designated teacher will work with the virtual school head to establish how that funding can best be used to support progress.

Looked after children are vulnerable. The Designated teacher should ensure that all staff have the skills, knowledge and understanding to keep the looked after child safe and prompt action is taken to safeguard these children.

The Governors are responsible for:

- Appointing a Designated Safeguarding Lead who is a senior member of school leadership team
- Appoint a governor with responsibility for safeguarding.
- Ensuring Child protection policy and procedures are in place, (including online safety) and that they are reviewed annually.
- Ensuring that a staff code of conduct policy is in place and is reviewed annually.
- Ensuring that relevant safeguarding children training for school staff/volunteers and governors is attended.
- Ensuring that the school contributes to multi agency working in line with statutory guidance. They should be prepared to share information as requested by the 3 safeguarding partners.
- Ensuring the safe management of allegations
- Ensuring Safer recruitment procedures are implemented
- Ensuring that procedures are followed regarding children missing Education and attendance.
- Ensuring the sharing of information is proportionate and risk-based, especially in regard to temporary staff and volunteers
- The monitoring of procedures and that any deficiencies or weaknesses in safeguarding arrangements are remedied without delay
- Monitoring of compliance with the Data protection Act 2018 and GDPR
- Ensure that children are taught about safeguarding, and keeping safe, including online safety.
- Ensuring that Relationships and Health Education is taught (mandatory Sep 2020).
- Nominating a member of the Governing Body (usually the Chair) to be responsible in the event of an allegation of abuse being made against the Head Teacher

All Staff are responsible for:

- Implementing safe working practices, complying with the staff Code of Conduct policy and the staff Acceptable use of IT policy, including the use of social media, to safeguard themselves and others.
- providing a safe and caring environment in which children can develop the confidence to voice ideas, feelings, opinions, concerns and worries; where they are listened to, believed and feel supported. Being vigilant believing that it could happen here.
- Monitoring and reporting to the DSL as required on the welfare, attendance and progress of all children and on children for whom there is a Child protection plan. Keep clear, factual and confidential records of child protection concerns.
- At least annually reading policies and procedures and keeping themselves up to date with any new guidance. Implementing policies and procedures.
- Reporting female genital mutilation is a mandatory requirement for teachers.

This Policy should be read along other school policies:

Acceptable Use of IT policy;

Anti-Bullying policy,

Attendance policy and First Day calling Statement,

Behaviour policy, Governors Behaviour Principles,

Code of Conduct policy,

Equality Information and Objectives

Online Safety policy,

Health and Safety policy,

Preventing Extremism and Radicalisation Policy,

PSHE policy and Relationships, and Health policy,

Designated teacher policy

Whistle Blowing policy

APPENDIX 1

Definitions of Child Abuse:

Abuse is maltreatment of a child. Abuse or neglect may occur by inflicting harm on a child or by failing to prevent harm. Children can be abused in a family, a school, a community setting, by those known to them or more rarely by those unknown to them. Abuse can also take place online (wholly or to facilitate offline abuse). Children can be abused by adults or by other children.

Physical abuse

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

Emotional abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate or valued only insofar as they meet the needs of another person. It may include not giving a child the opportunity to express their view, deliberately silencing them or making fun of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-

treatment of another. It may involve serious bullying (including cyber-bullying) causing children frequently to feel frightened or in danger or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, through it may occur alone.

Sexual abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (eg rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may include non-contact activities, such as involving children in looking at or in the production of, sexual images, or watching sexual activities or encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit sexual abuse, as can other children. The sexual abuse of children by other children is a specific safeguarding issue in education (Peer on peer abuse).

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: provide adequate food clothing and shelter (including exclusion from home or abandonment), protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate care-givers); ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Radicalisation

Radicalisation is the process whereby an individual adopts extreme religious, social or political ideals. It can take place in many forms, but is particularly prevalent on social media. An individual vulnerable to radicalisation would show a change in their behaviour, and those close to the person (eg teachers or family members) may notice this could include spending vast amounts of time on the internet, bullying, race crime or anti-social behaviour.

Information about other Safeguarding Issues:

Child Sexual Exploitation & Child Criminal Exploitation

Both CSE and CCE are forms of abuse, and both occur where an individual or group takes advantage of an imbalance in power to coerce, manipulate or deceive a child into sexual or criminal activity. Whilst age is the most obvious, this power imbalance can also be due to a range of other factors including gender, sexual identity, cognitive ability, physical strength, status, and access to economic or other resources. In some cases, the abuse will be in exchange for something the victim needs or wants and/or will be to the financial benefit or other advantage (such as increased status) of the perpetrator or facilitator. The abuse can be perpetrated by individuals or groups, males or females, children or adults. The abuse can be a one-off occurrence or a series of incidents over time and range from opportunistic to complex organised abuse. It can involve force and/or enticement-based methods of compliance and may or may not be accompanied by violence or threats of violence. Victims can be exploited even when activity appears consensual and it should be noted exploitation as well as being physical can be facilitated and/or take place online.

Peer on Peer abuse and sexual harassment

All staff should be aware that children can abuse other children. This is most likely to include, but is not limited to: Bullying and cyberbullying; physical abuse such as hitting, kicking, shaking, biting, hair pulling – causing physical harm; sexual violence; sexual harassment – such as comments, remarks, jokes- online

or offline, upskirting (involving taking a picture under a person's clothing without them knowing, for gratification or to cause the victim, humiliation, distress or alarm), sexting.

The above actions are dealt with under the school anti-bullying procedures. A log is kept of serious behavioural incidents.

FGM and Honour based abuse

All staff should be aware of the types of abuse covered by Honour based abuse including FGM. This abuse often involves a network of family or community. Staff are aware of the signs and indicators: a child may disclose; a mother may disclose about her child; a child may be in pain and discomfort; there may be a pattern of long or unexplained absences.

Mental Health

All staff are aware that in some cases mental health problems can be an indicator that the child has suffered or is at risk of suffering abuse, neglect or exploitation. Where children have suffered abuse, neglect and other potentially traumatic childhood experiences these can have a lasting impact and can affect their mental health, behaviour and education.

Staff are well placed to make observations about a child's behaviour, well-being and educational progress and these may be an indicator of a mental health problem. But it must be remembered only an appropriately trained professional can make a diagnosis of a mental health problem. If staff are concerned about a mental health difficulty that is also a safeguarding concern, they should raise this immediately with the DSL and the Senco.

Mental health and behaviour in schools DFE guidance, 2018, recommends that schools should aim:

- to identify and recognise emerging mental health issues as early and accurately as possible,
- seek early help: help pupils to access evidence based early support and interventions,
- if necessary and where possible seek access to specialist support, work effectively with external agencies to provide swift access or referrals to specialist support.

As with any SEN or disability, the school should make reasonable adjustments to their policies and procedures to support the child.

Domestic Abuse

Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those partners or family members regardless of gender or sexuality. The abuse can be psychological, physical, sexual, financial, and emotional. Exposure to domestic abuse can have a long lasting emotional and psychological impact on children

Indicators of Abuse / Signs and symptoms

Physical abuse

Indicators in the child

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

- Bruising in or around the mouth
- Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive)
- Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally, for example the back, mouth, cheek, ear, stomach, chest, under the arm, neck, genital and rectal areas
- Variation in colour possibly indicating injuries caused at different times

- The outline of an object used eg belt marks, hand prints or a hair brush
- Linear bruising at any site, particularly on the buttocks, back or face
- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting
- Bruising around the face
- Grasp marks to the upper arms, forearms or leg
- Petechiae haemorrhages (pinpoint blood spots under the skin.) Commonly associated with slapping, smothering/suffocation, strangling and squeezing

Fractures: Fractures may cause pain, swelling and discolouration over a bone or joint. It is unlikely that a child will have had a fracture without the carers being aware of the child's distress. If the child is not using a limb, has pain on movement and/or swelling of the limb, there may be a fracture.

There are grounds for concern if:

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

Rib fractures are only caused in major trauma such as in a road traffic accident, a severe shaking injury or a direct injury such as a kick.

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

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

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

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

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

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

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

Burns and Scalds: It can be difficult to distinguish between accidental and non-accidental burns and scalds. Scalds are the most common intentional burn injury recorded. Any burn with a clear outline may be suspicious eg circular burns from cigarettes, linear burns from hot metal rods or electrical fire elements, burns of uniform depth over a large area, scalds that have a line indicating immersion or

poured liquid.

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

The following points are also worth remembering:

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

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

Emotional/behavioural presentation:

- Refusal to discuss injuries
- Admission of punishment which appears excessive
- Fear of parents being contacted and fear of returning home
- Withdrawal from physical contact
- Arms and legs kept covered in hot weather
- Fear of medical help
- Aggression towards others
- Frequently absent from school
- An explanation which is inconsistent with an injury
- Several different explanations provided for an injury

Indicators in the parent

- May have injuries themselves that suggest domestic violence
- Not seeking medical help/unexplained delay in seeking treatment
- Reluctant to give information or mention previous injuries
- Absent without good reason when their child is presented for treatment, disinterested or undisturbed by accident or injury
- Aggressive towards child or others
- Unauthorised attempts to administer medication
- Tries to draw the child into their own illness.
- Past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault
- Parent/carer may be over involved in participating in medical tests, taking temperatures and measuring bodily fluids
- Observed to be intensely involved with their children, never taking a much needed break nor allowing anyone else to undertake their child's care.
- May appear unusually concerned about the results of investigations which may indicate physical illness in the child
- Wider parenting difficulties may (or may not) be associated with this form of abuse.
- Parent/carer has convictions for violent crimes.

Indicators in the family/environment

- Marginalised or isolated by the community
- History of mental health, alcohol or drug misuse or domestic violence
- History of unexplained death, illness or multiple surgery in parents and/or siblings of the family.

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

Emotional Abuse

Indicators in the child

- Developmental delay
- Abnormal attachment between a child and parent/carer eg. anxious, indiscriminate or no attachment
- Aggressive behaviour towards others
- Child scapegoated within the family
- Frozen watchfulness, particularly in pre-school children
- Low self esteem and lack of confidence
- Withdrawn or seen as a 'loner' - difficulty relating to others, depression
- Over-reaction to mistakes
- Fear of new situations
- Inappropriate emotional responses to painful situations
- Neurotic behaviour (eg rocking, hair twisting, thumb sucking) distressed, anxious
- Self harm
- Fear of parents being contacted
- Extremes of passivity or aggression
- Drug/solvent abuse
- Chronic running away
- Compulsive stealing
- Air of detachment – ‘don’t care’ attitude
- Social isolation – does not join in and has few friends
- Behavioural problems eg aggression, attention seeking, hyperactivity, poor attention

Indicators in the parent

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

Indicators of in the family/environment

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

Child Sexual or Criminal Exploitation

- Children who appear with unexplained gifts or new possessions.
- Children who associate with other children known to be involved in exploitation
- Changes in emotional well-being
- Long and unexplained absences from school

- Children who run away or go missing

FGM:

- A girl or woman asks for help
- A girl or woman confides that FGM has taken place
- A mother/ family member discloses that it has taken place
- A family/ child is already known to Social service in relation to safeguarding issues
- A girl finds it difficult to sit still for long period of time, when this has not been a problem previously
- A girl spends longer in the toilet due to difficulties urinating
- A girl has frequent urinary or menstrual problems
- A girl avoids physical exercise
- There are prolonged absences from school
- Increased emotional and psychological needs, maybe withdrawn, depressed, or any significant change in behaviour

APPENDIX 2

What to do when a child discloses abuse.

- Stay calm and reassuring
- Explain that you cannot promise to keep what the child tells you a secret - you may have to contact a social worker or the police
- Don't make any other promises to the child - the situation may cause you to react emotionally
- Listen and reassure
- Do not press for details - this is likely to need further and possibly extensive investigation. It is better for the child if s/he does not have to repeat the details unnecessarily. This could also compromise a potential criminal investigation.
- Tell the child that s/he was right to tell - that s/he is not to blame for the incident. Let the child know that you understand how difficult it is to talk about such experiences. Thank the child.
- As soon as possible afterwards, record your conversation with the child. Remember the child's exact words. Record your own statements to the child.
- Refer to DSL
- Debrief with your line manager

Note: A wide range of situations can fall into the category of "disclosure". Because it is impossible to know in advance what a child will say, it is advisable to always follow these suggestions.

Many victims of child abuse say that having the first person they told be supportive was the first step in recovering from their experience.

