


**Child Protection &  
Safeguarding Policy  
July 2017**


## Broadlea Primary School

### Policy Review

The policy was adopted, reviewed and agreed by the Governing Body on 20<sup>th</sup> July 2017.

It is due for review Summer 2018 (up to 12 months from the above date).

Signatur  Headteacher Date: 20<sup>th</sup> July 2017

Signature  Chair of Governors Date: 20<sup>th</sup> July 2017

### **Revision Record**

Revision No.	Date Issued	Prepared By	Approved	Comments
	April 2016	SF	FGB	Guidance produced by Hampshire Local Authority. Guidance updated annually (due May 2016).
1	September 2016	SF		Updated with new Deputy CPL names due to change of staff
2	July 2017	SF		Updated with new change of DCPL to HT and updates in line with statutory guidance
3				

*All the governors and staff of Broadlea Primary School are committed to sharing a common objective to help keep the children and staff of the school community safe. We ensure that consistent effective safeguarding procedures are in place in order to support families, children and staff of the school.*

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# Broadlea Primary School Child Protection Policy

## May 2016

This policy should be read in conjunction with the Staff Code of Conduct and Keeping Children Safe in Education guidance (September 2016)

### Policy Statement

We recognise our moral and statutory responsibility to safeguard and promote the welfare of all children. We make every effort to provide a safe and welcoming environment underpinned by a culture of openness where both children and adults feel secure, able to talk and believe that they are being listened to. We maintain an attitude of “it could happen here” where safeguarding is concerned.

The purpose of this policy is to provide staff, volunteers and governors with the framework they need in order to keep children safe and secure in our school and to inform parents and guardians how we will safeguard their children whilst they are in our care. Specific guidance is available to staff within the procedure documents.

### Definitions

Within this document:

The umbrella term ‘**Safeguarding**’ is defined in the Children Act 2004 as protecting from maltreatment; preventing impairment of health and development; ensuring that children grow up with the provision of safe and effective care; and work in a way that gives the best life chances and transition to adult hood. Our safeguarding practice applies to every child.

**Child Protection** is an aspect of safeguarding, but is focused on how we respond to children who have been significantly harmed or are at risk of significant harm.

The term **Staff** applies to all those working for or on behalf of the school, full time or part time, in either a paid or voluntary capacity. This also includes parents and Governors.

**Child** refers to all young people who have not yet reached their 18 birthday. On the whole, this will apply to pupils of our school; however, the policy will extend to visiting children and students from other establishments

**Parent** refers to birth parents and other adults in a parenting role for example adoptive parents, step parents and foster carers.

**Abuse** could mean neglect, physical, emotional or sexual abuse or any combination of these. Parents, carers and other people can harm children either by direct acts and/or failure to provide proper care. Explanations of these are given within the procedure document.

### Aims

- To provide Staff with the framework to promote and safeguard the wellbeing of children and in doing so ensure they meet their statutory responsibilities.
- To ensure consistent good practice across the school.
- To demonstrate our commitment to child protection and safeguarding children.

## Principles and Values

- Children have a right to feel secure and cannot learn effectively unless they do so.
- All children regardless of age, gender, race, ability, sexuality, religion, culture or language have a right to be protected from harm.
- All staff have a key role in prevention of harm and an equal responsibility to act on any suspicion or disclosure that may indicate a child is at risk of harm in accordance with the guidance.
- We acknowledge that working in partnership with other agencies protects children and reduces risk and so we will engage in partnership working throughout the child protection process to safeguard children.
- Whilst the school will work openly with parents as far as possible, the school reserves the right to contact Children's Social Care or the Police, without notifying parents if this is in the child's best interests.

## Leadership and Management

We recognise that staff anxiety around child protection can undermine good practice and so have established clear lines of accountability, training and advice to support the process and individual staff within that process. In this school, any individual can contact the Designated Child Protection Lead Officer (DCPL) if they have concerns about a young person.

In this school, the **DCPL** is **Sharon Freeley** (Headteacher), and the **Deputy DCPLs** are **Stefan Hopper** (SENDCo), **Elizabeth Chambers** (Deputy Headteacher) and **Macala Graham** (Family Liaison Officer). **Esther Booth** is the nominated Safeguarding Governor who will receive reports of allegations against the Headteacher and act on the behalf of the Governing Body.

As an employer, we comply with the "Disqualification under the Childcare Act 2006" guidance issued in February 2015.

Some areas, such as Health & Safety, are a specialist area of safeguarding and a separate lead for this area is in place in the school.

## Training

All frontline staff in Education should be aware of the signs and symptoms of abuse and be able to respond appropriately. Training is provided as required with a briefing every year. Separate training is provided to all new staff on appointment. The DCPL and Deputy DCPL(s) will attend training to enable them to fulfil their role.

Any update in national or local guidance will be shared with all staff in briefings and then captured in the next whole school training. This policy will be updated during the year to reflect any changes brought about by new guidance.

## Staff Responsibilities

Staff have a key role to play in identifying concerns early and provide help for children.

### *Listening and responding*

All staff receive training in how to listen and respond to children. They will allow the child to speak and only ask open questions to aid clarification.

### *Record keeping*

Any member of staff who has concerns about the welfare of a child must share this information with the DSL.

- Staff will make a brief, accurate and verbatim record of the concerns including the child's own words (if a disclosure) or the evidence that has led to the concerns.

- This report is given to the DCPL who will analyse risk and refer onwards as necessary and appropriate.
- Referrals where urgent action is required should never be delayed in order for a full record to be written.
- CP records will be stored securely and away from the main pupil records.

#### *Confidentiality*

- We maintain that all matters relating to child protection are to be treated as confidential and only shared as per the 'working together' guidance.
- Information will only be shared with agencies who we have a statutory duty to share with or individuals within the school who 'need to know'.
- All staff are aware that they cannot promise a child that they will keep a secret
- Disciplinary action will be considered for any breach of confidentiality.

#### *Reporting*

- Staff will notify DCPL of any child on a Child Protection Plan where there is an unexplained absence.
- Staff will report to DCPL any additional concerns, disclosures or observations after the initial referral, not assuming that a referral in itself will protect children.

#### **Referral**

Following any concerns raised by staff, the DCPL will assess the information and consider if significant harm has happened or there is a risk that it may happen. If the evidence suggests the threshold of significant harm, or risk of significant harm has been reached; or they are not clear if the threshold is met, then the DCPL will contact Children's Social Care. If the DCPL is not available or there are immediate concerns, the staff member will refer to a Deputy DCPL or directly to children's social care

Generally, the DCPL will inform the parents prior to making a referral however there are situations where this may not be possible or appropriate particularly when informing parents/carers may place the child at further risk.

N.B. The exception to this process will be in those cases of known FGM where there is a mandatory requirement for the teacher to report directly to the police, although the DSL should also be made aware.

#### **As a school we will educate and encourage pupils to keep safe through:**

- The content of the curriculum
- A school ethos which helps children to feel safe and able to talk freely about their concerns, believing that they will be listened to and valued.

#### **Dealing with allegations against staff, governors and volunteers - Whistleblowing**

The procedure for dealing with allegations against staff, governors and volunteers can be found in Annex 7

Only the Headteacher, delegated staff or nominated governor should deal with allegations, all other staff or governors must:

- Report any concerns about the conduct of any member of staff to the Head teacher as soon as immediately as possible and within 24 hours. 'Staff' includes adults in the school from external agencies; those in a temporary, supply or locum basis within the school; and adults not directly involved in face-to-face work within the school environment.
- If the allegation concerns the Headteacher, the information needs to be passed to the LADO or nominated Governor immediately.

If a concern is raised about the practice or behaviour of a member of staff this information will be recorded and passed to the headteacher (**Sharon Freeley**). The Local Authority Designated Officer (LADO) will be contacted and the relevant guidance will be followed.

If the allegation is against the headteacher, the person receiving the allegation will contact the LADO or nominated governor directly (**Esther Booth**)

Further assistance for staff to raise concerns can be accessed by calling the NSPCC helpline on 0800 800 5000

### **Dealing with allegations against pupils**

If a concern is raised that there is an allegation of a pupil abusing another pupil within the school, the 'dealing with allegations against pupils' guidance will be followed. (Annex 6)

### **The responsibilities of the Governing Body**

The Governing Body is responsible for ensuring

- the school has effective safeguarding policies and procedures in place including the Staff Code of Conduct
- that the school has a broad and balanced curriculum that incorporates safeguarding
- that national and local guidance is followed, specifically *Keeping Children Safe in Education*
- there is a member of the school's leadership identified as DCPL
- that training is undertaken at the required frequency
- there is a nominated governor for dealing with allegations against the headteacher
- an annual audit of safeguarding is carried out and any concerns are remedied without delay
- that recruitment, selection and induction follows safer recruitment practice, including all appropriate checks

### **Legal context**

- Section 175 (maintained schools) of the Education Act 2002.
- Children Act 2004 & 1989

Guidance:

- Isle of Wight Safeguarding Children's Board protocols and guidance and their procedures (from Working Together to Safeguard Children 2015)
- Keeping Children Safe in Education 2015
- Disqualification under the Childcare Act 2006 (2015)

### **Annual review**

As a school, we review this policy annually in line with DfE, Isle of Wight Safeguarding Children's Board and HCC /IWCC guidance.

# **Broadlea Primary School Child Protection Roles and Responsibilities**

## **Definitions**

Throughout this procedure document:

- The umbrella term '**Safeguarding**' is defined in the Children Act 2004 as protecting from maltreatment; preventing impairment of health and development; ensuring that children grow up with the provision of safe and effective care; and work in a way that gives the best life chances and transition to adult hood. Our safeguarding practice applies to every child.
- **Child Protection** is an aspect of safeguarding, but is focused on how we respond to children who have been significantly harmed or are at risk of significant harm.
- The term **Staff** applies to all those working for or on behalf of the school, full time or part time, in either a paid or voluntary capacity including Governors. If Governors are mentioned it is a specific role of theirs.
- **Child** refers to all young people who have not yet reached their 18 birthday. On the whole, this will apply to pupils of our school, however the policy will extend to visiting students from other establishments
- **Parent** refers to birth parents and other adults in a parenting role for example adoptive parents, step parents and foster carers.

## **Overview**

These procedures apply to all staff working in the school. Additional information, which is specific to particular roles within the school, is included within the Annex. It is important that staff are aware of all the content even if it does not apply to them.

The aim of our procedures is to provide a robust safeguarding framework which enables us to safeguard and promote the welfare of pupils as follows:

- Raise awareness of child protection and safeguarding roles and responsibilities with staff and governors.
- Develop, implement and review procedures in our school that enable the identification and reporting of all cases, or suspected cases, of abuse.
- Support pupils in line with their child protection plan.
- Support children with additional needs through early help and external agencies.
- Ensure the practice of safe recruitment in checking and recording the suitability of staff and volunteers to work with children.
- Establish a safe environment in which children can learn and develop.
- Ensure that allegations or concerns against staff are dealt with in accordance with guidance from Department for Education (DfE), Isle of Wight Safeguarding Children's Board (IOWSCB) and Isle of Wight County Council (IWCC).

## **The role of staff**

### **Staff will:**

- Establish and maintain an environment where children feel secure, are encouraged to talk and are listened to.
- Ensure children know that there are adults in the school whom they can approach if they are worried about any problems.
- Plan opportunities within the curriculum for children to develop the skills they need to assess and manage risk appropriately and keep themselves safe.
- Attend training in order to be aware of and alert to the signs of abuse.
- Maintain an attitude of "it could happen here" with regards to safeguarding.



- Record their concerns if they are worried that a child is being abused and report these to the relevant person as soon as practical that day.
- If the disclosure is an allegation against a member of staff they will follow the allegations procedures (Annex 7).
- Follow the procedures set out by the IOWSCB and IWCC and take account of guidance issued by the DfE.
- Treat information with confidentiality but never promising to “keep a secret”.
- Notify DCPL of any child on a Child Protection Plan who has unexplained absence.
- In the context of early help, staff will notify colleagues and/or parents of any concerns about their child(ren), and provide them with or signpost them to opportunities to change the situation.
- Liaise with other agencies that support pupils and provide early help.
- Ensure they know who the Designated Child Protection Lead (DCPL) and deputy DCPLs are and know how to contact them.

#### **Senior management team (including DCPL) will:**

- Contribute to inter-agency working in line with guidance (Working Together 2015)
- Provide a co-ordinated offer of early help when additional needs of children are identified
- Working with Children’s Social Care, support their assessment and planning processes including the school’s attendance at conference and core group meetings.
- Carry out tasks delegated by the governing body such as training of staff; safer recruitment; maintaining a Single Central Register.
- Provide support and advice on all matters pertaining to safeguarding and child protection to all staff regardless of their position within the school.
- Treat any information shared by staff or pupils with respect and follow procedures.

#### **Governing Body**

The full role of the Governing Body is set out in Annex 14

In Summary, the Governing Body is responsible for ensuring that:

- The school has effective safeguarding policies & procedures including a child protection policy and a Staff Code of Conduct.
- IOWSCB is informed annually about the Discharge of Duties (audit).
- Recruitment, selection and induction follows safer recruitment practice.
- Allegations Against Staff are dealt with by the Headteacher.
- A member of senior staff team is designated as designated child protection lead (DCPL) and have this recorded in their job description.
- Staff have been trained appropriately and this is updated in line with guidance.
- Any safeguarding deficiencies or weaknesses are remedied without delay.
- They have identified a nominated governor for allegations against the Headteacher (**Esther Booth**).

#### **DCPL responsibilities**

In this school, the **DCPL** is **Sharon Freeley** (Headteacher), and the **Deputy DCPLs** are **Stefan Hopper** (SENDCo), **Elizabeth Chambers** (Deputy Headteacher) and **Macala Graham** (Family Liaison Officer).

In addition to the role of staff and senior management team the DCSL will:

- Assist the Governing Body in fulfilling their responsibilities under Section 175 or 157 of the Education Act 2002.

- Attend initial training for the role and refresh this every two years. This is by attending refresher training after the first two years and then demonstrating evidence of continuing professional development thereafter.
- Ensure every member of staff knows who the DCPL is, is aware of the DCPL role and has their contact details.
- Ensure all staff and volunteers understand their responsibilities in being alert to the signs of abuse and responsibility for referring any concerns to the DCPL.
- Ensure that whole school training occurs regularly so that staff, governors and volunteers can fulfil their responsibilities.
- Ensure any members of staff joining the school outside of this training schedule receive an induction prior to commencement of their duties.
- Keep written records of child protection concerns securely and separately from the main pupil file and use these records to assess the likelihood of risk.
- Ensure that copies of safeguarding records are transferred accordingly (separate from pupil files) when a child transfers school.
- Ensure that where a pupil transfers school and is on a child protection plan or is a child looked after, the information is passed to the new school immediately and that the child's social worker is informed.
- Link with the IOWSCB to make sure staff are aware of training opportunities and the latest local policies on safeguarding.

# **Broadlea Primary School Child Protection Procedures**

The prime concern at all stages must be the interests and safety of the child. Where there is a conflict of interests between the child and an adult, the interests of the child must be paramount.

All staff are aware that children with disabilities, special needs or with language delay may communicate concerns with behaviours rather than words. Additionally staff will question the cause of knocks and bumps in children who have limited mobility.

These procedures should be read in conjunction with the flow chart (Annex 2).

**If a member of staff suspects abuse, spots signs or indicators of abuse, or they have a disclosure of abuse made to them they must:**

1. Make an initial record of the information.
2. Report it to the DCPL / Headteacher immediately.
3. The DCPL or Headteacher will consider if there is a requirement for immediate medical intervention, however urgent medical attention should not be delayed if DCPL or Headteacher are not immediately available. (see point 8 below)
4. Make an accurate record (which may be used in any subsequent court proceedings) as soon as possible and within 24 hours of the occurrence, of all that has happened, including details of:
  - Dates and times of their observations.
  - Dates and times of any discussions they were involved in.
  - Any injuries.
  - Explanations given by the child/adult.
  - What action was taken.
  - Any actual words or phrases used by the child.

The records must be signed and dated by the author.

**Following a report of concerns from a member of staff, the DCPL must:**

1. Decide whether or not there are sufficient grounds for suspecting significant harm in which case a referral must be made to Children's Social Care.
2. Normally the school should try to discuss any concerns about a child's welfare with the family and where possible to seek their agreement before making a referral to Children's Social Care. However, in accordance with DfE guidance, this should only be done when it will not place the child at increased risk or could impact a police investigation. The child's views should also be taken into account.
3. If there are grounds to suspect a child is suffering, or is likely to suffer, significant harm they must contact Children's Social Care on **0300 300 0117** (24-hour number) and make a clear statement of:
  - the known facts
  - any suspicions or allegations
  - whether or not there has been any contact with the child's family

If the DCPL feels unsure about whether a referral is necessary, they can phone Children's Social Care to discuss concerns.

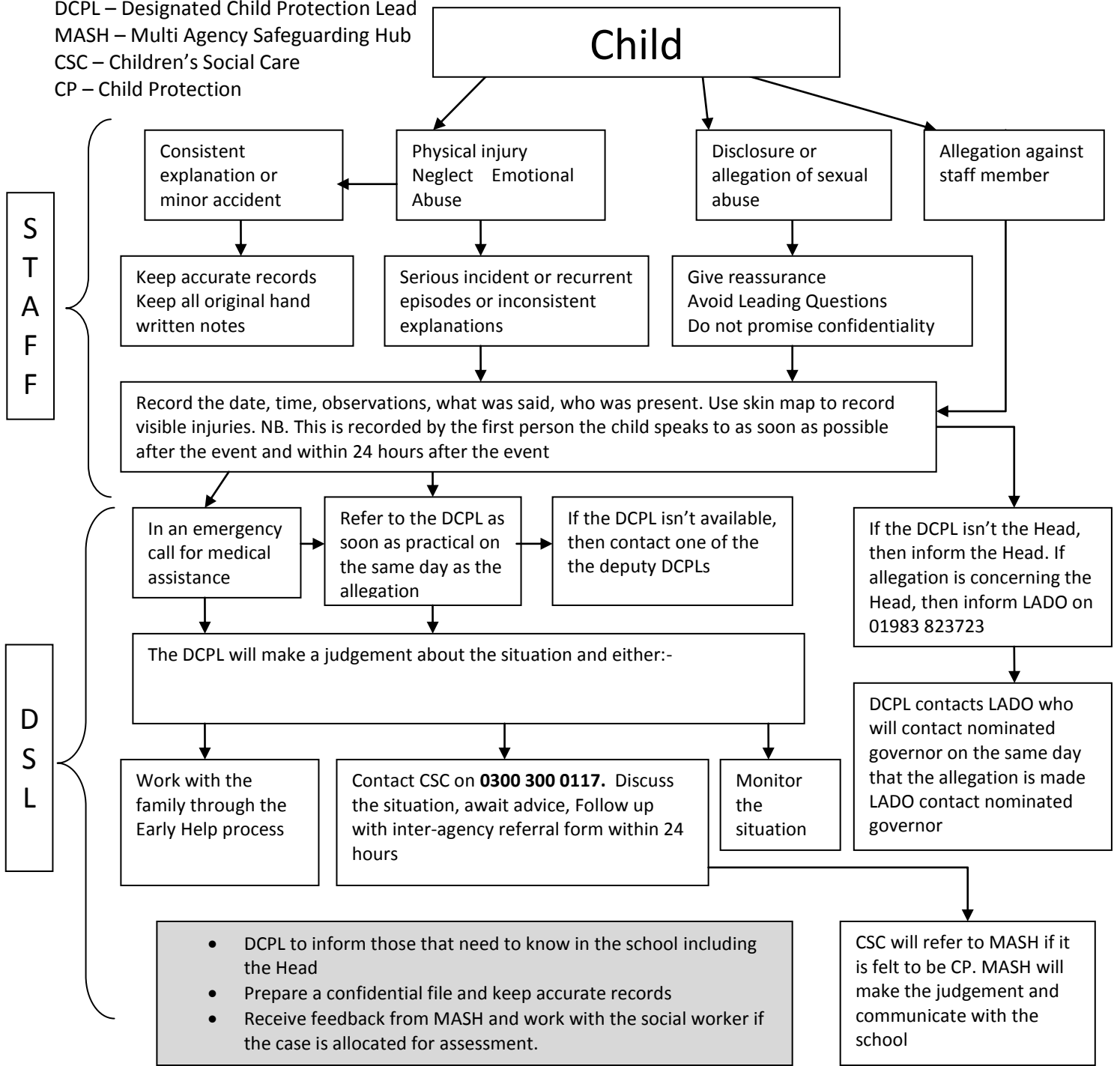
4. If there is not a risk of significant harm, then the DCPL will either actively monitor the situation or consider the Early Help process.
5. The DCPL must confirm any referrals in writing to Children's Social Care, within 24 hours, including the actions that have been taken. The written referral should be made using the inter-agency referral form which will provide Children's Social Care with the supplementary information required about the child and family's circumstances.
6. If a child is in immediate danger and urgent protective action is required, the police should be called. The DCPL should also notify Children's Social Care of the occurrence and what action has been taken.
7. Where there are doubts or reservations about involving the child's family, the DCPL should clarify with Children's Social Care or the police whether, the parents should be told about the referral and, if so, when and by whom. This is important in cases where the police may need to conduct a criminal investigation.
8. When a pupil is in need of *urgent* medical attention and there is suspicion of abuse the DCPL or Headteacher should take the child to the Accident and Emergency Unit at the nearest hospital, having first notified Children's Social Care. The DCPL should seek advice about what action Children's Social Care will take and about informing the parents, remembering that parents should normally be informed that a child requires urgent hospital attention.

**Links to Safeguarding Resources**

Issue	Links to Useful Resources
Health and Safety	<a href="https://www.gov.uk/health-safety-school-children">https://www.gov.uk/health-safety-school-children</a>
Anti – Bullying and Harassment & Discrimination	<a href="https://www.gov.uk/bullying-at-school">https://www.gov.uk/bullying-at-school</a> <a href="https://www.gov.uk/government/publications/preventing-and-tackling-bullying">https://www.gov.uk/government/publications/preventing-and-tackling-bullying</a>
Anti-Racism	<a href="http://www.cps.gov.uk/northwest/working_with_you/hate_crime_schools_project/schools_project_racist_and_religious_hate_crime/">http://www.cps.gov.uk/northwest/working_with_you/hate_crime_schools_project/schools_project_racist_and_religious_hate_crime/</a>
Physical Intervention	<a href="https://www.gov.uk/government/publications/use-of-reasonable-force-in-schools">https://www.gov.uk/government/publications/use-of-reasonable-force-in-schools</a>
Meeting the needs of pupils with medical conditions	<a href="https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3">https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3</a>
First Aid	<a href="https://www.gov.uk/government/publications/first-aid-in-schools">https://www.gov.uk/government/publications/first-aid-in-schools</a>
Drug and Substance Misuse	<a href="https://www.gov.uk/government/publications/drugs-advice-for-schools">https://www.gov.uk/government/publications/drugs-advice-for-schools</a>
Internet Safety	<a href="http://ceop.police.uk/">http://ceop.police.uk/</a>
School Site Security	<a href="https://www.gov.uk/government/publications/school-security">https://www.gov.uk/government/publications/school-security</a>
Safer Recruitment Policy	<a href="https://www.gov.uk/government/policies/helping-employers-make-safer-recruiting-decisions">https://www.gov.uk/government/policies/helping-employers-make-safer-recruiting-decisions</a>
Issues specific to a local area or population	<a href="https://www.gov.uk/government/publications/safeguarding-children-and-young-people-who-may-be-affected-by-gang-activity">https://www.gov.uk/government/publications/safeguarding-children-and-young-people-who-may-be-affected-by-gang-activity</a>  DfE safeguarding children <a href="https://www.gov.uk/childrens-services/safeguarding-children">https://www.gov.uk/childrens-services/safeguarding-children</a>
Radicalisation	<a href="https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/97976/prevent-strategy-review.pdf">https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/97976/prevent-strategy-review.pdf</a>
Child Sexual Exploitation	<a href="https://www.gov.uk/government/publications/tackling-child-sexual-exploitation-action-plan">https://www.gov.uk/government/publications/tackling-child-sexual-exploitation-action-plan</a>
IOWSCB Core Procedures and Safeguarding Practice Guidance	<a href="http://www.proceduresonline.com/4lscb/isle_of_wight">http://www.proceduresonline.com/4lscb/isle_of_wight</a>

## Flowchart for Child Protection Procedures

DCPL – Designated Child Protection Lead  
 MASH – Multi Agency Safeguarding Hub  
 CSC – Children’s Social Care  
 CP – Child Protection



**Broadlea Primary School Recording form**

<b>Child's name:</b>		<b>Child's Class:</b>	
<b>Date and time:</b>		<b>Child's Date of Birth:</b>	
<b>Name and role of person raising concern:</b>			

<b>Details of concern (where? when? what? who? behaviours? use child's words)</b>
<i>Please continue on further sheets if required</i>

<b>Actions taken</b> (Telephone call home; Direct conversations with parents; referral to Children's Social Care etc.)			
<b>Date</b>	<b>Person taking action</b>	<b>Action taken</b>	<b>Outcome of action</b>

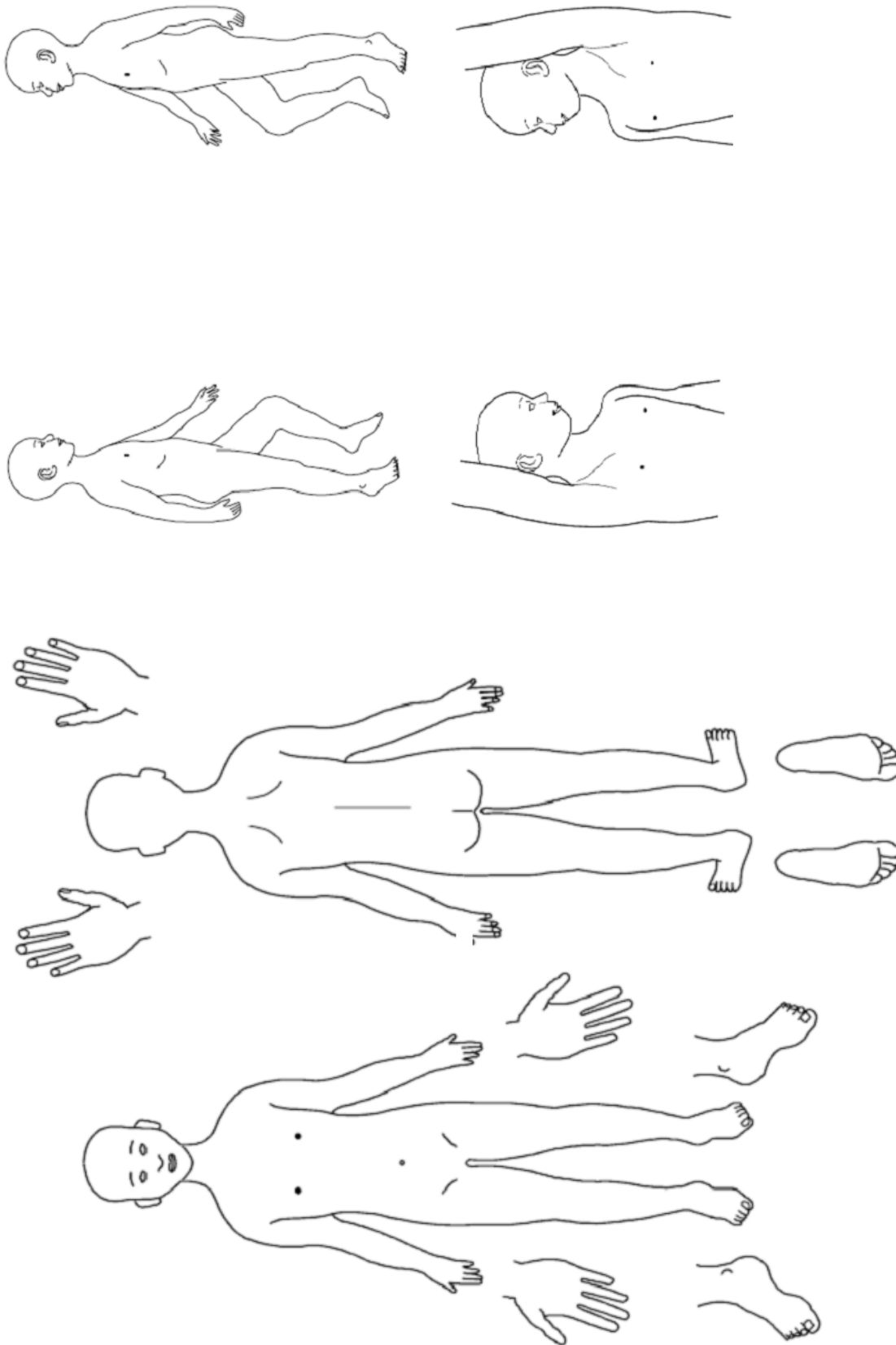
**Name:**

**Role:**

**Signature:**

**Copied to:**

Skin Maps



Placement (including right or left):

Size of mark (approximate in cm):

Description of mark (colour, broken skin etc.):

Any additional information



## Dealing with Disclosures

### DEALING WITH DISCLOSURES

#### All staff should:

A member of staff who is approached by a child should listen positively and try to reassure them. They cannot promise complete confidentiality and should explain that they may need to pass information to other professionals to help keep the child or other children safe. The degree of confidentiality should always be governed by the need to protect the child.

Additional consideration needs to be given to children with communication difficulties and for those whose preferred language is not English. It is important to communicate with them in a way that is appropriate to their age, understanding and preference.

All staff should know who the DCPL is and who to approach if the DCPL is unavailable. Ultimately, all staff have the right to make a referral to the police or social care directly and should do this if, for whatever reason, there are difficulties following the agreed protocol, e.g. they are the only adult on the school premises at the time and have concerns about sending a child home.

#### Guiding principles, the seven Rs

##### Receive

- Listen to what is being said, without displaying shock or disbelief.
- Accept what is said and take it seriously.
- Make a note of what has been said as soon as practicable.

##### Reassure

- Reassure the pupil, but only so far as is honest and reliable.
- Don't make promises you may not be able to keep e.g. 'I'll stay with you' or 'everything will be alright now' or 'I'll keep this confidential.'
- Do reassure e.g. you could say: "I believe you", "I am glad you came to me", "I am sorry this has happened", "We are going to do something together to get help."

##### Respond

- Respond to the pupil only as far as is necessary for you to establish whether or not you need to refer this matter, but do not interrogate for full details.
- Do not ask 'leading' questions i.e. 'did he touch your private parts?' or 'did she hurt you?'. Such questions may invalidate your evidence (and the child's) in any later prosecution in court.
- Do not criticise the alleged perpetrator; the pupil may care about him/her, and reconciliation may be possible.
- Do not ask the pupil to repeat it all for another member of staff. Explain what you have to do next and whom you have to talk to. Reassure the pupil that it will be a senior member of staff.

##### Report

- Share concerns with the designated safeguarding lead as soon as possible
- If you are not able to contact your designated safeguarding lead, and the child is at risk of immediate harm, contact the children's services department directly

- If you are dissatisfied with the level of response you receive following your concerns, you should press for re-consideration.

#### **Record**

- If possible make some very brief notes at the time, and write them up as soon as possible.
- Keep your original notes on file.
- Record the date, time, place, persons present and noticeable nonverbal behaviour, and the words used by the child. If the child uses sexual 'pet' words, record the actual words used, rather than translating them into 'proper' words.
- Complete a body map to indicate the position of any noticeable bruising.
- Record facts and observable things, rather than your 'interpretations' or 'assumptions'.

#### **Remember**

- Support the child: listen, reassure, and be available.
- Complete confidentiality is essential. Share your knowledge only with appropriate professional colleagues.
- Try to get some support for yourself if you need it.

#### **Review (lead by DCPL)**

- Has the action taken provided good outcomes for the child?
- Did the procedure work?
- Were any deficiencies or weaknesses identified in the procedure? Have these been remedied?
- Is further training required?

#### **What happens next?**

It is important that concerns are followed up and it is everyone's responsibility to ensure that they are. The member of staff should be informed by the DCPL what has happened following the report being made. If they do not receive this information they should be proactive in seeking it out.

If they have concerns that the disclosure has not been acted upon appropriately they might inform the safeguarding governor of the school and/or may ultimately contact the Children's Services Department.

Receiving a disclosure can be upsetting for the member of staff and schools should have a procedure for supporting them after the disclosure. This might include reassurance that they have followed procedure correctly and that their swift actions will enable the allegations to be handled appropriately.

In some cases, additional counselling might be needed and they should be encouraged to recognise that disclosures can have an impact on their own emotions.

## **Managing allegations against other pupils**

DfE guidance keeping children safe in education (2016) says that ‘governing bodies should ensure that there are procedures in place to handle allegations against other children’. The guidance also states the importance of minimising the risks of peer-on- peer abuse. In most instances, the conduct of students towards each other will be covered by the school’s behaviour policy. Some allegations may be of such a serious nature that they may raise safeguarding concerns. These allegations are most likely to include physical abuse, emotional abuse, sexual abuse and sexual exploitation. It is also likely that incidents dealt with under this policy will involve older students and their behaviour towards younger students or those who are vulnerable.

### **The safeguarding implications of sexual activity between children<sup>1</sup>**

The intervention of child protection agencies in situations involving sexual activity between children can require difficult professional judgments. Some situations are statutorily clear – for example, a child under the age of 13 cannot consent to sexual activity. But it will not necessarily be appropriate to initiate safeguarding procedures where sexual activity involving children and young people below the age of legal consent (16 years) comes to notice. In our society, generally the age at which children become sexually active has steadily dropped. It is important to distinguish between consensual sexual activity between children of a similar age (where at least one is below the age of consent), and sexual activity involving a power imbalance, or some form of coercion or exploitation. It may also be difficult to be sure that what has or has been alleged to have taken place definitely does have a sexual component.

As usual, important decisions should be made on a case by case basis, on the basis of an assessment of the children’s best interests. Referral under safeguarding arrangements may be necessary, guided by an assessment of the extent to which a child is suffering, or is likely to suffer, significant harm. Key specific considerations will include:

- The age, maturity and understanding of the children;
- Any disability or special needs of the children;
- Their social and family circumstance;
- Any evidence in the behaviour or presentation of the children that might suggest they have been harmed;
- Any evidence of pressure to engage in sexual activity;
- Any indication of sexual exploitation;
- There are also contextual factors. Gender, sexuality, race and levels of sexual knowledge can all be used to exert power. A perpetrator of sexual abuse may sometimes be a woman or girl and the victim a boy.

<sup>1</sup> Taken from The safeguarding implications of events leading to the closure of Stanbridge Earls School – A Serious Case Review (2015)

At Broadlea Primary we believe that all children have a right to attend school and learn in a safe environment. Children should be free from harm by adults in the school and other students.

We recognise that some students will sometimes negatively affect the learning and wellbeing of others and their behaviour will be dealt with under the school’s behaviour policy.

## **Prevention**

As a school, we will minimise the risk of allegations against other pupils by:

- Providing a developmentally appropriate PSHE syllabus which develops students understanding of acceptable behaviour and keeping themselves safe
- Having systems in place for any student to raise concerns with staff, knowing that they will be listened to, believed and valued
- Delivering targeted work on assertiveness and keeping safe to those pupils identified as being at risk
- Developing robust risk assessments & providing targeted work for pupils identified as being a potential risk to other pupils

## **Allegations against other pupils which are safeguarding issues**

Occasionally, allegations may be made against students by others in the school, which are of a safeguarding nature. Safeguarding issues raised in this way may include physical abuse, emotional abuse, sexual abuse and sexual exploitation. It is likely that, to be considered a safeguarding allegation against a pupil, some of the following features will be found.

If the allegation:

- Is made against an older pupil and refers to their behaviour towards a younger pupil or a more vulnerable pupil
- Is of a serious nature, possibly including a criminal offence
- Raises risk factors for other pupils in the school
- Indicates that other pupils may have been affected by this student
- Indicates that young people outside the school may be affected by this student

Examples of safeguarding issues against a student could include:

### **Physical Abuse**

- Violence, particularly pre-planned
- Forcing others to use drugs or alcohol

### **Emotional Abuse**

- Blackmail or extortion
- Threats and intimidation

### **Sexual Abuse**

- Indecent exposure, indecent touching or serious sexual assaults
- Forcing others to watch pornography or take part in sexting
- other behaviours outlined in the Brook traffic light tool (annex 7)

### **Sexual Exploitation**

- Encouraging other children to engage in inappropriate sexual behaviour (For example - having an older boyfriend/girlfriend, associating with unknown adults or other sexually exploited children, staying out overnight)
- Photographing or videoing other children performing indecent acts

### **Procedure:**

- When an allegation is made by a pupil against another student, members of staff should consider whether the complaint raises a safeguarding concern. If there is a safeguarding concern the designated safeguarding lead (DSL) should be informed
- A factual record should be made of the allegation, but no attempt at this stage should be made to investigate the circumstances

- The DSL should contact the children's reception team (CRT) to discuss the case
- The DSL will follow through the outcomes of the discussion and make a referral where appropriate
- If the allegation indicates that a potential criminal offence has taken place, CRT will refer the case to the multi-agency agency safeguarding hub where the police will become involved
- Parents, of both the student being complained about and the alleged victim, should be informed and kept updated on the progress of the referral
- The DSL will make a record of the concern, the discussion and any outcome and keep a copy in the files of both pupils' files
- It may be appropriate to exclude the pupil being complained about for a period of time according to the school's behaviour policy and procedures
- Where neither social services nor the police accept the complaint, a thorough school investigation should take place into the matter using the school's usual disciplinary procedures
- In situations where the school considers a safeguarding risk is present, a risk assessment should be prepared along with a preventative, supervision plan
- The plan should be monitored and a date set for a follow-up evaluation with everyone concerned

## Brook sexual behaviours traffic light tool

### Behaviours: age 0 to 5

All green, amber and red behaviours require some form of attention and response. It is the level of intervention that will vary.

#### What is a green behaviour?

Green behaviours reflect safe and healthy sexual development. They are displayed between children or young people of similar age or developmental ability. They are reflective of natural curiosity, experimentation, consensual activities and positive choices

#### What can you do?

Green behaviours provide opportunities to give positive feedback and additional information.

#### Green behaviours

- holding or playing with own genitals
- attempting to touch or curiosity about other children's genitals
- attempting to touch or curiosity about breasts, bottoms or genitals of adults
- games e.g. mummies and daddies,
- doctors and nurses
- enjoying nakedness
- interest in body parts and what they do
- curiosity about the differences between boys and girls

#### What is an amber behaviour?

Amber behaviours have the potential to be outside of safe and healthy behaviour. They may be of potential concern due to age, or developmental differences. A potential concern due to activity type, frequency, duration or context in which they occur.

#### What can you do?

Amber behaviours signal the need to take notice and gather information to assess the appropriate action.

#### Amber behaviours

- preoccupation with adult sexual behaviour
- pulling other children's pants down/skirts up/trousers down against their will
- talking about sex using adult slang
- preoccupation with touching the genitals of other people
- following others into toilets or changing rooms to look at them or touch them
- talking about sexual activities seen on TV/online

#### What is a red behaviour?

Red behaviours are outside of safe and healthy behaviour. They may be excessive, secretive, compulsive, coercive, degrading or threatening and involving significant age, developmental, or power differences. They may pose a concern due to the activity type, frequency, duration or the context in which they occur

#### What can you do?

Red behaviours indicate a need for immediate intervention and action.

#### Red behaviours

- persistently touching the genitals of other children
- persistent attempts to touch the genitals of adults
- simulation of sexual activity in play
- sexual behaviour between young children involving penetration with objects
- forcing other children to engage in sexual play

This is intended to be used as a guide only. Please refer to the guidance tool at <https://www.brook.org.uk/our-work/the-sexual-behaviours-traffic-light-tool> for further information

Print date: 01/10/2015 - Brook has taken every care to ensure that the information contained in this publication is accurate and up-to-date at the time of being published. As information and knowledge is constantly changing, readers are strongly advised to use this information for up to one month from print date. Brook accepts no responsibility for difficulties that may arise as a result of an individual acting on the advice and recommendations it contains.

Brook sexual behaviours traffic light tool adapted from Family Planning Queensland. (2012). Traffic Lights guide to sexual behaviours. Brisbane: Family Planning Queensland, Australia.

## Behaviours: age 5 to 9 and 9 to 13

All green, amber and red behaviours require some form of attention and response. It is the level of intervention that will vary.

### What is a green behaviour?

Green behaviours reflect safe and healthy sexual development. They are displayed between children or young people of similar age or developmental ability and reflective of natural curiosity, experimentation, consensual activities and positive choices

### What can you do?

Green behaviours provide opportunities to give positive feedback and additional information.

### Green behaviours 5-9

- feeling and touching own genitals
- curiosity about other children's genitals
- curiosity about sex and relationships, e.g. differences between boys and girls, how sex happens, where babies come from, same-sex relationships
- sense of privacy about bodies
- telling stories or asking questions using swear and slang words for parts of the body

### Green behaviours 9-13

- solitary masturbation
- use of sexual language including swear and slang words
- having girl/boyfriends who are of the same, opposite or any gender
- interest in popular culture, e.g. fashion, music, media, online games, chatting online
- need for privacy
- consensual kissing, hugging, holding hands with peers

### What is an amber behaviour?

Amber behaviours have the potential to be outside of safe and healthy behaviour. They may be of potential concern due to age, or developmental differences. A potential concern due to activity type, frequency, duration or context in which they occur.

### What can you do?

Amber behaviours signal the need to take notice and gather information to assess the appropriate action.

### Amber behaviours 5-9

- questions about sexual activity which persist or are repeated frequently, despite an answer having been given
- sexual bullying face to face or through texts or online messaging
- engaging in mutual masturbation
- persistent sexual images and ideas in talk, play and art
- use of adult slang language to discuss sex

### Amber behaviours 9-13

- uncharacteristic and risk-related behaviour, e.g. sudden and/or provocative changes in dress, withdrawal from friends, mixing with new or older people, having more or less money than usual, going missing
- verbal, physical or cyber/virtual sexual bullying involving sexual aggression
- LGBT (lesbian, gay, bisexual, transgender) targeted bullying
- exhibitionism, e.g. flashing or mooning
- giving out contact details online
- viewing pornographic material
- worrying about being pregnant or having STIs

### What is a red behaviour?

Red behaviours are outside of safe and healthy behaviour. They may be excessive, secretive, compulsive, coercive, degrading or threatening and involving significant age, developmental, or power differences. They may pose a concern due to the activity type, frequency, duration or the context in which they occur

### What can you do?

Red behaviours indicate a need for immediate intervention and action.

### Red behaviours 5-9

- frequent masturbation in front of others
- sexual behaviour engaging significantly younger or less able children
- forcing other children to take part in sexual activities
- simulation of oral or penetrative sex
- sourcing pornographic material online

### Red behaviours 9-13

- exposing genitals or masturbating in public
- distributing naked or sexually provocative images of self or others
- sexually explicit talk with younger children
- sexual harassment
- arranging to meet with an online acquaintance in secret
- genital injury to self or others
- forcing other children of same age, younger or less able to take part in sexual activities
- sexual activity e.g. oral sex or intercourse
- presence of sexually transmitted infection (STI)
- evidence of pregnancy

This is intended to be used as a guide only. Please refer to the guidance tool at <https://www.brook.org.uk/our-work/the-sexual-behaviours-traffic-light-tool> for further information

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Brook sexual behaviours traffic light tool adapted from Family Planning Queensland. (2012). Traffic Lights guide to sexual behaviours. Brisbane: Family Planning Queensland, Australia.

## Allegations against adults who work with children

### Procedure

This procedure should be used in all cases in which it is alleged a member of staff/volunteer/visiting professional/student in a school has:

- **behaved in a way that has harmed a child, or may have harmed a child;**
- **possibly committed a criminal offence against or related to a child; or**
- **behaved towards a child or children in a way that indicates he or she would pose a risk of harm if they work regularly or closely with children.**

In dealing with allegations or concerns against an adult in the school:

- Report any concerns about the conduct of any member of staff or volunteer to the Headteacher or their deputy as soon as possible.
- If an allegation is made against the Headteacher, the concerns need to be raised with the LADO or nominated governor as soon as possible.
- Once an allegation has been received by the head or nominated governor they will contact the Local Authority Designated Officer on 01983 823723
- Inform the parents of the allegation unless there is a good reason not to

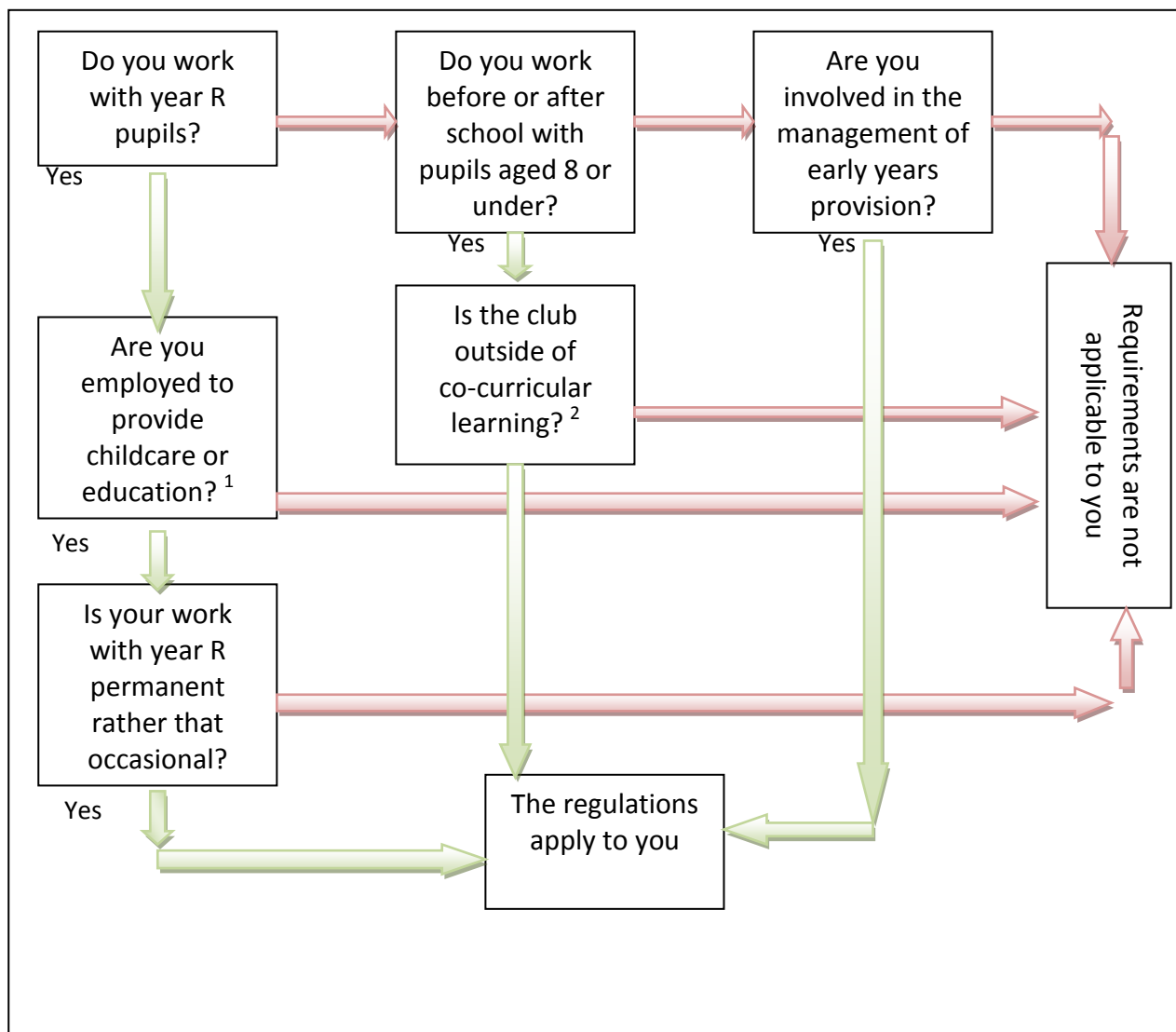
The LADO and the personnel provider for the school will support the school in following procedures set out in Keeping Children Safe in Education (2016) and the IOWSCB procedures.



## Disqualification under the Childcare Act 2006

This procedure should be read in conjunction with “Disqualification under the Childcare Act 2006 Statutory Guidance (DfE Feb 2015)”

The requirement of the act is applicable to a limited number of school staff and the following flowchart can be used to help confirm if staff members are required to make disclosures to Ofsted in respect of themselves or members of their household.



<sup>1</sup> Caretakers, cleaners, drivers, transport escorts, catering and office staff are not employed to provide child care

<sup>2</sup> Co-curricular learning covers activities such as school music and school sports activities

## Intimate Care

As a school, we follow the guidance for good practice set out by IOW Safeguarding Children's Board below

Guidelines for good practice (adapted from the Chailey Heritage Centre)

1. Treat every child with dignity and respect and ensure privacy appropriate to the child's age and the situation. Privacy is an important issue. Much intimate care is carried out by one staff member alone with one child. The 4LSCBs believe this practice should be actively supported unless the task requires two people. Having people working alone does increase the opportunity for possible abuse. However, this is balanced by the loss of privacy and lack of trust implied if two people have to be present - quite apart from the practical difficulties. It should also be noted that the presence of two people does not guarantee the safety of the child or young person - organised abuse by several perpetrators can, and does, take place. Therefore, staff should be supported in carrying out the intimate care of children alone unless the task requires the presence of two people. The 4LSCBs recognise that there are partner agencies that recommend two carers in specific circumstances. Where possible, the member of staff carrying out intimate care should be someone chosen by the child or young person. For older children, it is preferable if the member of staff is the same gender as the young person. However, this is not always possible in practice. Agencies should consider the implications of using a single named member of staff for intimate care or a rota system in terms of risks of abuse.
2. Involve the child as far as possible in his or her own intimate care. Try to avoid doing things for a child that s/he can do alone, and if a child is able to help ensure that s/he is given the chance to do so. This is as important for tasks such as removing underclothes as it is for washing the private parts of a child's body. Support children in doing all that they can themselves. If a child is fully dependent on you, talk with her or him about what you are doing and give choices where possible.
3. Be responsive to a child's reactions. It is appropriate to "check" your practice by asking the child - particularly a child you have not previously cared for - "Is it OK to do it this way?"; "Can you wash there?"; "How does mummy do that?". If a child expresses dislike of a certain person carrying out her or his intimate care, try and find out why. Conversely, if a child has a "grudge" against you or dislikes you for some reason, ensure your line manager is aware of this.
4. Make sure practice in intimate care is as consistent as possible. Line managers have a responsibility for ensuring their staff have a consistent approach. This does not mean that everyone has to do things in an identical fashion, but it is important that approaches to intimate care are not markedly different between individuals. For example, do you use a flannel to wash a child's private parts rather than bare hands? Do you pull back a child's foreskin as part of daily washing? Is care during menstruation consistent across different staff?
5. Never do something unless you know how to do it. If you are not sure how to do something, ask. If you need to be shown more than once, ask again. Certain intimate care or treatment procedures, such as rectal examinations, must only be carried out by nursing or medical staff. Other procedures, such as giving rectal valium, suppositories or intermittent catheterisation, must only be carried out by staff who have been formally trained and assessed as competent.
6. If you are concerned that during the intimate care of a child:
  - You accidentally hurt the child;
  - The child seems sore or unusually tender in the genital area;
  - The child appears to be sexually aroused by your actions;
  - The child misunderstands or misinterprets something;

- The child has a very emotional reaction without apparent cause (sudden crying or shouting).

Report any such incident as soon as possible to another person working with you and make a brief written note of it. This is for two reasons: first, because some of these could be cause for concern, and secondly, because the child or another adult might possibly misconstrue something you have done.

7. Additionally, if you are a member of staff who has noticed that a child's demeanour has changed directly following intimate care, e.g. sudden distress or withdrawal, this should be noted in writing and discussed with your designated person for child protection.
8. Encourage the child to have a positive image of her or his own body. Confident, assertive children who feel their body belongs to them are less vulnerable to abuse. As well as the basics like privacy, the approach you take to a child's intimate care can convey lots of messages about what her or his body is "worth". Your attitude to the child's intimate care is important. As far as appropriate and keeping in mind the child's age, routine care of a child should be enjoyable, relaxed and fun.

Intimate care is to some extent individually defined, and varies according to personal experience, cultural expectations and gender. The 4LSCBs recognise that children who experience intimate care may be more vulnerable to abuse: -

- Children with additional needs are sometimes taught to do as they are told to a greater degree than other children. This can continue into later years. Children who are dependent or over-protected may have fewer opportunities to take decisions for themselves and may have limited choices. The child may come to believe they are passive and powerless
- Increased numbers of adult carers may increase the vulnerability of the child, either by increasing the possibility of a carer harming them, or by adding to their sense of lack of attachment to a trusted adult
- Physical dependency in basic core needs, for example toileting, bathing, dressing, may increase the accessibility and opportunity for some carers to exploit being alone with and justify touching the child inappropriately
- Repeated "invasion" of body space for physical or medical care may result in the child feeling ownership of their bodies has been taken from them
- Children with additional needs can be isolated from knowledge and information about alternative sources of care and residence. This means, for example, that a child who is physically dependent on daily care may be more reluctant to disclose abuse, since they fear the loss of these needs being met. Their fear may also include who might replace their abusive carer

The above is taken largely from the publication 'Abuse and children who are disabled: a training and resource pack for trainers in child protection and disability, 1993'.

## **Young People with Medical Needs**

There will be occasions when children are temporarily unable to attend school on a full-time basis because of their medical needs. These children and young people are likely to be:

- children and young people suffering from long-term illnesses
- children and young people with long-term post-operative or post-injury recovery periods
- children and young people with long-term mental health problems (emotionally vulnerable)

Hampshire and the Isle of Wight use the phrase “long-term” to define any period exceeding 15 continuous school days of absence from school because of medical needs.

Where it is clear that an absence will be for more than 15 continuous school days then inclusion service provision should begin at the earliest possible date and should not automatically be delayed until the 16<sup>th</sup> day of absence.

It is important that the referring school must notify the School Nurse service at the point it is identified that the child or young persons medical need is preventing their attendance at school.

At all times during the period of Education Welfare Service provision the young person will remain on the roll of their home school and the home school will retain ultimate educational responsibility for the young person.

### **Referral to the Education Inclusion Service:**

Referral to the Education Welfare Service must be made by the young person’s home school. Referrals should normally be supported by either:

- a Hospital Consultant
- a Senior Clinical Medical Officer
- a Consultant Child Psychiatrist
- a General Practitioner (GP)
- a member of the Education Psychology Service

This section should be read in conjunction with the school’s Supporting Pupils with Medial Conditions Policy May 2017.

## **Briefing Sheet for Temporary and Supply Staff**

### **For supply staff and those on short contracts in Broadlea Primary School**

While working in Broadlea Primary School, you have a duty of care towards the children here. This means that at all times you should act in a way that is consistent with their safety and welfare.

In addition, if at any time you have a concern about a child or young person, particularly if you think they may be at risk of abuse or neglect, it is your responsibility to share that concern with the school Designated Child Protection Lead (DCPL), who is **Sharon Freeley** (Headteacher).

This is not an exhaustive list but you may have become concerned as a result of:

- observing a physical injury, which you think may have been non-accidental.
- observing something in the appearance of a child or young person which suggests they are not being sufficiently well cared for.
- observing behavior that leads you to be concerned about a child or young person.
- a child or young person telling you that they have been subjected to some form of abuse.

In any of the circumstances listed here, you must write down what you saw or heard, date and sign your account, and give it to the DSL. This may be the beginning of a legal process – it is important to understand that legal action against a perpetrator can be seriously damaged by any suggestion that the child has been led in any way.

If a child talks to you about abuse, you should follow these guidelines:

- Rather than directly questioning the child, just listen and be supportive.
- Never stop a child who is freely recalling significant events, but don't push the child to tell you more than they wish.
- Make it clear that you may need to pass on information to staff in other agencies who may be able to help – do not promise confidentiality. You are obliged to share any information relating to abuse or neglect.
- Write an account of the conversation immediately, as close to verbatim as possible. Put the date and timings on it, and mention anyone else who was present. Then sign it, and give your record to the designated person/child protection officer, who should contact Children's Social Care if appropriate.

The school has a policy on safeguarding children and young people which you can find, together with the local procedures to be followed by all staff, in the staff room.

**Remember, if you have a concern, discuss it with the DCPL.**

## **Transporting Children on School Activities**

### **All drivers must:**

- Hold a valid driving licence for the type of vehicle being driven
- Be fit to drive
- Have no medical condition which affects their ability to drive
- Have a valid MOT for any vehicle older than 3 years old
- Ensure that any vehicle is roadworthy, including brakes, lights, tyres, bodywork, wipers, mirrors etc
- Ensure that any vehicle used has current road tax
- Ensure that they adhere to the appropriate speed limit
- Ensure that all seat belts are working and worn by everybody in the vehicle

### **Insurance:**

- Maintain valid insurance, as a minimum, for third part liability
- Check with their insurance company and inform them that the driver occasionally conveys children on school activities. (This is unlikely to affect the cost of your insurance premium.)

### **Safety:**

- Be familiar with, and drive in accordance with, the Highway Code at all times
- Drive safely and observe the speed limit
- Before driving not to consume alcohol or drugs which may impair driving
- Ensure that all passengers wear seat belts as appropriate
- Use child proof locks on rear doors where necessary
- Child seats such as booster seats are to be used at all times according to the height of each child in the vehicle

Template letter is available at:

<http://documents.hants.gov.uk/education/LADOsafeguardingchildrenineducation2014templateletterforparent.doc>

## Legislative Framework

This is a brief overview of the Legislation and Guidance that staff can refer to if they want more information

### **United Nations Convention on the Rights of the Child (1989)**

This is an international agreement setting out the minimum standards for protecting children's rights. It was incorporated into the law in the Children Act 1989. The Convention refers to all children up to the age of 18 years. In relation to safeguarding children, it states that:

- the best interests of the child should be a primary consideration when action is taken concerning them
- children are to be protected from all forms of discrimination
- every child has the inherent right to life, survival and development
- children should not be punished cruelly or in a way that belittles them
- children have the right to be protected from all forms of abuse and neglect and be given proper care by those looking after them
- children who are victims of abuse are entitled to the care and treatment needed to recover from the effects of their mistreatment.

### **Children Act 1989**

The Children Act 1989 came into force in October 1991. It brought together legislation on caring for and protecting children and is still the framework for safeguarding children and promoting their welfare. The Children Act 1989 is underpinned by the following principles:

- **welfare principle** – the child's welfare is the paramount consideration in any decision which affects them.
- **parental responsibility** – replaces parental rights. Parents share parental responsibility with the local authority for a child in care.
- **partnership** – professionals and families must work together for the welfare of children
- **the child's voice** – a child's wishes and feelings should be sought and taken into account in making decisions affecting them (if they are old enough to understand).
- **family is best** – a child's own family is the best place for a child to be brought up.
- **no order principle** – a court order should not be made unless it is needed to improve the child's life.
- **diversity issues** – racial, cultural, religious and linguistic background must be taken into account in all decisions.

The main safeguarding provisions of the act are:

- **child protection** (s47) – a local authority has a duty to investigate if a child is thought to be suffering, or is likely to suffer, significant harm.
- **children in need** (s17) – a local authority has a duty to assess and provide services for a child in need if parents wish it.
- **inter-agency working** – health, education and other public-sector agencies are required to assist Children's Social Care in safeguarding and promoting the welfare of children.
- **court orders** – a court can order a child to be taken into care or to be under a supervision order. It can also order a child to be given emergency protection or to be assessed.

### **Adoption and Children Act 2002**

Section 120 extends the definition of significant harm so that actually witnessing violence can also constitute harm.

### **Children Act 2004**

The act made it statutory to safeguard and promote the welfare of children across all statutory agencies. It set up local safeguarding children boards (LSCBs) to oversee the safeguarding of children, and required local authorities to produce annual children and young people's plans and appoint directors and lead members of children's services.

### **Human Rights Act 1998**

The Human Rights Act applies the European Convention on Human Rights to UK law. Article 8, which covers respect for private and family life, limits state intervention in family life, which must be "...in the interests of national security, public safety or the economic well-being of the country, for the prevention of disorder or crime, for the protection of health or morals, or for the protection of the rights and freedoms of others." This ensures that a child's right to protection overrides a family's right to privacy. Article 3 covers the rights of an individual to be free from torture and inhuman and degrading treatment. It effectively imposes an obligation on the authorities to take preventative measures to protect a child at risk of harm.

### **Data Protection Acts 1984 and 1998**

These acts relate to the recording of information, including information about children. Under the 1998 act personal information must be obtained fairly and processed lawfully. This information can be shared only in certain circumstances and it has to be accurate, relevant and kept securely. In certain circumstances, the act allows for disclosure of personal information without the consent of the subject, including that "...for the purpose and detection of crime, the apprehension or prosecution of offenders or when a failure to disclose information could place the protection of children, young people or vulnerable adults at risk." This is particularly relevant where an organisation or employer holds information about someone who could pose a risk to children.

### **Sexual Offences Act 2003**

This provides a comprehensive legislative framework for sexual offences. It covers offences against adults (including people with mental disorders), as well as offences against children and sexual offences within the family. It also makes amendments to the laws governing the sex offenders register by introducing a requirement for those cautioned or convicted of specific categories of sexual offences to inform the police of their name and address and any changes to those details. The act also covers specific offences relating to the *abuse of trust* which applies when the child is under 18. These offences include:

- sexual activity with a child
- causing or inciting a child to engage in sexual activity
- engaging with sexual activity in the presence of a child
- causing a child to watch a sexual act.

The act lists occupations to which the abuse of trust laws apply. These include staff working in:

- institutions looking after children detained under a court order – e.g., a young offenders institution
- accommodation provided by local authorities and voluntary organisations under statutory provision
- hospitals, clinics, care homes, children's homes and residential family centres
- educational institutions.

The act allows for a preventative order to be made to protect children from harm. This includes stopping offenders from visiting places where children may gather – e.g., parks and recreation grounds.



## **Education Act 2002**

Section 175 of this act introduced a new statutory duty on local education authorities, maintained and independent schools and further education institutions to ensure that their responsibilities are carried out with a view to safeguarding and promoting the welfare of children and young people.

## **Guidance**

This section deals with government guidance to agencies on safeguarding children and young people.

### ***Working Together to Safeguard Children (HM Government, 2015)***

This document is the main national reference for safeguarding. It provides guidance on how agencies should work together to protect children. It covers the roles and responsibilities of all professionals who come into contact with children through their work and describes the child protection process. It replaces the 2010 guidance with the same title.

### ***What to Do if you're Worried a Child is Being Abused (HM Government, 2015)***

This practice guidance was updated in 2015. It spells out the processes to be followed when there are concerns about a child's welfare, including their safety.

### ***Keeping Children Safe in Education***

#### **(Department for Education, 2016)**

Linked to the Education Act 2002, this guidance sets out the legal duties schools and further education colleges to safeguard and promote the welfare of children, and provides safeguarding guidance for all staff (part 1), safer recruitment, dealing with allegations and an overview of the role of Designated Child Protection Lead (DCPL)

### ***Disqualification under the Childcare Act 2006 (Department for Education, 2015)***

This guidance clarifies who is covered by the act, what offences are relevant and how schools can meet their requirements

## Safeguarding – requirement for Governors

### Safeguarding and promoting the welfare of pupils

#### **General duty**

Section 175 of the Education Act 2002 places a duty on the governing bodies of maintained schools, and regulations under section 157, about safeguarding pupils in Independent Schools (which include academies) requires academy trusts to have arrangements in place to ensure that they:

- carry out their functions with a view to safeguarding and promoting the welfare of children; and
- have regard to the statutory guidance issued by the Secretary of State in considering what arrangements they need to make for the purpose of that section.

#### **Statutory guidance**

‘Keeping Children Safe in Education’, places statutory requirements on all governing bodies, which must make sure their school has policies and procedures in place and take into account any statutory guidance issued by the Secretary of State, any LA guidance and locally agreed interagency procedures.

Educational settings have a central role to play in the early identification of any welfare concerns about an individual child, additional needs they might have and indicators of possible abuse and neglect. To be effective, all schools should work with other organisations, share and receive information about individual children in order to protect them from harm. All schools should have regard to the guidance set out in Working Together to Safeguard Children, 2015.

#### **Allegations against staff and volunteers (see appendix 6)**

Statutory guidance ‘Keeping Children Safe in Education’ sets out the procedures all schools must have in place for dealing with allegations.

The procedures should make it clear that all allegations should be reported straight away, normally to the headteacher. The procedures should also identify the person, often the chair of governors, to whom reports should be made in the absence of the headteacher, or in cases where the headteacher themselves are the subject of the allegation or concern. Procedures should also include contact details for the LADO responsible for providing advice and monitoring cases. Under no circumstances should the governor approach the subject of the allegation before seeking advice from the DCPL in school, the headteacher, or LADO.

Employers have a duty of care to their employees. Governing bodies should make sure that the school provides effective support for anyone facing an allegation. They must also provide them with a named contact within school if they are suspended. If an allegation is made the headteacher, chair of governors or chair of the management committee (the ‘case manager’) should immediately discuss the case with the LA Designated Officer (LADO). This initial discussion allows the LADO and case manager to consider the nature, content and context of the allegation and agree a course of action.

Chairs of governing bodies are expected to work with the headteacher (unless the allegation concerns the headteacher) and LADO to confirm the facts about individual cases. They are also expected to reach a joint decision on the way forward in each case. Chairs have a key role in deciding courses of action, including disciplinary action, in those cases where a criminal investigation may not be required. In cases where allegations have been substantiated, the chair should work with the LADO and headteacher to determine whether there are any improvements to be made to the school’s procedures or practice to help prevent similar events in the future.

All governing body members should have information training about safeguarding, whether the governing body acts collectively or an individual member takes the lead. This will make sure they have the knowledge and information needed to perform their functions and understand their responsibilities.

Governing bodies should make sure that a senior member of the school's leadership team is designated to take lead responsibility for dealing with safeguarding issues (DCPL); providing advice and support to other staff; liaising with the LA; and working with other agencies.

### ***Safe recruitment procedures***

A key aspect of safeguarding is the vetting of applicants and prospective volunteers working with children to make sure they are not unsuitable.

The governing body of a maintained school is required, under the School Staffing (England) Regulations 2009, to ensure that safer recruitment procedures are applied. This includes making sure that at least one member of any appointment panel has completed 'safer recruitment' training.

### ***Employment checks***

When making appointments, governing bodies must take into account the requirements of equalities legislation and best employment practices. Once the governing body has chosen a preferred candidate, and before any appointment is made, it must ensure all required checks are completed, including

- check the identity of the candidate;
- their right to work in the United Kingdom and whether the candidate has the necessary health and mental fitness to teach; and
- whether any reasonable adjustments are required to allow teaching staff to provide effective and efficient teaching.

Governing bodies should also:

- take up references from the applicant's current or former employer; and
- consider asking the candidate's current employer for details of any capability history in the previous two years, and the reasons for this.

For the majority of work in schools, governing bodies must obtain, for all new appointments, an enhanced Disclosure and Barring Service (DBS) check before, or as soon as practicable after appointment, and a barred list check before appointment if the work is within the scope of 'regulated activity' relating to children from the DBS website. The current statutory guidance 'Keeping Children Safe in Education' provides a chapter on the checks required.

The governing body is required to carry out additional checks if the applicant has lived outside the UK. Employers have a duty to check potential employees' documents before employing them, to ensure they have the right to work in the UK.

The governing body must reassure itself that all appropriate suitability checks have been undertaken and that the school keeps a single central record, detailing the range of checks it has carried out on its staff and volunteers.

The barred list check is a check that the person is not barred from 'regulated activity' – work that a barred person must not do. From September 2012, the amended definition of regulated activity in relation to children comprises, in summary:

unsupervised activities: teaching, training, instructing, caring for or supervising children, or providing advice/guidance on wellbeing, or driving a vehicle that is being used solely for the purpose of transporting children and their carers/escorts;

Disclosure and Barring Service (DBS) checks are completed for all governors, volunteers and after school club coaches.

Schools **must** refer to the Disclosure and Barring Service (DBS) anyone who has harmed or poses a risk of harm to a child and who has been removed from working (paid or unpaid) in regulated activity, or would have been removed had they not left. The DBS will consider whether to bar the person. Referrals should be made as soon as possible after the resignation or removal of the individual. Guidance on referrals is provided by the DBS.

Governing Bodies should ensure compliance with statutory guidance Keeping Children Safe in Education and ensure they effectively monitor implementation as part of their accountability framework.

## What is Child Abuse?

The following definitions are taken from *Working Together to Safeguard Children* HM Government (2015). In addition to these definitions, it should be understood that children can also be abused by Honour Based Violence, Forced Marriage or Female Genital Mutilation. To support the local context, all staff have access to the Isle of Wight Safeguarding Children Board (IOWSCB) threshold chart.

### **What is abuse and neglect?**

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger. They may be abused by an adult or adults, or another child or 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**

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 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 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, although it may occur alone.

### **Sexual abuse**

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

### **Neglect**

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.

## Indicators of Abuse

### Neglect

#### **The nature of neglect**

Neglect is a lack of parental care but poverty and lack of information or adequate services can be contributory factors. Far more children are registered to the category of neglect on child protection plans than to the other categories. As with abuse, the number of children experiencing neglect is likely to be much higher than the numbers on the plans.

#### **Neglect can include parents or carers failing to:**

- provide adequate food, clothing and shelter
- protect a child from physical and emotional harm or danger
- ensure adequate supervision or stimulation
- ensure access to appropriate medical care or treatment.

#### **NSPCC research has highlighted the following examples of the neglect of children under 12**

- frequently going hungry
- frequently having to go to school in dirty clothes
- regularly having to look after themselves because of parents being away or having problems such as drug or alcohol misuse
- being abandoned or deserted
- living at home in dangerous physical conditions
- not being taken to the doctor when ill
- not receiving dental care.

Neglect is a difficult form of abuse to recognise and is often seen as less serious than other categories. It is, however, very damaging: children who are neglected often develop more slowly than others and may find it hard to make friends and fit in with their peer group.

Neglect is often noticed at a stage when it does not pose a risk to the child. The duty to safeguard and promote the welfare of children (*What to do if your worried a child is being abused* 2015) would suggest that an appropriate intervention or conversation at this early stage can address the issue and prevent a child continuing to suffer until it reaches a point when they are at risk of harm or in significant need.

Neglect is often linked to other forms of abuse, so any concerns school staff have should at least be discussed with the designated person/child protection co-ordinator.

#### **Indicators of neglect**

The following is a summary of some of the indicators that may suggest a child is being abused or is at risk of harm. It is important to recognise that indicators alone cannot confirm whether a child is being abused. Each child should be seen in the context of their family and wider community and a proper assessment carried out by appropriate persons. What is important to keep in mind is that if you feel unsure or concerned, do something about it. Don't keep it to yourself.

The Hampshire & IOW Neglect Strategy provides a more detailed list of indicators of neglect and is available to all staff:

<https://secure.toolkitfiles.co.uk/clients/25263/sitedata/files/2946CS-Neglect-Strategy-web-version.pdf>

### **Physical indicators of neglect**

- Constant hunger and stealing food
- Poor personal hygiene - unkempt, dirty or smelly
- Underweight
- Dress unsuitable for weather
- Poor state of clothing
- Illness or injury untreated
- Looking sad, false smiles

### **Behavioural indicators of neglect**

- Constant tiredness
- Frequent absence from school or lateness
- Missing medical appointments
- Isolated among peers
- Frequently unsupervised
- Stealing or scavenging, especially food
- Destructive tendencies

## **Emotional Abuse**

### **The nature of emotional abuse**

Most harm is produced in *low warmth, high criticism* homes, not from single incidents.

Emotional abuse is difficult to define, identify/recognise and/or prove.

Emotional abuse is chronic and cumulative and has a long-term impact.

All kinds of abuse and neglect have emotional effects although emotional abuse can occur by itself.

Children can be harmed by witnessing someone harming another person – as in domestic violence.

It is sometimes possible to spot emotionally abusive behavior from parents and carers to their children, by the way that the adults are speaking to, or behaving towards children. An appropriate challenge or intervention could affect positive change and prevent more intensive work being carried out later on.

### **Indicators of Emotional Abuse**

#### **Developmental issues**

- Delays in physical, mental and emotional development
- Poor school performance
- Speech disorders, particularly sudden disorders or changes.

#### **Behaviour**

- Acceptance of punishment which appears excessive
- Over-reaction to mistakes
- Continual self-deprecation (I'm stupid, ugly, worthless etc)
- Neurotic behaviour (such as rocking, hair-twisting, thumb-sucking)
- Self-mutilation
- Suicide attempts
- Drug/solvent abuse
- Running away
- Compulsive stealing, scavenging
- Acting out
- Poor trust in significant adults
- Regressive behaviour – e.g., wetting
- Eating disorders

- Destructive tendencies
- Neurotic behaviour
- Arriving early at school, leaving late

#### **Social issues**

- Withdrawal from physical contact
- Withdrawal from social interaction
- Over-compliant behaviour
- Insecure, clinging behaviour
- Poor social relationships

#### **Emotional responses**

- Extreme fear of new situations
- Inappropriate emotional responses to painful situations (“I deserve this”)
- Fear of parents being contacted
- Self-disgust
- Low self-esteem
- Unusually fearful with adults
- Lack of concentration, restlessness, aimlessness
- Extremes of passivity or aggression

### **Physical Abuse**

#### **The nature of physical abuse**

Most children collect cuts and bruises quite routinely as part of the rough and tumble of daily life. Clearly, it is not necessary to be concerned about most of these minor injuries. But accidental injuries normally occur on the *bony prominences* – e.g., shins. Injuries on the *soft* areas of the body are more likely to be inflicted intentionally and should therefore make us more alert to other concerning factors that may be present. A body map (annex 4) can assist in the clear recording and reporting of physical abuse. The body map should only be used to record observed injuries and no child should be asked to remove clothing by a member of staff of the school.

#### **Indicators of physical abuse / factors that should increase concern**

- Multiple bruising or bruises and scratches (especially on the head and face).
- Clusters of bruises – e.g., fingertip bruising (caused by being grasped).
- Bruises around the neck and behind the ears – the most common abusive injuries are to the head.
- Bruises on the back, chest, buttocks, or on the inside of the thighs.
- Marks indicating injury by an instrument – e.g., linear bruising (stick), parallel bruising (belt), marks of a buckle
- Bite marks
- Deliberate burning may also be indicated by the pattern of an instrument or object – e.g., electric fire, cooker, cigarette.
- Scalds with upward splash marks or *tide marks*
- Untreated injuries
- Recurrent injuries or burns
- Bald patches.

**In the social context of the school, it is normal to ask about a noticeable injury. The response to such an enquiry is generally light-hearted and detailed. So, most of all, concern should be increased when:**

- the explanation given does not match the injury
- the explanation uses words or phrases that do not match the vocabulary of the child (adults words)



- no explanation is forthcoming
- the child (or the parent/carer) is secretive or evasive
- the injury is accompanied by allegations of abuse or assault

**You should be concerned if the child or young person:**

- is reluctant to have parents/carers contacted
- runs away or shows fear of going home
- is aggressive towards themselves or others
- flinches when approached or touched
- is reluctant to undress to change clothing for sport
- wears long sleeves during hot weather
- is unnaturally compliant in the presence of parents/carers.
- has a fear of medical help or attention
- admits to a punishment that appears excessive.

## **Sexual Abuse**

### **The nature of sexual abuse**

Sexual abuse is often perpetrated by people who are known and trusted by the child – e.g., relatives, family friends, neighbours, babysitters, people working with the child in school, faith settings, clubs or activities. Children can also be subject to Child Sexual Exploitation.

Sexual exploitation is seen as a separate category of sexual abuse.

### **Characteristics of child sexual abuse:**

- it is often planned and systematic – people do not sexually abuse children by accident, though sexual abuse can be opportunistic
- grooming the child – people who abuse children take care to choose a vulnerable child and often spend time making them dependent
- grooming the child's environment – abusers try to ensure that potential adult protectors (parents and other carers especially) are not suspicious of their motives.

Most people who sexually abuse children are men, but some women sexually abuse too.

### **Indicators of sexual abuse**

#### **Physical observations**

- Damage to genitalia, anus or mouth
- Sexually transmitted diseases
- Unexpected pregnancy, especially in very young girls
- Soreness in genital area, anus or mouth and other medical problems such as chronic
- itching
- Unexplained recurrent urinary tract infections and discharges or abdominal pain

#### **Behavioural observations**

- Sexual knowledge inappropriate for age
- Sexualised behaviour or affection inappropriate for age
- Sexually provocative behaviour/promiscuity
- Hinting at sexual activity Inexplicable decline in school performance
- Depression or other sudden apparent changes in personality as becoming insecure or clinging
- Lack of concentration, restlessness, aimlessness
- Socially isolated or withdrawn

- Overly-compliant behaviour
- Acting out, aggressive behaviour
- Poor trust or fear concerning significant adults
- Regressive behaviour, Onset of wetting, by day or night; nightmares
- Onset of insecure, clinging behaviour
- Arriving early at school, leaving late, running away from home
- Suicide attempts, self-mutilation, self-disgust
- Suddenly drawing sexually explicit pictures
- Eating disorders or sudden loss of appetite or compulsive eating
- Regressing to younger behaviour patterns such as thumb sucking or bringing out discarded cuddly toys
- Become worried about clothing being removed
- Trying to be 'ultra-good' or perfect; overreacting to criticism.

## High risk and emerging safeguarding issues

### Preventing Radicalisation and Extremism

The prevent duty requires that all staff are aware of the signs that a child maybe vulnerable to radicalisation. The risks will need to be considered for political; environmental; animal rights; or faith based extremism that may lead to a child becoming radicalised. All staff have undertaken prevent WRAP e-learning awareness training in order that they can identify the signs of children being radicalised.

As part of the preventative process, resilience to radicalisation will be built through the promotion of fundamental British values through the curriculum.

Any child who is considered vulnerable to radicalisation will be referred by the DSL to Isle of Wight Children's Social Care.

If the police prevent officer considers the information to be indicating a level of risk a "channel panel" will be convened and the school will attend and support this process.

### Gender based violence / Violence against women and girls

<https://www.gov.uk/government/policies/violence-against-women-and-girls>

The government have a strategy looking at specific issues that women and girls face. Within the context of this safeguarding policy the following sections are how we respond to violence against girls. Female genital mutilation, forced marriage, honour based violence and teenage relationship abuse all fall under this strategy.

#### **Female Genital Mutilation (FGM)**

FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. It has no health benefits and harms girls and women in many ways. It involves removing and damaging healthy and normal female genital tissue, and hence interferes with the natural function of girls' and women's bodies.

The age at which girls undergo FGM varies enormously according to the community. **The procedure may be carried out when the girl is newborn, during childhood or adolescence, just before marriage or during the first pregnancy.** However, the majority of cases of FGM are thought to take place between the ages of 5 and 8 and therefore girls within that age bracket are at a higher risk. FGM is illegal in the UK.

On the 31 October 2015, it became mandatory for teachers to report known cases of FGM to the police. 'Known' cases are those where either a girl informs the person that an act of FGM – however described – has been carried out on her, or where the person observes physical signs on a girl appearing to show that an act of FGM has been carried out and the person has no reason to believe that the act was, or was part of, a surgical operation within section 1(2)(a) or (b) of the FGM Act.

In these situations, the DSL and/or head will be informed and that the member of teaching staff has called the police to report suspicion that FGM has happened.

**At no time will staff examine pupils to confirm this.**

For cases where it is believed that a girl may be vulnerable to FGM or there is a concern that she may be about to be genitally mutilated the staff will inform the DSL who will report it as with any other child protection concern.

**Forced Marriage**

In the case of children: *'a forced marriage is a marriage in which one or both spouses cannot consent to the marriage and duress is involved. Duress can include physical, psychological, financial, sexual and emotional pressure.'* In developing countries 11% of girls are married before the age of 15. One in 3 victims of forced marriage in the U.K. are under 18. It is important that all members of staff recognise the presenting symptoms, how to respond if there are concerns and where to turn for advice.

Advice and help can be obtained nationally through the Forced Marriage Unit and locally through the local police safeguarding team or children's social care.

Policies and practices in this school reflect the fact that while all members of staff, including teachers, have important responsibilities with regard to pupils who may be at risk of forced marriage, teachers and school leaders should not undertake roles in this regard that are most appropriately discharged by other children's services professionals such as police officers or social workers.

***Characteristics that may indicate forced marriage***

While individual cases of forced marriage, and attempted forced marriage, are often very particular, they are likely to share a number of common and important characteristics, including:

- an extended absence from school/college, including truancy;
- a drop in performance or sudden signs of low motivation;
- excessive parental restriction and control of movements;
- a history of siblings leaving education to marry early;
- poor performance, parental control of income and students being allowed only limited career choices;
- evidence of self-harm, treatment for depression, attempted suicide, social isolation, eating disorders or substance abuse; and/or
- evidence of family disputes/conflict, domestic violence/abuse or running away from home.

On their own, these characteristics may not indicate forced marriage. However, it is important to be satisfied that where these behaviours occur, they are not linked to forced marriage. It is also important to avoid making assumptions about an individual pupil's circumstances or act on the basis of stereotyping. For example, an extended holiday may be taken for entirely legitimate reasons and may not necessarily represent a pretext for forced marriage.

**Honour Based Violence**

Honour based violence is a violent crime or incident which may have been committed to protect or defend the honour of the family or community.

It is often linked to family or community members who believe someone has brought shame to their family or community by doing something that is not in keeping with their unwritten rule of conduct. For example, honour based violence might be committed against people who:

- become involved with a boyfriend or girlfriend from a different culture or religion
- want to get out of an arranged marriage
- want to get out of a forced marriage

- wear clothes or take part in activities that might not be considered traditional within a particular culture
- convert to a different faith from the family

Women and girls are the most common victims of honour based violence however it can also affect men and boys. Crimes of 'honour' do not always include violence. Crimes committed in the name of 'honour' might include:

- domestic abuse
- threats of violence
- sexual or psychological abuse
- forced marriage
- being held against your will or taken somewhere you don't want to go
- assault

If staff believe that a pupil is at risk from honour based violence the DSL will follow the usual safeguarding referral process, however, if it is clear that a crime has been committed or the pupil is at immediate risk the police will be contacted in the first place. It is important that if honour based violence is known or suspected that communities and family members are NOT spoken to prior to referral to the police or social care as this could increase risk to the child.

### **The Toxic Trio**

The term 'Toxic Trio' has been used to describe the issues of domestic violence, mental ill-health and substance misuse which have been identified as common features of families where harm to women and children has occurred.

They are viewed as indicators of increased risk of harm to children and young people. In a review of Serious Cases Reviews undertaken by Ofsted in 2011, they found that in nearly 75% of these cases two or more of the issues were present.

### **Domestic Abuse**

Domestic abuse is any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse:

- Psychological
- Physical
- Sexual
- Financial
- Emotional

Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

Research indicates that living within a home where domestic abuse takes place is harmful to children and can have a serious impact on their behaviour, wellbeing and understanding of what a normal relationship is.

Children witnessing domestic abuse is recognised as 'significant harm' in law. These children may become aggressive; display anti-social behaviours; suffer from depression or anxiety; or fail to reach their educational potential.

Indicators that a child is living within a relationship with domestic abuse include:

- withdrawn
- suddenly behaves differently
- anxious
- clingy
- depressed
- aggressive
- problems sleeping
- eating disorders
- wets the bed
- soils clothes
- takes risks
- misses school
- changes in eating habits
- obsessive behaviour
- nightmares
- drugs
- alcohol
- self-harm
- thoughts about suicide

These behaviours themselves do not indicate that a child is living with domestic abuse, but should be considered as indicators that this may be the case.

If staff believe that a child is living with domestic abuse, this will be reported to the designated safeguarding lead for referral to be considered to children's social care.

### **Parental mental health**

The term "mental ill health" is used to cover a wide range of conditions, from eating disorders, mild depression and anxiety to psychotic illnesses such as schizophrenia or bipolar disorder. Parental mental illness does not necessarily have an adverse impact on a child's developmental needs, but it is essential to always assess its implications for each child in the family. It is essential that the diagnosis of a parent/carer's mental health is not seen as defining the level of risk. Similarly, the absence of a diagnosis does not equate to there being little or no risk.

For children the impact of parental mental health can include:

- The parent / carer's needs or illnesses taking precedence over the child's needs
- Child's physical and emotional needs neglected
- A child acting as a young carer for a parent or a sibling
- Child having restricted social and recreational activities
- Child finds it difficult to concentrate- impacting on educational achievement
- A child missing school regularly as (s)he is being kept home as a companion for a parent / carer
- Adopt paranoid or suspicious behaviour as they believe their parent's delusions.

- Witnessing self-harming behaviour and suicide attempts (including attempts that involve the child)
- Obsessional compulsive behaviours involving the child

If staff become aware of any of the above indicators, or others that suggest a child is suffering due to parental mental health, the information will be shared with the DSL to consider a referral to children's social care.

### **Parental Substance misuse**

Substance misuse applies to the misuse of alcohol as well as 'problem drug use', defined by the Advisory Council on the Misuse of Drugs as drug use which has: 'serious negative consequences of a physical, psychological, social and interpersonal, financial or legal nature for users and those around them.

Parental substance misuse of drugs or alcohol becomes relevant to child protection when substance misuse and personal circumstances indicate that their parenting capacity is likely to be seriously impaired or that undue caring responsibilities are likely to be falling on a child in the family.

For children the impact of parental substance misuse can include:

- Inadequate food, heat and clothing for children (family finances used to fund adult's dependency)
- Lack of engagement or interest from parents in their development, education or wellbeing
- Behavioural difficulties- inappropriate display of sexual and/or aggressive behaviour
- Bullying (including due to poor physical appearance)
- Isolation – finding it hard to socialise, make friends or invite them home
- Tiredness or lack of concentration
- Child talking of or bringing into school drugs or related paraphernalia
- Injuries /accidents (due to inadequate adult supervision )
- Taking on a caring role
- Continued poor academic performance including difficulties completing homework on time
- Poor attendance or late arrival

These behaviours themselves do not indicate that a child's parent is misusing substances, but should be considered as indicators that this may be the case.

If staff believe that a child is living with parental substance misuse, this will be reported to the designated safeguarding lead for referral to be considered for children's social care.

### **Missing, Exploited and Trafficked Children (MET)**

Within Hampshire, the acronym MET is used to identify all children who are missing; believed to be at risk of or being sexually exploited; or who are at risk of or are being trafficked. Given the close links between all of these issues, there has been a considered response to join all three issues so that cross over of risk is not missed.

### **Children Missing from Education**

Patterns of children missing education can be an indicator of either abuse or safeguarding risks. A relatively short length of time a child is missing does not reduce risk of harm to that child, and all absence or non-attendance should be considered with other known factors or concerns.

DSLs and staff should consider:

Missing lessons: Are there patterns in the lessons that are being missed? Is this more than avoidance of a subject or a teacher? Does the child remain on the school site or are they absent from the site?

- Is the child being sexually exploited during this time?
- Are they late because of a caring responsibility?
- Have they been directly or indirectly affected by substance misuse?
- Are other pupils routinely missing the same lessons, and does this raise other risks or concerns?
- Is the lesson being missed one that would cause bruising or injuries to become visible?

Single missing days: Is there a pattern in the day missed? Is it before or after the weekend suggesting the child is away from the area? Are there specific lessons or members of staff on these days? Is the parent informing the school of the absence on the day? Are missing days reported back to parents to confirm their awareness?

- Is the child being sexually exploited during this day?
- Do the parents appear to be aware?
- Are the pupil's peers making comments or suggestions as to where the pupil is at?

Continuous missing days: Has the school been able to make contact with the parent? Is medical evidence being provided? Are siblings attending school (either our or local schools)?

- Did we have any concerns about radicalisation, FGM, forced marriage, honour based violence, sexual exploitation?
- Have we had any concerns about physical or sexual abuse?

The school will view absence as both a safeguarding issue and an educational outcomes issue. The school may take steps that could result in legal action for attendance, or a referral to children's social care, or both.

### **Children Missing from Home or Care**

Children who run away from home or from care, provide a clear behavioural indication that they are either unhappy or do not feel safe in the place that they are living. Research shows that children run away from conflict or problems at home or school, neglect or abuse, or because children are being groomed by predatory individuals who seek to exploit them. Many run away on numerous occasions.

The association of chief police officers has provided the following definitions and guidance.

*“Missing person is: ‘Anyone whose whereabouts cannot be established and where the circumstances are out of character or the context suggests the person may be the subject of crime or at risk of harm to themselves or another.’*

*An absent person is: ‘A person not at a place where they are expected or required to be.’*

*All cases classified as ‘missing’ by the police will receive an active police response – such as deployment of police officers to locate a child. Cases where the child was classified as ‘absent’ will be recorded by the police and risk assessed regularly but no active response will be deployed.*

*The absent case will be resolved when a young person returns or new information comes to light suggesting that he/she is at risk. In the latter instance, the case is upgraded to ‘missing’.*

Within any case of children who are missing both push and pull factors will need to be considered.

Push factors include:

- Conflict with parents/carers



- Feeling powerless
- Being bullied/abused
- Being unhappy/not being listened to
- The Toxic Trio

Pull factors include:

- Wanting to be with family/friends
- Drugs, money and any exchangeable item
- Peer pressure
- For those who have been trafficked into the United Kingdom as unaccompanied asylum seeking children there will be pressure to make contact with their trafficker

As a school we will inform all parents of children who are absent (unless the parent has informed us). If the parent is also unaware of the location of their child, and the definition of missing is met, we will either support the parent to/directly contact the police to inform them.

### **Child Sexual Exploitation (CSE)**

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology (*Definition and a guide for practitioners, local leaders and decision makers working to protect children from child sexual exploitation*, February 2017).

- Exploitation can be isolated (one-on-one) or organised group/criminal activity
- There can be a big age gap between victim and perpetrator, but it can also be peer-on-peer
- Boys can be targeted just as easily as girls – this is not gender specific
- Perpetrators can be women and not just men
- Exploitation can be between males and females or between the same genders
- Children with learning difficulties can be particularly vulnerable to exploitation as can children from particular groups, e.g. looked after children, young carers, children who have a history of physical, sexual emotional abuse or neglect or mental health problems; children who use drugs or alcohol, children who go missing from home or school, children involved in crime, children with parents/carers who have mental health problems, learning difficulties/other issues, children who associate with other children involved in exploitation. However, it is important to recognise that any child can be targeted

Indicators a child may be at risk of CSE include:

- going missing for periods of time or regularly coming home late;
- regularly missing school or education or not taking part in education;
- appearing with unexplained gifts or new possessions;
- associating with other young people involved in exploitation;
- having older boyfriends or girlfriends;
- suffering from sexually transmitted infections;
- mood swings or changes in emotional wellbeing;
- drug and alcohol misuse; and
- displaying inappropriate sexualised behaviour.

CSE can happen to a child of any age, gender, ability or social status. Often the victim of CSE is not aware that they are being exploited and do not see themselves as a victim.

As a school we educate all staff in the signs and indicators of sexual exploitation. We use the sexual exploitation risk assessment form (SERAF) and associated guidance to identify pupils who are at risk and the DSL will share this information as appropriate with children's social care.

We recognise that we may have information or intelligence that could be used to both protect children and prevent risk. Any relevant information that we have will be shared on the community partnership information (CPI) form [Annex 3]

## **Trafficked Children**

Human trafficking is defined by the UNHCR in respect of children as a process that is a combination of :

- Movement (including within the UK);
- For the purpose of exploitation

Any child transported for exploitative reasons is considered to be a trafficking victim. There is significant evidence that children (both of UK and other citizenship) are being trafficked internally within the UK and this is regarded as a more common form of trafficking in the UK.

There are a number of indicators which suggest that a child may have been trafficked into the UK, and may still be controlled by the traffickers or receiving adults. These are as follows:

- Shows signs of physical or sexual abuse, and/or has contracted a sexually transmitted infection or has an unwanted pregnancy;
- Has a history with missing links and unexplained moves;
- Is required to earn a minimum amount of money every day;
- Works in various locations;
- Has limited freedom of movement;
- Appears to be missing for periods;
- Is known to beg for money;
- Is being cared for by adult/s who are not their parents and the quality of the relationship between the child and their adult carers is not good;
- Is one among a number of unrelated children found at one address;
- Has not been registered with or attended a GP practice;
- Is excessively afraid of being deported.

For those children who are internally trafficked within the UK indicators include:

- Physical symptoms (bruising indicating either physical or sexual assault);
- Prevalence of a sexually transmitted infection or unwanted pregnancy;
- Reports from reliable sources suggesting the likelihood of involvement in sexual exploitation / the child has been seen in places known to be used for sexual exploitation;
- Evidence of drug, alcohol or substance misuse;
- Being in the community in clothing unusual for a child i.e. inappropriate for age, or borrowing clothing from older people
- Relationship with a significantly older partner ;
- Accounts of social activities, expensive clothes, mobile phones or other possessions with no plausible explanation of the source of necessary funding;
- Persistently missing, staying out overnight or returning late with no plausible explanation;
- Returning after having been missing, looking well cared for despite having not been at home;
- Having keys to premises other than those known about;
- Low self- image, low self-esteem, self-harming behaviour including cutting, overdosing, eating disorder, promiscuity;
- Truancy / disengagement with education;

- Entering or leaving vehicles driven by unknown adults;
- Going missing and being found in areas where the child or young person has no known links; and/or
- Possible inappropriate use of the internet and forming on-line relationships, particularly with adults.

These behaviours themselves do not indicate that a child is being trafficked, but should be considered as indicators that this may be the case.

If staff believe that a child is being trafficked, this will be reported to the designated safeguarding lead for referral to be considered to children's social care.

### **Technologies**

Technological hardware and software is developing continuously with an increase in functionality of devices that people use. The majority of children use online tools to communicate with others locally, nationally and internationally. Access to the Internet and other tools that technology provides is an invaluable way of finding, sharing and communicating information. While technology itself is not harmful, it can be used by others to make children vulnerable and to abuse them.

### **Online Safety & Social Media**

With the current speed of on-line change, some parents and carers have only a limited understanding of online risks and issues. Parents may underestimate how often their children come across potentially harmful and inappropriate material on the internet and may be unsure about how to respond. Some of the risks could be:

- unwanted contact
- grooming
- online bullying including sexting
- digital footprint

The school will therefore seek to provide information and awareness to both pupils and their parents through:

- Acceptable use agreements for children, teachers, parents/carers and governors
- Curriculum activities involving raising awareness around staying safe online
- Information included in letters, newsletters, web site
- Parents evenings / sessions
- High profile events / campaigns e.g. Safer Internet Day

### **Cyberbullying**

Central to the School's anti-bullying policy should be the principle that '*bullying is always unacceptable*' and that '*all pupils have a right not to be bullied*'.

The school should also recognise that it must take note of bullying perpetrated outside school which spills over into the school and so we will respond to any cyber-bullying we become aware of carried out by pupils when they are away from the site.

Cyber-bullying is defined as “an aggressive, intentional act carried out by a group or individual using electronic forms of contact repeatedly over time against a victim who cannot easily defend himself/herself.”

By cyber-bullying, we mean bullying by electronic media:

- Bullying by texts or messages or calls on mobile phones
- The use of mobile phone cameras to cause distress, fear or humiliation
- Posting threatening, abusive, defamatory or humiliating material on websites, to include blogs, personal websites, social networking sites
- Using e-mail to message others
- Hijacking/cloning e-mail accounts
- Making threatening, abusive, defamatory or humiliating remarks in on-line forums

Cyber-bullying may be at a level where it is criminal in character. It is unlawful to disseminate defamatory information in any media including internet sites. Section 127 of the Communications Act 2003 makes it an offence to send, by public means of a public electronic communications network, a message or other matter that is grossly offensive or one of an indecent, obscene or menacing character. The Protection from Harassment Act 1997 makes it an offence to knowingly pursue any course of conduct amounting to harassment.

If we become aware of any incidents of cyberbullying, we will need to consider each case individually as to any criminal act that may have been committed. The school will pass on information to the police if it feels that it is appropriate or are required to do so.

## **Sexting**

'Sexting' often refers to the sharing of naked or 'nude' pictures or video through mobile phones and the internet. It also includes underwear shots, sexual poses and explicit text messaging.

While sexting often takes place in a consensual relationship between two young people, the use of Sexted images in revenge following a relationship breakdown is becoming more commonplace. Sexting can also be used as a form of sexual exploitation and take place between strangers.

As the average age of first smartphone or camera enabled tablet is 6 years old, sexting is an issue that requires awareness raising across all ages. The school will use age appropriate educational material to raise awareness, to promote safety and deal with pressure. Parents should be aware that they can come to the school for advice.

## **Gaming**

Online gaming is an activity that the majority of children and many adults get involved in. The school will raise awareness:

- By talking to parents and carers about the games their children play and help them identify whether they are appropriate.
- By support parents in identifying the most effective way of safeguarding their children by using parental controls and child safety mode.
- By talking to parents about setting boundaries and time limits when games are played.
- By highlighting relevant resources.

## **Online reputation**

Online reputation is the opinion others get of a person when they encounter them online. It is formed by posts, photos that have been uploaded and comments made by others on people's profiles. It is important that children and staff are aware that anything that is posted could influence their future professional reputation. The majority of organizations and work establishments now check digital footprint before considering applications for positions or places on courses.

## **Grooming**

Online grooming is the process by which one person with an inappropriate sexual interest in children will approach a child online, with the intention of developing a relationship with that child, to be able to meet them in person and intentionally cause harm.

The school will build awareness amongst children and parents about ensuring that the child:

- Only has friends online that they know in real life
- Is aware that if they communicate with somebody that they have met online, that relationship should stay online

That parents should:

- Recognise the signs of grooming
- Have regular conversations with their children about online activity and how to stay safe online

The school will raise awareness by:

- Running sessions for parents
- Include awareness around grooming as part of their curriculum
- Identifying with parents and children how they can be safeguarded against grooming

## Useful Contacts

Key Personnel	Name (s)	Telephone No.
Designated Child Protection Lead Officer	Sharon Freeley, Headteacher	Broadlea Primary School 01983 402403
Deputy Designated Child Protection Lead Officers	Stefan Hopper, Inclusion Lead Elizabeth Chambers, Deputy Headteacher Macala Graham, Family Liaison Officer	Broadlea Primary School 01983 402403
Nominated Governor	Esther Booth	Broadlea Primary School 01983 402403
Children's Social Care		0300 300 0117 (24 hour number)
Police		101 or in emergencies 999
Local Authority Designated Officer (LADO)	Paul Barnard lado@iow.gov.uk	Safeguarding Unit 01983 823723
School Nurse	Susan Gale	School Health Team 01983 821388
Children's Service Department District Manager	Area Director IOW Kathy Marriott	01983 821000 Ext 6454
Early Help Service		01983 823171
IOW Children's Social Care		01983 823434