The John Moore Primary School

Safeguarding Policy
(Including Child Protection)

Title:	Safeguarding (Child Protection)
Status:	Final
Version:	1.6
History:	Approved January 2010 (1.0) Reviewed March 2011 (1.1) Reviewed January 2012 (1.2) Reviewed January 2013 (1.3) Reviewed January 2014 (1.4) Reviewed September 2014 (1.5) Reviewed October 2015 (1.6)
Owner	Staff / Governor H&S / Premises Committee

Contents

Safeguarding Policy
(Including Child Protection)

Responsibility of: The Governing Body of The John Moore Primary School

This policy was written by the Governing Body of The John Moore Primary School in conjunction with the Headteacher (HT), staff, and Safeguarding Children Board representatives. It will be reviewed on an annual basis by the HT and named governors for Safeguarding and Health and Safety, with direct reference being made to the GSCB Audit of statutory duties (See Appendix.1) and the GSCB Safeguarding Children Handbook.

This policy has been reviewed in line with DfE guidance Keeping Children Safe in Education 2015

Further Guidance can be found at www.gscb.org.uk

The policy was approved by the Governing Body on:

Date of Publication:

HT Signature:

……………………………………………………..

Governor responsible for Safeguarding:

 …………………………………………...........

Keeping Children Safe in Education July 2015

In April 2014, and again in July 2015, the Department for Education updated the statutory guidance on safeguarding. This guidance should be read in conjunction with this policy.

Full guidance, 'Keeping Children Safe in Education', can be found at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/447595/KCSIE_July_2015.pdf

An eight page summary for staff can be found at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/447596/KCSIE_Part_1_July_2015.pdf

It is expected that the school will ensure that every member of staff has received and read a copy of the eight page summary document.

Definitions

Safeguarding is what we do for all children; and **Child Protection** is what we do for children who have been harmed or are at significant risk of being harmed. Typically the child protection policy will refer to quite clear procedures, whilst the safeguarding policy will be broader.

In other words the Safeguarding Policy includes the Child Protection Policy, as well as links to other policies.

- Attendance
- Health and Safety
- Bullying, including cyber-bullying
- Anti-discrimination
- Positive Handling (Physical Intervention)
- Meeting the needs of pupils with medical conditions
- First Aid
- Drug and substance misuse
- Educational Visits
- Intimate care
- Internet or e-safety
- School security
- Safer Recruitment
- Disclosure and Barring Service checks

With regard to safeguarding and child protection, the only relevant statutory policies are:

- Health and Safety Policy

- Central record of recruitment and vetting checks

- Child Protection policy and procedures

- Statement of procedures for dealing with allegations of abuse against staff

Key aspects of the safeguarding policy include:

- Purpose of the policy

- Mission Statement

- Positive ethos

- Children feel safe, secure and listened to

- Staff / volunteers encouraged to talk about concerns

- How children who have been abused or are at risk of abuse are supported

- Safeguarding issues explored as part of the curriculum

- Reference to the Statutory Framework

- Legal responsibilities and duties

- Duty to share information

- Roles and Responsibilities

- Governing Body

- Designated Person (s)

- Staff

- Practical Advice

- Signs and Symptoms of abuse

- What to do about concerns

- Dealing with disclosures

- Highlight areas of particular risk

- Physical intervention

- Intimate care

- 1:1 working

- Record-keeping

- Confidentiality

- Procedure for dealing with complaints and allegations about staff

- Safer Recruitment

- Whistle-blowing

- Offer of Early Help

School details

Governors' Committee Responsible:	Governor Health & Safety / Premises Committee
Governor Lead:	Mr Steve Watts
Designated Safeguarding Lead:	Miss Sally King
Deputy Designated Safeguarding Lead:	Mr Jon Tibbles
Status & Review Cycle:	Statutory Annual
Next Review Date:	October 2016

1.0 Introduction

1.1 This policy has been developed in accordance with the principles established by the Children Acts 1989 and 2004; the Education Act 2002, and in line with government publications: 'Working Together to Safeguard children' 2013, Revised Safeguarding Statutory Guidance 2 'Framework for the Assessment of Children in Need and their Families' 2000, what to do if You are Worried a Child is Being Abused' 2003. The guidance reflects, ' Keeping Children Safe in Education' 2015.

1.2 The Governing Body takes seriously its responsibility under section 175 of the Education Act 2002 to safeguard and promote the welfare of children; and to work together with other agencies to ensure adequate arrangements within our school to identify, assess, and support those children who are suffering harm.

1.3 We recognise that all adults, including temporary staff, volunteers and governors, have a full and active part to play in protecting our pupils from harm, and that the child's welfare is our paramount concern.

1.4 All staff believe that our school should provide a caring, positive, safe and stimulating environment that promotes the social, physical and moral development of the individual child.

2.0 The aims of this policy are:

2.1 To support the child's development in ways that will foster security, confidence and independence.

2.2 To provide an environment in which children and young people feel safe, secure, valued and respected, and feel confident, and know how to approach adults if they are in difficulties, believing they will be effectively listened to.

2.3 To raise the awareness of all teaching and non-teaching staff of the need to safeguard children and of their responsibilities in identifying and reporting possible cases of abuse (Reference Appendices 1 and 2) and to be aware of the

need for early intervention.

2.4 To provide a systematic means of monitoring children known or thought to be at risk of harm, and ensure we, the school, contribute to assessments of need and support packages for those children.

2.5 To emphasise the need for good levels of communication between all members of staff.

2.6 To develop a structured procedure within the school, which will be followed by all members of the school community in cases of suspected abuse.

2.7 To develop and promote effective working relationships with other agencies, especially the Police and Social Care.

2.8 To ensure that all staff working within our school who have substantial access to children have been checked as to their suitability, including verification of their identity, qualifications, and a satisfactory DBS check, a prohibition check where relevant (according to guidance) , and a central record is kept for audit.

3.0   Roles & Responsibilities

3.1   Governing Body - We will ensure that all members of the governing body understand and fulfil their responsibilities, namely to ensure that:

3.1.1   There is a Safeguarding / Child Protection Policy together with a Staff Behaviour (Code of Conduct) Policy.

3.1.2   The school operates safer recruitment procedures by ensuring that there is at least one person on every recruitment panel that has completed Safer Recruitment training

3.1.3   The school has procedures for dealing with allegations of abuse against staff and volunteers and to make a referral to the DBS if a person in regulated activity has been dismissed or removed due to safeguarding concerns, or would have had they not resigned.

3.1.4   A senior leader has Designated Safeguarding Lead (DSL) responsibility
3.1.5 On appointment, the DSL undertakes interagency training and also undertakes DSL 'new to role' and an 'update' course every 2 years

3.1.6 All other staff have Safeguarding training updated as appropriate (3 yearly) any weaknesses in Child Protection are remedied immediately

3.1.7 A member of the Governing Body is, usually the Chair, nominated to liaise with the LA on Child Protection issues and in the event of an allegation of abuse made against the Headteacher

3.1.8   Child Protection policies and procedures are reviewed annually and that the Child Protection Policy is available on the school website or by other means

3.1.9   The Governing Body considers how children may be taught about safeguarding. This may be part of a broad and balanced curriculum covering relevant issues through personal social health and economic education (PSHE) and/or through sex and relationship education (SRE)

3.1.10   That an enhanced DBS check is in place for the Chair of Governors

3.2 Designated Safeguarding Lead (DSL)

The DSL is responsible for:

3.2.1   Referring a child if there are concerns about possible abuse, to the Local Authority, and acting as a focal point for staff to discuss concerns. Referrals should be made in writing, following a telephone call using the Multi Agency Referral Form (MARF)

3.2.2   Keeping written records of concerns about a child even if there is no need to make an immediate referral.

Specific Procedures

- **Orange forms are available in all key locations in the school – If staff have a concern they know that they need to complete an orange form and pass to the Designated Safeguarding Lead (DSL).**
- **Pupil Child Protection files are kept in a locked location known to the Designated Safeguarding Lead and Senior Management Team**
- **Pupil files are cross referenced in order that staff are aware that there is additional Child Protection Information held.**
- **All staff have received a leaflet outlining procedures.**
- **All visitors / volunteers to the school receive a leaflet outlining what they should do if they have a Child Protection concern.**

3.2.3   Ensuring that all such records are kept confidentially and securely and are separate from pupil records, until the child's 25th birthday, and are copied on to the child's next school or college.

3.2.4   Ensuring that an indication of the existence of the additional file in 3.2.2 above is marked on the pupil records.

3.2.5   Liaising with other agencies and professionals.

3.2.6   Ensuring that either they or the staff member attend case conferences, core groups, or other multi-agency planning meetings, contribute to assessments, and provide a report which has been shared with the parents.

3.2.7   Ensuring that any pupil currently with a child protection plan who is absent in the educational setting without explanation for two days is referred to their key worker's Social Care Team.

3.2.8   Organising child protection induction, and update training every 3 years, for all school staff.

3.2.9   Providing, with the Headteacher, an annual report for the governing body, detailing any changes to the policy and procedures; training undertaken by the DSL, and by all staff and governors; number and type of incidents/cases, and number of children on the child protection register (anonymised). There will also be a detailed job description for this role.

3.3   The Lead DSL, the Head Teacher, is a member of the Senior Leadership Team. The Deputy DSL Officer is the Deputy Head Teacher. These Officers

have undertaken the relevant training, and, upon appointment will undertake 'DSL new to role' training followed by biannual updates.

3.4 The DSL's who are involved in recruitment and at least one member of the governing body will also complete safer recruitment training (currently on-line on the DfE website) to be renewed every 5 years

4.0 **Safe School – Safe Staff / Staff Training**

4.1 **Induction of New Staff** – The GSCB Safeguarding Induction Pack for Staff in Educational Settings is completed with and signed by each new member of staff and volunteers. School will ensure that as part of the induction process:

- Child protection awareness information is given at induction – including a Raising Awareness pack.
- Staff receive a copy of the school Safeguarding / Child Protection policy so that they know who to discuss a concern with.
- Staff are introduced to the Designated Safeguarding Lead.
- Staff receive a copy of part 1 of Keeping Children Safe in Education which school will ensure has been read and understood.
- Staff receive a copy of the Staff Behaviour Policy (Guide to Safer Working Practise) and have signed to say they have read and understood this policy.
- Staff have received a copy of the school leaflet – Safeguarding children – Advice for School Staff and Supply Teachers and Volunteers.

4.2 All members of staff are trained in and receive regular updates in e-safety and reporting concerns

4.3 All other staff and governors, have child protection awareness training, updated by the DSL as appropriate, to maintain their understanding of the signs and indicators of abuse.

4.4 All members of staff, volunteers, and governors know how to respond to a pupil who discloses abuse through delivery of the Awareness Raising pack.

4.5 All parents/carers are made aware of the responsibilities of staff members with regard to child protection procedures through publication of the school's Child Protection Policy, on the school website.

4.6 Our lettings policy will seek to ensure the suitability of adults working with children on school sites at any time.

4.7 Community users organising activities for children are aware of the school's child protection guidelines and procedures.

4.8 We will ensure that child protection type concerns or allegations against adults working in the school are referred to the Local Authority Designated Officer Jane Bee (01452 426994, jane.bee@gloucestershire.gov.uk for advice, and that any member of staff found not suitable to work with children will be notified to the Disclosure and Barring Service (DBS) for consideration for barring, following resignation, dismissal, or when we cease to use their service as a result of a substantiated allegation, in the case of a volunteer.

4.9 Our procedures will be regularly reviewed and up-dated.

4.10 The name of the designated members of staff for Child Protection, the DSL

Officer, will be clearly advertised in the school, with a statement explaining the school's role in referring and monitoring cases of suspected abuse.

4.11 All new members of staff will be given a copy of our safeguarding statement, and child protection policy, with the DSLs' name clearly displayed, as part of their induction into the school.

4.12 The policy is available publicly on the school website. Parents/carers are made aware of this policy and their entitlement to have a copy of it via the school office or website.

5.0 Supporting Children

5.1 We recognise that a child who is abused or witnesses violence may feel helpless and humiliated, may blame themselves, and find it difficult to develop and maintain a sense of self-worth.

5.2 We recognise that the school may provide the only stability in the lives of children who have been abused or who are at risk of harm.

5.3 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.

Our school will support all children by:

5.4 Encouraging self-esteem and self-assertiveness, through the curriculum as well as our relationships, whilst not condoning aggression or bullying.

5.5 Promoting a caring, safe and positive environment within the school.

5.6 Liaising and working together with all other support services and those agencies involved in the safeguarding of children and offering Early Help.

5.7 Notifying Social Care as soon as there is a significant concern.

5.8 Providing continuing support to a child about whom there have been concerns who leaves the school by ensuring that appropriate information is copied under confidential cover to the child's new setting and ensuring the school medical records are forwarded as a matter of priority.

6.0 Offer of Early Help

The Offer of Early Help identifies the need for help for children and families as soon as problems start to emerge, or when there is a strong likelihood that problems will emerge in the future. The Early Help offer is not just for very young children, as problems may emerge at any point throughout childhood. The school recognises the importance of providing Early Help for vulnerable pupils and their families and has a separate Early Help Statement and leaflet available to parents on the school website.

7.0 Confidentiality

7.1 We recognise that all matters relating to child protection are confidential.

7.2 The Headteacher or DSLs will disclose any information about a child to other

members of staff on a need to know basis only.

7.3   All staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard children.

7.4   All staff must be aware that they cannot promise a child to keep secrets which might compromise the child's safety or wellbeing.

7.5   We will always undertake to share our intention to refer a child to Social Care with their parents /carers unless to do so could put the child at greater risk of harm, or impede a criminal investigation. If in doubt, we will consult with Gloucestershire Safeguarding Children Board (GSCB) on this point.

8.0 Supporting Staff

8.1   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.

8.2   We will support such staff by providing an opportunity to talk through their anxieties with the DSLs and to seek further support as appropriate.

9.0 Allegations against staff

9.1   All school staff should take care not to place themselves in a vulnerable position with a child. It is always advisable for interviews or work with individual children or parents to be conducted in view of other adults.

9.2   All Staff should be aware of the school's Guidance on Behaviour Issues, and the school's own Behaviour Policy.

9.3 Guidance about conduct and safe practice, including safe use of mobile phones by staff and volunteers will be given at induction

9.4   We understand that a pupil may make an allegation against a member of staff.

9.5   If such an allegation is made, or information is received which suggests that a person may be unsuitable to work with children, the member of staff receiving the allegation or aware of the information, will immediately inform the Headteacher.

9.6   The Headteacher on all such occasions will discuss the content of the allegation with the Local Authority Designated Officer (LADO)

9.7   If the allegation made to a member of staff concerns the Headteacher, the person receiving the allegation will immediately inform the Chair of Governors who will consult as in 8.6 above, without notifying the Headteacher first.

9.8   The school will follow our procedures for managing allegations against staff. Under no circumstances will we send a child home, pending such an investigation, unless this advice is given exceptionally, as a result of a consultation with the LADO.

9.9   Suspension of the member of staff, excluding the Headteacher, against whom an allegation has been made, needs careful consideration, and the Headteacher

will seek the advice of the LADO and LA Human Resources Manager in making this decision.

9.10 In the event of an allegation against the Headteacher, the decision to suspend will be made by the Chair of Governors with advice as in 8.8 above.

9.11 We have a procedure for managing the suspension of a contract for a community user in the event of an allegation arising in that context.

10.0 Whistle-blowing

10.1 We recognise that children cannot be expected to raise concerns in an environment where staff fail to do so.

10.2 All staff should be aware of their duty to raise concerns, where they exist, about the management of child protection, which may include the attitude or actions of colleagues. If it becomes necessary to consult outside the school, they should speak in the first instance, to the LADO following the Whistleblowing Policy.

10.3 Whistle-blowing re the Headteacher should be made to the Chair of the Governing Body whose contact details are readily available to staff in the school office.

11.0 Physical Intervention

11.1 We acknowledge that staff must only ever use physical intervention as a last resort, when a child is endangering him/herself or others, and that at all times it must be the minimal force necessary to prevent injury to another person.

11.2 Such events should be recorded and signed by a witness.

11.3 Staff who are likely to need to use physical intervention will be appropriately trained by Team Teach.

11.4 We understand that physical intervention of a nature which causes injury or distress to a child may be considered under child protection or disciplinary procedures.

11.5 We recognise that touch is appropriate in the context or working with children, and all staff have been given 'Safe Practice' guidance to ensure they are clear about their professional boundary.

12.0 Anti-Bullying

12.1 Our school policy on anti-bullying is set out in a separate document and acknowledges that to allow or condone bullying may lead to consideration under child protection procedures. This includes all forms e.g. cyber, racist, homophobic and gender related bullying. We keep a record of known bullying incidents. All staff are aware that children with SEND and / or differences/perceived differences are more susceptible to being bullied / victims of child abuse. We keep a record of bullying incidents.

13.0 Racist Incidents

13.1 Our policy on racist incidents is set out separately, and acknowledges that repeated racist incidents or a single serious incident may lead to consideration under child protection procedures. We keep a record of racist incidents.

14.0 Prevention

14.1 We recognise that the school plays a significant part in the prevention of harm to our children by providing children with good lines of communication with trusted adults, supportive friends and an ethos of protection.

14.2 The school community will therefore:

14.3 Work to establish and maintain an ethos where children feel secure and are encouraged to talk and are always listened to.

14.4 Include regular consultation with children e.g. through safety questionnaires, participation in anti-bullying week, asking children to report whether they have had happy/sad lunchtimes/playtimes

14.5 Ensure that all children know there is an adult in the school whom they can approach if they are worried or in difficulty.

14.6 Include safeguarding across the curriculum, including PSHE, opportunities which equip children with the skills they need to stay safe from harm and to know to whom they should turn for help. In particular this will include anti-bullying work, e-safety, road safety, pedestrian and cycle training. Also focused work in Year 6 to prepare for transition to Secondary school and more personal safety/independent travel.

14.7 Ensure all staff are aware of school guidance for their use of mobile technology and have discussed safeguarding issues around the use of mobile technologies and their associated risks.

15.0 Health & Safety

15.1 Our Health & Safety policy, set out in a separate document, reflects the consideration we give to the protection of our children both physically within the school environment, and for example in relation to internet use, and when away from the school and when undertaking school trips and visits.

16.0 Monitoring and Evaluation

Our Child Protection Policy and Procedures will be monitored and evaluated by:
- Governing Body visits to the school
- SLT 'drop ins' and discussions with children and staff
- Pupil surveys and questionnaires
- Scrutiny of Attendance data
- Scrutiny of range of risk assessments
- Scrutiny of GB minutes
- Logs of bullying/racist/behaviour incidents for SLT and GB to monitor
- Review of parental concerns and parent questionnaires

Appendix one

Recognising signs of child abuse

Categories of Abuse:
- Physical Abuse
- Emotional Abuse (including Domestic Abuse)
- Sexual Abuse
- Neglect

Signs of Abuse in Children:

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
- Child Sexual Exploitation.

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 16 of 23

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 17 of 23 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 18 of 23

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:

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- o Understanding of what is proposed based on age, maturity, development level, functioning and experience
- o Knowledge of society's standards for what is being proposed
- o Awareness of potential consequences and alternatives
- o Assumption that agreements or disagreements will be respected equally
- o Voluntary decision
- o 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 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

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.

Appendix Two

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.

Appendix Three

Protecting children from the risk of radicalisation should be seen as part of schools' wider safeguarding duties, and is similar in nature to protecting children from other forms of harm and abuse. During the process of radicalisation it is possible to intervene to prevent vulnerable people being radicalised.

Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism (Extremism is vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces, whether in this country or overseas).

There is no single way of identifying an individual who is likely to be susceptible to an extremist ideology. It can happen in many different ways and settings. Specific background factors may contribute to vulnerability which are often combined with specific influences such as family, friends or online, and with specific needs for which an extremist or terrorist group may appear to provide an answer. The internet and the use of social media in particular has become a major factor in the radicalisation of young people.

As with managing other safeguarding risks, staff should be alert to changes in children's behaviour which could indicate that they may be in need of help or protection. School staff should use their professional judgement in identifying children who might be at risk of radicalisation and act proportionately which may include making a referral to the Channel programme.

Prevent

From 1 July 2015 specified authorities, including all schools as defined in the summary of this guidance, are subject to a duty under section 26 of the Counter-Terrorism and Security Act 2015 ("the CTSA 2015"), in the exercise of their functions, to have "due regard" to the need to prevent people from being drawn into terrorism". This duty is known as the Prevent duty. It applies to a wide range of public-facing bodies. Bodies to which the duty applies must have regard to statutory guidance issued under section 29 of the CTSA 2015 ("the Prevent guidance"). Paragraphs 57-76 of the Prevent guidance are concerned specifically with schools (but also cover childcare). The statutory Prevent guidance summarises the requirements on schools in terms of four general themes: risk assessment, working in partnership, staff training and IT policies.

- Schools are expected to assess the risk of children being drawn into terrorism, including support for extremist ideas that are part of terrorist ideology. This means being able to demonstrate both a general understanding of the risks affecting children and young people in the area and a specific understanding of how to identify individual children who may be at risk of radicalisation and what to do to support them. Schools and colleges should have clear procedures in place for protecting children at risk of radicalisation. These procedures may be set out in existing safeguarding policies. It is not necessary for schools and colleges to have distinct policies on implementing the Prevent duty.
- The Prevent duty builds on existing local partnership arrangements. The governing bodies and proprietors of our school should ensure that their safeguarding

arrangements take into account the policies and procedures of Local Safeguarding Children Boards (LSCBs).

- The Prevent guidance refers to the importance of Prevent awareness training to equip staff to identify children at risk of being drawn into terrorism and to challenge extremist ideas. Individual schools are best placed to assess the training needs of staff in the light of their assessment of the risk to pupils at the school of being drawn into terrorism. As a minimum, however, schools should ensure that the designated safeguarding lead undertakes Prevent awareness training and is able to provide advice and support to other members of staff on protecting children from the risk of radicalisation.

- Schools must ensure that children are safe from terrorist and extremist material when accessing the internet in schools. Schools should ensure that suitable filtering is in place. It is also important that schools teach pupils about online safety more generally.
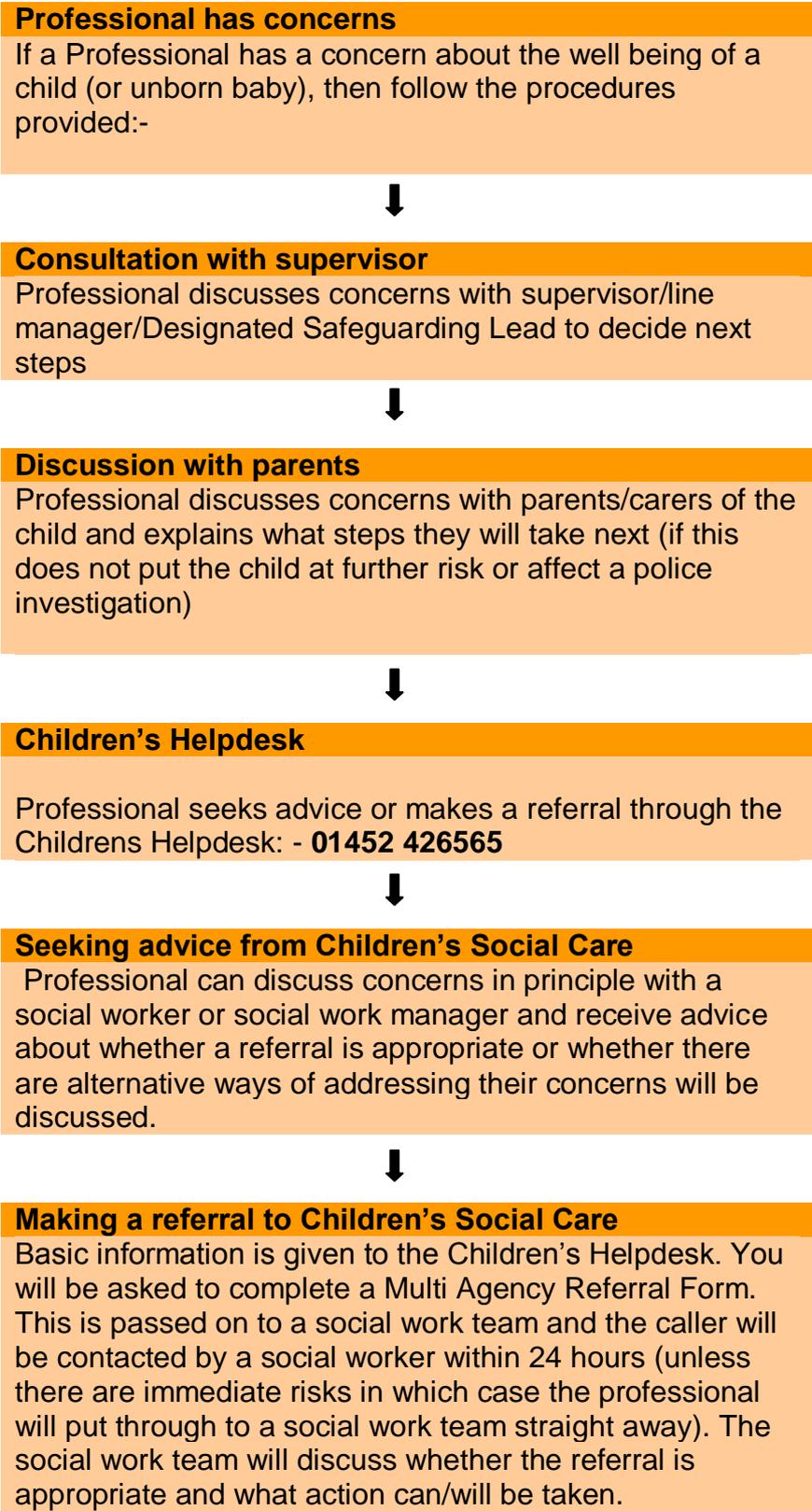
Channel

School staff should understand when it is appropriate to make a referral to the Channel programme. Channel is a programme which focuses on providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism. It provides a mechanism for schools to make referrals if they are concerned that an individual might be vulnerable to radicalisation. An individual's engagement with the programme is entirely voluntary at all stages.

Section 36 of the CTSA 2015 places a duty on local authorities to ensure Channel panels are in place. The panel must be chaired by the local authority and include the police for the relevant local authority area. Following a referral the panel will assess the extent to which identified individuals are vulnerable to being drawn into terrorism, and, where considered appropriate and necessary consent is obtained, arrange for support to be provided to those individuals. Section 38 of the CTSA 2015 requires partners of Channel panels to co-operate with the panel in the carrying out of its functions and with the police in providing information about a referred individual. Schools and colleges which are required to have regard to Keeping Children Safe in Education are listed in the CTSA 2015 as partners required to co-operate with local Channel panels.

Appendix 4: Summary of Local Child Protection procedures

Summary of Local Child Protection Procedures

Professional has concerns
If a Professional has a concern about the well being of a child (or unborn baby), then follow the procedures provided:-

⬇

Consultation with supervisor
Professional discusses concerns with supervisor/line manager/Designated Safeguarding Lead to decide next steps

⬇

Discussion with parents
Professional discusses concerns with parents/carers of the child and explains what steps they will take next (if this does not put the child at further risk or affect a police investigation)

⬇

Children's Helpdesk

Professional seeks advice or makes a referral through the Childrens Helpdesk: - **01452 426565**

⬇

Seeking advice from Children's Social Care
 Professional can discuss concerns in principle with a social worker or social work manager and receive advice about whether a referral is appropriate or whether there are alternative ways of addressing their concerns will be discussed.

⬇

Making a referral to Children's Social Care
Basic information is given to the Children's Helpdesk. You will be asked to complete a Multi Agency Referral Form. This is passed on to a social work team and the caller will be contacted by a social worker within 24 hours (unless there are immediate risks in which case the professional will put through to a social work team straight away). The social work team will discuss whether the referral is appropriate and what action can/will be taken.

⬇

Professional has made a referral to social care

Confirm in writing

Follow up referral in writing within 48 hours if a MARF has not been completed.
(Children and Families Help Desk, CYPD, Shire Hall, Glos. GL1 2TG)
The caller should be notified in writing as to whether a case has been accepted – please chase this if nothing is received within 5 working days

Initial Assessment

If accepted the referral will lead to an Initial Assessment to determine whether there is suspected actual harm or likely significant harm.

Strategy Discussion

The Strategy Discussion is convened by the appropriate Referral and Assessment team where there is suspected actual harm or likely significant harm (within 10 days of referral).

Section 17 – Child in need of services

Section 17 services are required when there are health or development concerns. These are determined through a core assessment and are appropriate when the child is judged not to be at risk of significant harm or any previous concerns have been resolved.

Section 47 – Child in need of protection

A Section 47 enquiry is required because it is judged there is suspected actual harm or likely significant harm to the child - the case is then passed onto the Children and Families Team. A core assessment is carried out and it may be decided that Child Protection Conference is required, which should then be held within 15 working days.

Outcome of Core Assessment

The Core Assessment may confirm child protection concerns in which case a Child Protection Conference should be held within 15 working days of the last strategy discussion. (It may also determine that services are required under Section 17).

⬇

A Request for a Child Protection Conference has been made

The Strategy Discussion convened by the Children and Families Team will decide if a child is judged to be at continued risk. The Safeguarding Children Service must be informed immediately if this is the case.

⬇

Initial Child Protection Conference

The multi-agency conference includes all professionals who are involved with the family and the children and young people themselves. Together it is decided whether a Child Protection Plan should be put in place.

⬇

No Child Protection Plan

The Child Protection Conference agrees that no Child Protection Plan is required but it may be that Section 17 services are required.

⬇

Child Protection Plan

The Child Protection Conference agrees that a Child Protection Plan is required.

⬇

Core Group

The Core Group meets after the Conference to follow through the Child Protection Plan lead by the child's Key Worker.

⬇

Review Child Protection Conference

Within three months of Initial Conference the Safeguarding Children Service convene this to review the progress of the CP Plan and decides whether:

**To end the
Child Protection Plan   OR**

This maybe that
- the child protection issues are resolved,
- services maybe required under Section 17 or
- the child is protected through other procedures (looked after children)
and the CP Plan is no longer required.

To continue with a Child Protection Plan

The Child Protection Conference agrees that a Child Protection Plan continues to be required as there is suspected actual harm or likely significant harm. The plan would then be reviewed every six months at a Review Child Protection Conference.

GSCB – November 2013

Summary of Allegations Management Procedures

Concern about a member of staff or a volunteer working with children

If a professional receives an allegation or has a concern about the behaviour of a member of staff working or volunteering with children and that concern could amount to: a. a member of staff or volunteer has behaved in a way that has harmed a child, or may have harmed a child; or
b. possibly committed a criminal offence against or related to a child; or
c. behaved towards a child or children in a way that indicates s/he is unsuitable to work with children.
Then that professional should:-

Report their concerns

Report the concern to the most senior person not implicated in the allegation.

Completion of written record

Complete a written record of the nature and circumstances surrounding the concern, including any previous concerns help. Include where the concern came from and brief details only.

Seek advice before proceeding – Initial discussion

Always contact the Local Authority Designated Officer (LADO) for advice prior to investigating the allegation. This is because it might meet the criminal threshold and so your investigation could interfere with a Police or Social Care investigation. **Local Authority Designated Officer (LADO) – Tel: 01452 426994**
The LADO will offer advice on any immediate action required and will assist with employment and safeguarding issues.

Allegations Management Process

 If, after your Initial Discussion with the LADO, it is agreed that the allegation meets the criteria, a multi-agency meeting will be convened and you will be invited. This might result in a criminal investigation, a Social Care investigation and/or an investigation to inform whether disciplinary action is required. If it is agreed that the allegation does not meet the criteria, the LADO will record the Initial Discussion and send it to you for your records. Any further action will be taken within your setting if necessary.

Further Action

Further meetings might be required and these will be convened by the LADO, with your input at all times. Further information on the Allegations Management process can be found in the Government Document: Working Together to Safeguard Children 2013 and the South West Procedures.
http://www.online-procedures.co.uk/swcpp/procedures/allegations-against-staff/allegation-suspicion-arisen/lado-informed/

GSCB November 2013

WHAT IS CHILD ABUSE?
DEFINITIONS

- **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. They may be abused by an adult or adults or 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.

- **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.

- **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.

- **DOMESTIC VIOLENCE** if professionals become aware that a child or young person is witnessing domestic abuse they should always follow their child protection process. The definition of harm (Children Act 1989) was amended by the Adoption and Children Act

2002 to include impairment suffered from seeing or hearing the ill-treatment of another. Domestic abuse falls into this category.

In school, teachers would be right to talk to the child and then decide if it is appropriate to refer him/her to the nominated teacher for child protection, if they noticed a child who was:-

- ♦ Bruised and giving questionable reasons for this.
- ♦ Showing a change in personality and attitude.
- ♦ Unable to concentrate on their work for long.
- ♦ Having friendship problems, which are out of character.
- ♦ Refusing to take part in Circle Time.
- ♦ Persistently unhappy or depressed.
- ♦ Appearing reluctant to go home.
- ♦ Frequently asking to visit the toilet.
- ♦ A marked change in any behaviour.

It is important to eliminate other reasons for these behaviours, such as bullying in school, known family difficulties or a genuine accident, before expressing concern about abuse

Procedure where Honour Based Violence, Forced Marriage, Female Genital Mutilation is suspected / alleged.

- ♦ **HONOUR BASED VIOLENCE** is a collection of practices used to control behaviour within families to protect cultural or religious beliefs and honour. Violence can occur when offenders perceive that a relative has shamed the family or community by breaking their 'code of honour.' Honour Based Violence cuts across all cultures and communities: Turkish, Kurdish, Afghani, South Asian, African, Middle Eastern, South and Eastern European for example. This is not an exhaustive list. Where a culture is heavily male dominated, HBV may exist.

- ♦ **'A FORCED MARRIAGE'** is a marriage in which one or both spouses do not (or, in the case of some vulnerable adults, cannot) consent to the marriage and duress is involved. Duress can include physical, psychological , financial, sexual and emotional pressure'.

- ♦ **FEMALE GENITAL MUTILATION** is the partial or complete removal, or modification of, the female genitalia for cultural or religious reasons. In most cases, FGM can be seen as an attempt to prevent female infidelity and sexual independence by reducing a woman's sex drive.

  Other specific safeguarding issues:

- ♦ **CHILD SEXUAL EXPLOITATION:** Sexual exploitation can take many forms from the seemingly 'consensual' relationship where sex is exchanged for attention/affection, accommodation or gifts, to serious organised crime and child trafficking. What marks out exploitation is an imbalance of power within the relationship. The perpetrator always holds some kind of power over the victim, increasing the dependence of the victim as the exploitative relationship develops.

- **FABRICATED OR INDUCED ILLNESS -** There are three main ways of the carer fabricating or inducing illness in a child. These are not mutually exclusive and include: **fabrication** of signs and symptoms. This may include fabrication of past medical history; **fabrication** of signs and symptoms and **falsification** of hospital charts and records, and specimens of bodily fluids. This may also include falsification of letters and documents; **induction** of illness by a variety of means.

- **FAITH ABUSE –** Abuse linked to faith or belief.

- **TRAFFICKING:** Any child transported for exploitative reasons is considered to be a trafficking victim, whether or not they have been forced or deceived. This is partly because it is not considered possible for children to give informed consent. Even when a child understands what has happened, they may still appear to submit willingly to what they believe to be the will of their parents or accompanying adults.

- **SEXTING**

- **BULLYING, INCLUDING CYBER-BULLYING**

- **DRUGS GANGS AND YOUTH VIOLENCE**

- **GENDER-BASED VIOLENCE/VIOLENCE AGAINST WOMEN AND GIRLS**

- **MENTAL HEALTH**

- **PRIVATE FOSTERING**

- **RADICALISATION**

If you suspect or it is alleged that any of the above has happened or there is an immediate risk to a child, please follow the same procedure as for any other Child Protection Concerns and notify the Designated Safeguarding Lead immediately.

Appendix 6

Safeguarding Awareness Raising Pack

Contents
Safeguarding Induction Checklist - signed
Safeguarding (Child Protection Policy)
Quick Reference Leaflet on Safeguarding procedures
Fact sheet about the 'Prevent duty'
Keeping Children Safe in Education (Part 1)
Guidance for Safer Working Practice
Poster – DSL details etc…
Code of Conduct
Whistle Blowing Policy
Further support and guidance for staff

Appendix 7

School Specific Procedures

Recording & Reporting

- **Orange forms are available in all key locations in the school – If staff have a concern they know that they need to complete an orange form and pass to the Designated Safeguarding Lead (DSL).**
- **Pupil Child Protection files are kept in a locked location known to the Designated Safeguarding Lead and Senior Management Team**
- **Pupil files are cross referenced in order that staff are aware that there is additional Child Protection Information held.**
- **All staff have received a leaflet outlining procedures.**
- **All visitors / volunteers to the school receive a leaflet outlining what they should do if they have a Child Protection concern.**