



Charlton Kings Infants' School

Safeguarding and Child Protection Policy and Procedures

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Status	Statutory	Review Cycle	Annual
Last Review	2 nd September 2020	Next Review Date	September 2021

The safety and welfare of children is everyone's responsibility. As such, *anyone* may make a referral to social care.

If you think a child is at immediate risk of significant harm, contact:

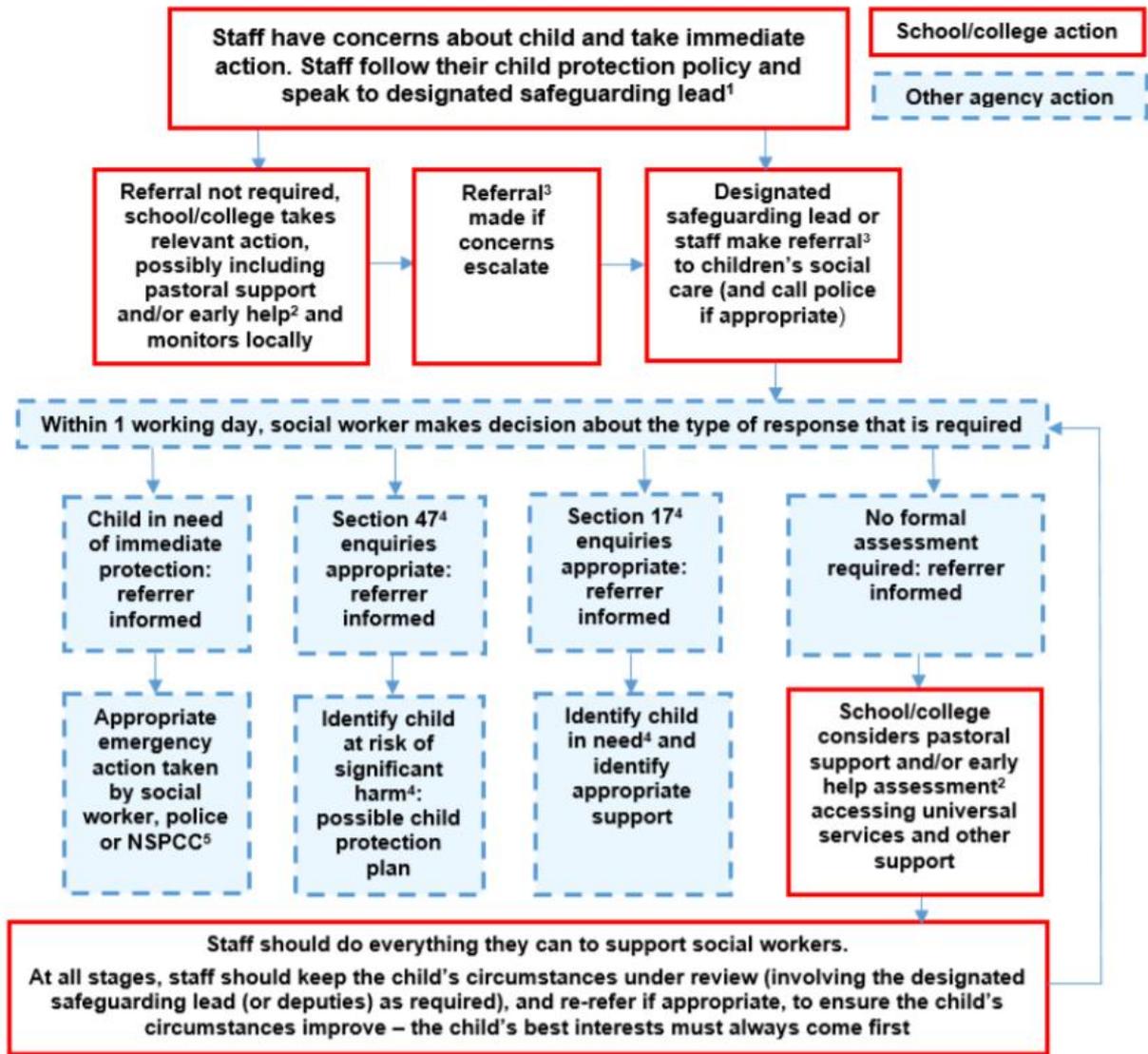
The MASH on 01452 426565 Option 1 or the Police on 101

For professional advice:

Children's Practitioner Advice Line 01452 426565 (Option 3)

Cheltenham Community Social Worker 01452 328246

Actions where there are concerns about a child



KCSiE2020

Designation	Name	Date	Signature
Chair of Governors	Henning Schmidt		
Head Teacher	Katie James		

All safeguarding policies must be used in partnership with the Safeguarding and Child Protection Policy Procedures

Contents

- Introduction
 - Statutory framework
 - The Governing Body
 - The role of the Designated Safeguarding Lead (DSL) and Deputy Designated Safeguarding Leads
 - Safe school, safe staff, safe children
 - 'Early Help' and children who may benefit
 - Categories of abuse and indicators of harm
 - Abuse and neglect and children with Special Educational Needs and Disabilities (SEND)
 - Dealing with a disclosure of abuse
 - Procedures for making a referral
 - Contextual Safeguarding
 - Gloucestershire Encompass
 - Transferring information between schools
 - Children missing from Education
 - Managing allegations/'Whistleblowing'
 - Confidentiality
 - Multi-agency working
 - Safer recruitment and safer working practices
 - Related policies
 - School trips, visits and journeys
 - Conclusion
 - GLOSSARY
-
- Appendix 1 – CKIS Offer of Early Help
 - Appendix 2 – GSCE referral and child protection flow chart
 - Appendix 3 – GCC Children Missing Education and Missing Children – January 2017
 - Appendix 4 – Further information about specific current safeguarding issues:
 - Trafficking
 - Radicalisation
 - Appendix 5 – GSCE continuum of need windscreen
 - Appendix 6 – Online Safety (further guidance)

Introduction

This policy is part of Charlton Kings Infants School's suite of safeguarding policies. For full details, please refer to the Safeguarding Statement, which is widely available and can be downloaded from the school website. Charlton Kings Infants' School follows the procedures established by the Gloucestershire Safeguarding Children Executive (GSCE) <https://www.proceduresonline.com/swcpp/gloucestershire/index.html> GSCE also provide regular email alerts and training to Charlton Kings Infants' School staff. All staff are encouraged to visit this live, regularly updated website which guides and informs any decisions taken.

The purpose of the Child Protection policy and procedures is:

- To inform staff, parents, volunteers and Governing Body members about the school's responsibilities, processes and procedures for safeguarding children.
- To enable everyone to have a clear understanding of how these responsibilities should be carried out so that policy and practice are running in parallel.
- To ensure due diligence and a culture of 'it could happen here'.

Statutory Framework

This policy has been developed in accordance with the principles established by the Children Acts 1989 and 2004; the Education Act 2002, and in line with government publications, specifically: 'Working Together to Safeguard Children' 2018, and 'Keeping Children Safe in Education' September 2020. (KCSIE)

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

We recognise that **all adults**, including temporary staff¹, volunteers and governors, have a full and active part to play in protecting our pupils from harm, and that the child's welfare is our paramount concern. Staff must not assume that someone else is taking action and sharing information that might safeguard a child. All staff believe that our school should provide a caring, positive safe and stimulating environment that promotes the social, physical and moral development of the individual child.

This policy has consideration for, and is compliant with, the following legislation and statutory guidance:

Legislation

- The Children Act 1989
- The Children Act 2004
- The Education Act 2002
- The Education (Health Standards) (England) Regulations 2005
- The Safeguarding Vulnerable Groups Act 2006
- School Staffing (England) Regulations 2009 (As amended)
- The Equality Act 2010
- The Protection of Freedoms Act 2012
- The Education (School Teachers' Appraisal) (England) Regulations 2012 (as amended)
- The Children and Families Act 2014
- The Sexual Offences Act 2003
- The Education (Pupil Registration) (England) Regulations 2006 (as amended)
- Voyeurism (Offences) Act 2019

¹ Wherever the word "staff" is used, it covers ALL staff on site, including ancillary supply and self employed staff, contractors, volunteers working with children etc, and governors

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Statutory guidance

- HM Government (2014) 'Multi-agency practice guidelines: Handling cases of Forced Marriage'
- DfE (2015) 'What to do if you're worried a child is being abused'
- DfE (2015) 'Information sharing'
- DfE (2015) 'The Prevent duty'
- DfE (2016) 'Disqualification under the Childcare Act 2006'
- DfE (2017) 'Child sexual exploitation'
- DfE (2018) 'Sexual violence and sexual harassment between children in schools and colleges'
- DfE (2020) 'Keeping children safe in education'
- DfE (2018) 'Working together to safeguard children'
- Home Office (2018) Criminal Exploitation of children and vulnerable adults: County Lines guidance

Working Together to Safeguard Children (DfE 2018) requires all schools to follow the procedures for protecting children from abuse which have now transitioned from the Gloucestershire Safeguarding Children Board to Local Safeguarding Executive (team of key professionals from the Local Authority, Clinical Commissioning group and the Police). Schools are also expected to ensure that they have appropriate procedures in place for responding to situations in which they believe that a child has been abused or are at risk of abuse - these procedures should also cover circumstances in which a member of staff is accused of, or suspected of, abuse.

The Governing Body

The responsibilities placed on governing bodies include:

- Governing Bodies must ensure that they comply with their duties under legislation. They must also have regard to this guidance to ensure that the policies, procedures and training in their schools or colleges are effective and comply with the law at all times.
- Their contribution to inter-agency working, which includes providing a coordinated offer of early help when additional needs of children are identified.
- Ensuring that an effective safeguarding and child protection policy is in place, together with a staff behaviour policy (Code of conduct). The safeguarding and child protection policy should describe procedures which are in accordance with government guidance and refer to locally agreed inter-agency procedures put in place by the GSCE, be updated annually, and be available publicly either via the school website or by other means. During induction, the following policies and information must be given to all staff:
 - Safeguarding statement
 - Safeguarding and Child Protection policy and procedures
 - Building Positive Relationships (Behaviour and anti-bullying policy)
 - Staff Behaviour policy (Code of Conduct)
 - The safeguarding response to children who go missing from education (see GCC guidance 'Children Missing Education & Missing Pupils)
 - The role of the DSL (including identity) of the DSL and DDSLs
 - Part 1 of 'Keeping children safe in Education 2020 (signing to say that they have read and demonstrating that they understand the contents).
 - Part 5 of 'Keeping children safe in Education 2020 (recommended by GSCE)
 - 'Working together to safeguard children' DfE (2018)
 - School Safeguarding quick reference guide
- Appointing a Designated Safeguarding Lead who should undergo child protection training at least annually. (Deputy Designated Safeguarding Leads should be trained to the same standard).
- Prioritising the welfare of children and young people and creating a culture where staff are confident to challenge senior leaders over any safeguarding concerns.
- Making sure that children are taught about how to keep themselves safe.

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The role of the Designated Safeguarding Lead (DSL) and Deputy Designated Safeguarding Leads (DDSL)

The broad areas of responsibility for the DSL and DDSLs are (please see also the DSL and DDSL Job description for a more detailed description):

Ensuring their own knowledge of safeguarding issues and procedures are up-to-date.

- The school's designated and deputy safeguarding leads receive appropriate annual training through the GSCE DSL Forums. Multi-agency training is also undertaken every two years in order to carry out their roles. The DSL/DDSL's have job descriptions in place so that they are clear about their roles and responsibilities. DSLs and DDSLs are also required to attend whole service CP/safeguarding updates every 3 years as well as participate in the annual (internal) CP/safeguarding updates. Additional online training is undertaken as advised by the GSCE.

Raising Awareness and encouraging ongoing vigilance:

- The Designated Safeguarding Lead and Deputy Designated Safeguarding Leads should ensure the safeguarding policy and associated policies and procedures are known by all staff and used appropriately.
- Ensure that, working with the Governing Body, the schools safeguarding and child protection policy is reviewed annually and that the procedures and implementation are updated and reviewed regularly.
- Ensure the safeguarding and child protection policy is available publicly and parents are aware of the fact that referrals about suspected abuse or neglect may be made.
- Link with the local GSCE to make sure staff are aware of training opportunities and the latest local policies and guidance on safeguarding.
- Where children leave the school ensure their child protection file is copied for any new school as soon as possible but transferred separately from the main pupil file.
- Organising child protection induction, and update training, for all school staff within the requisite timescales.
- Providing an annual report for the Governing Body, detailing any changes to the policy and procedures; training undertaken by the DSLs, and by all staff and management committee members; number and type of incidents/cases, and number of children on the child protection register (anonymised).
- Ensure that they are always available to discuss Safeguarding concerns.

Managing referrals

- Refer all cases of suspected abuse to the local authority children's social care team and to the Police (cases where a crime may have been committed).
- Liaise with the Head teacher and inform her of issues especially ongoing enquiries under section 47 of the Children Act 1989 and police investigations.
- Act as a source of support, advice and expertise to staff on matters of safety and safeguarding and when deciding whether to make a referral by liaising with relevant agencies.
- Ensure effective records are kept in regards to safeguarding matters including keeping written records of concerns about children, even when there is no need to refer the matter immediately ('watching brief'). Ensure all records are kept securely; separate from the pupil main files on the school's management system, CPOMs.

The DSL or DDSLs should always be available to discuss safeguarding concerns. We have agreed with the DSL/DDSLs at Charlton Kings Junior School that they will be available for support in the absence of the DSL or DDSLs at CKIS.

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Safe school, safe staff, safe children

We recognise that our school plays a significant part in the prevention of harm to our children by providing children with good lines of communication with trusted adults and an ethos of protection. Charlton Kings Infants' School staff and the Governing Body also recognise that because of the day to day contact with children, staff are well placed to observe the outward signs of abuse or other issues impacting a child (e.g. self-harm, low self-esteem, low-mood).

The Governors and DSL/DDSLs will:

- Ensure we have a Designated Safeguarding Lead (DSL) and DDSL's (Deputy Designated Safeguarding Leads) who have received appropriate training and support for this role and a job description for their role in place.
- Ensure we have a designated teacher for CIC (Children in Care) and that this person is appropriately trained.
- Ensure we have a nominated Governing Body member responsible for child protection who has received appropriate training.
- Ensure we have a nominated member of the Governing Body who is responsible for CIC (Children in Care) and has received the appropriate training.
- Ensure every member of staff (including temporary and supply staff and volunteers) and the management committee knows the name of the DSL and their role.
- Ensure all staff and volunteers understand their responsibilities in being alert to the signs of abuse and responsibility for referring any concerns to the DSL (or taking immediate action if appropriate).
- Ensure that Safeguarding and child protection matters are a standing agenda item for all Governing Body meetings, SLT meetings and whole-service meetings to ensure ongoing informal training, support and discussion occurs keeping the profile raised on safeguarding matters.
- Ensure that parents have an understanding of the responsibility placed on the school and staff for child protection by setting out its obligations on our school website.
- Notify the relevant social worker if there is an unexplained absence of more than two days of a pupil who has a Child Protection Plan.
- Develop effective links with relevant agencies and co-operate as required with their enquiries regarding child protection matters including attendance at child protection conferences and core groups.
- Keep written records of concerns about children, even where there is no need to refer the matter immediately.
- Develop and then follow procedures where an allegation is made against a member of staff or volunteer including supply or agency workers, contractors or management committee members.
- Ensure safer recruitment practices are always followed.
- Ensure that all staff have read and understood this policy and part 1 and part 5 (Further Information) of Keeping Children Safe in Education (2020).
- NPCC – When to call the police
<https://www.npcc.police.uk/documents/Children%20and%20Young%20people/When%20to%20call%20the%20police%20guidance%20for%20schools%20and%20colleges.pdf> should help designated safeguarding leads understand when they should consider calling the police and what to expect when they do.

The school community will:

- Work to establish and maintain an ethos where children feel secure and are encouraged to talk and are always listened to.
- Include regular consultation with children e.g. through the school council, pupil questionnaires, completion of 'My journey' paperwork where appropriate and involvement in anti-bullying week and other such events.
- Ensure that all children know there is an adult in school whom they can approach if they are worried or in difficulty.
- Including opportunities across the curriculum, and explicitly within our SMSC/PSHE curriculum and Relationships and Health Education policy, which equip pupils with the skills they need to stay safe from harm and know whom they should turn to for help (e.g. telephone helplines). In particular this will include anti-bullying work, child exploitation and e-safety (staff should refer to the DFE guidance on teaching online safety in school):
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/811796/Teaching_online_safety_in_school.pdf

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As schools and colleges increasingly work online, it is essential that children are safeguarded from potentially harmful and inappropriate online material. At CKIS we will continue to ensure appropriate filters and appropriate monitoring systems are in place. Additional information to support governing bodies and staff to keep their children safe online (including when they are online at home) is provided in Annex C of KCSiE 2020.

- Include opportunities in the curriculum to prepare for transitions. Transitions can be a time of great anxiety so considering additional emotional support young people may need is important (offer of early help) to keep children safe. Teaching confidence and staying safe in more independent travel situations is also important.
- Encouraging self-esteem and assertiveness through the curriculum whilst not condoning aggression or bullying.
- Liaising and working with all other services and agencies involved in safeguarding or supporting children where appropriate.
- Seeking **Early help** for young people when concerns become apparent or notifying social care (via MASH – Multi-agency safeguarding hub) as soon as there is a significant concern.
- Ensure staff are always on hand to listen to children who appear low in mood or ask for help.
- Recognise that children who have been abused or witness violence may find it difficult to develop a sense of self-worth. They may feel helplessness, humiliation and some sense of blame. Charlton Kings Infants' School may be the only stable, secure and predictable element in the lives of children at risk. Their behaviour may be challenging and defiant or they may be withdrawn. The school will endeavour to support the pupil through:
 - The content of the curriculum.
 - The School ethos which promotes a positive, supportive and secure environment and gives pupils a sense of being valued. "Kindness and Consideration For All"
 - The school Positive Relationships (Behaviour and Anti-bullying) Policy which is aimed at supporting vulnerable pupils in the school. School will ensure that the pupil knows that some behaviour is unacceptable but they are valued and not to be blamed for any abuse which has occurred.
 - Liaison with other agencies that support the pupil such as social care, Children and Young People Service (CYPS, formerly CAMHS), Targeted Support Team, Education, Entitlement and Inclusion Team (EEI Team) and Educational Psychology Service.
 - Ensuring that, where a pupil who has a child protection plan leaves, their information is transferred to the new school immediately and that the child's social worker is informed.

All Staff are expected to:

- Provide a safe and caring environment in which children can develop the confidence to voice ideas, feelings and opinions. Children should be treated with respect within a framework of agreed and understood behaviour.
- Undertake and engage with regular training on Child Protection and safeguarding. This includes safeguarding induction training, GSCE whole service child protection training every three years, annual safeguarding update training and online training as well as any additional training as directed by the Head teacher or DDSLs.
- Be able to identify signs and symptoms of abuse
- Be able to identify children in need of extra help or at risk of significant harm.
- Be able to support social workers in making decisions.
- Report concerns (including concerns about other staff/professionals) to the Designated Safeguarding Lead or other senior staff members as appropriate. In the case of any concerns about the Head/DSL this should be reported to the Chair of the Governing Body and nominated safeguarding champion.
- In the case of FGM (Female Genital Mutilation) a member of staff must personally report to the police a disclosure that FGM has been carried out (in addition to liaising with the DSL).
- Know how to make referrals to MASH (Multi-Agency Safeguarding Hub).
- Be aware of school's procedures and guidelines for safeguarding.
- Monitor and report as required on the welfare, attendance and progress of all pupils
- Keep clear, dated, factual and confidential records of child protection concerns via our online CPOMS management system and share these with the DSL/DSLs.
- Respond appropriately to disclosures from children and young people (stay calm, reassure without making unrealistic promises, listen, avoid leading questions, avoid being judgemental and keep records).

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‘Early Help’ and children who may benefit

Everyone needs help at some time in their lives and therefore an ethos of early help is important for any school. Within Gloucestershire the Early Help Partnership is co-ordinated by Families First Plus but all organisations working with children and young people should view themselves as part of the Early Help Partnership.

The co-ordinated Charlton Kings Infants’ School offer of early help is outlined in Appendix 1. We believe that early interventions for children or families, in many cases, will prevent children from experiencing harm. Expert and professional organisations are best placed to provide up-to-date guidance support and intervention on specific safeguarding issues when and if they arise. Charlton Kings Infants’ School will refer to appropriate agencies when help is required to support children, young people or families or to prevent harm.

All staff must be aware of the offer of Early Help. At all times all staff should consider if there is any offer of early help that we can make in order to help a child thrive. The GCSE ‘continuum of need’ windscreen (Appendix 5) is an important diagram to keep in mind for all children. <https://www.gscb.org.uk/i-work-with-children-young-people-and-parents/guidance-for-working-with-children-and-young-people/> (select ‘levels of intervention’).

Our aim is to help pupils and families as early as possible when issues arise: ‘the right help at the right time to stop any issues getting worse’. Early help is an approach not necessarily an action. It includes prevention education as well as intervention where necessary or appropriate. In some cases immediate urgent action might be necessary if a child or young person is at risk of immediate harm.

Any child may benefit from early help, but all school staff should be particularly alert to the potential need for early help for a child who:

- is disabled and has specific additional needs
- has special educational needs (whether or not they have a statutory Education, Health and Care Plan)
- is a Young Carer
- is showing signs of being drawn in to anti-social or criminal behaviour, including gang involvement and association with organised crime groups
- is frequently missing/goes missing from care or from home
- is at risk of modern slavery, trafficking or exploitation
- is at risk of being radicalised or exploited
- is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse
- is misusing drugs or alcohol themselves

Other sources of help and information in Gloucestershire

Gloucestershire MAPPAs (Multi-Agency Public Protection Arrangements) are a set of arrangements to manage the risk posed by the most serious sexual and violent offenders (MAPPAs-eligible offenders) under the provisions of sections 325 to 327B of the Criminal Justice Act 2003. They should be contacted without delay if there is any concern is reported about a serious sexual or violent offender. (contact Chair of MAPPAs – Gloucestershire Constabulary – Tel: 101)

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Categories of abuse and indicators of harm

Abuse: A form of maltreatment of a child which involves inflicting harm or failing to act to prevent harm. Children may be abused in a family, institutional or community setting by those known to them, or, more rarely, by others, e.g. via the internet.

Physical abuse: A form of abuse which may involve actions such as hitting, throwing, burning, drowning and poisoning, or otherwise causing physical harm to a child. Physical abuse can also be caused when a parent/carer fabricates the symptoms of, or deliberately induces, illness in a child.

Emotional abuse: A form of abuse which involves the emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. This may involve telling a child they are worthless, unloved, inadequate, not giving them the opportunities to express their views, deliberately silencing them, or often making them feel as though they are in danger.

Sexual abuse: A form of abuse which involves forcing or enticing a child to take part in sexual activities, not necessarily involving a high level of violence, and whether or not the child is aware of what is happening. This may involve penetrative assault, such as touching, or non-penetrative actions, such as looking at sexual images or encouraging children to behave in inappropriate ways.

Neglect: A form of abuse which involves the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in serious impairment of a child's health or development. This may involve providing inadequate food, clothing or shelter, or the inability to protect a child from physical or emotional harm, or ensure access to appropriate medical treatment.

Signs of Abuse in Children:

The following non-specific signs may indicate something is wrong:

- Significant change in behaviour
- Extreme anger or sadness
- Aggressive and attention-seeking behaviour
- Suspicious bruises with unsatisfactory explanations
- Lack of self-esteem
- Self-injury
- Depression
- Age inappropriate sexual behaviour
- Child Sexual Exploitation

Risk Indicators

The factors described in this section are frequently found in cases of child abuse. Their presence is not proof that abuse has occurred, but:

- Must be regarded as indicators of the possibility of significant harm
- Justifies the need for careful assessment and discussion with designated/ named /lead person, manager, (or in the absence of all those individuals, an experienced colleague)
- May require consultation with and / or referral to Social Care

The absence of such indicators does not mean that abuse or neglect has not occurred. In an abusive relationship the child may:

- Appear frightened of the parent/s
- Act in a way that is inappropriate to her/his age and development (though full account needs to be taken of different patterns of development and different ethnic groups)

The parent or carer may:

- Persistently avoid child health promotion services and treatment of the child's episodic illnesses

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- Have unrealistic expectations of the child
- Frequently complain about/to the child and may fail to provide attention or praise (high criticism/low warmth environment).
- Be absent or misusing substances.
- Persistently refuse to allow access on home visits.
- Be involved in domestic abuse.
- Staff should be aware of the potential risk to children when individuals, previously known or suspected to have abused children, move into the household.

1. 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.

Indicators in the child

Bruising

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

- Bruising in or around the mouth
- Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive)
- Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally, for example the back, mouth, cheek, ear, stomach, chest, under the arm, neck, genital and rectal areas
- Variation in colour possibly indicating injuries caused at different times
- The outline of an object used e.g. belt marks, hand prints or a hair brush
- Linear bruising at any site, particularly on the buttocks, back or face
- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting
- Bruising around the face
- Grasp marks to the upper arms, forearms or leg
- Petechiae haemorrhages (pinpoint blood spots under the skin.) Commonly associated with slapping, smothering/suffocation, strangling and squeezing.

Fractures

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

There are grounds for concern if:

The history provided is vague, non-existent or inconsistent

There are associated old fractures

Medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement.

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

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

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Mouth Injuries

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

Poisoning

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

Fabricated or Induced Illness

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

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

Bite Marks

Bite marks can leave clear impressions of the teeth when seen shortly after the injury has been inflicted. The shape then becomes a more defused ring bruise or oval or crescent shaped. Those over 3cm in diameter are more likely to have been caused by an adult or older child. A medical/dental opinion, preferably within the first 24 hours, should be sought where there is any doubt over the origin of the bite. **Children and young people who have dog bites should always be referred to the Multi Agency Safeguarding Hub for further investigation.**

Burns and Scalds

It can be difficult to distinguish between accidental and non-accidental burns and scalds. Scalds are the most common intentional burn injury recorded.

Any burn with a clear outline may be suspicious e.g. circular burns from cigarettes, linear burns from hot metal rods or electrical fire elements, burns of uniform depth over a large area, scalds that have a line indicating immersion or poured liquid.

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

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

Scars

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

Children involved in serious violent crime

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Indicators that children may be involved in serious violent crime may include increased absence from school, a change in friendships or relationships with older individuals or groups, a significant decline in performance, signs of self-harm or a significant change in wellbeing, signs of assault or unexplained injuries, or unexplained gifts that could be associated with criminal networks or gangs

Emotional/behavioural presentation

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

Indicators in the parent

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

Indicators in the family/environment

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

Honour based abuse (HBA):

Female Genital Mutilation

For the purpose of this policy, “female genital mutilation”, commonly referred to as FGM, is defined as the partial or total removal of the external female genitalia, or any other injury to the female genital organs.

All staff will be alert to the possibility of a girl being at risk of FGM, or already having suffered FGM. If staff members are worried about someone who is at risk of FGM or who has been a victim of FGM, they are required to share this information with social care or the police.

Teachers are personally required to report to the police any discovery, whether through disclosure by the victim or visual evidence, of FGM on a girl under the age of 18. Teachers failing to report such cases will face disciplinary action.

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NB. The above does not apply to any suspected or at risk cases, nor if the individual is over the age of 18. In such cases, local safeguarding procedures will be followed.

There are a range of potential indicators that a pupil may be at risk of FGM. While individually they may not indicate risk, if two or more indicators are present, this could signal a risk to the pupil.

Victims of FGM are most likely to come from communities that are known to adopt this practice. It is important to note that the pupil may not yet be aware of the practice or that it may be conducted on them, so it is important for staff to be sensitive when broaching the subject.

Indicators that may show a heightened risk of FGM include the following:

- The position of the family and their level of integration into UK society.
- Any girl with a mother or sister who has been subjected to FGM.
- Any girl withdrawn from personal, social and health education (PSHE).

Indicators that may show FGM could take place soon:

- The risk of FGM increases when a female family elder is visiting from a country of origin.
- A girl may confide that she is to have a 'special procedure' or a ceremony to 'become a woman'.
- A girl may request help from a teacher if she is aware or suspects that she is at immediate risk.
- A girl, or her family member, may talk about a long holiday to her country of origin or another country where the practice is prevalent.

It is important that staff look for signs that FGM has already taken place so that help can be offered, enquiries can be made to protect others, and criminal investigations can begin.

Indicators that FGM may have already taken place include the following:

- Difficulty walking, sitting or standing.
- Spending longer than normal in the bathroom or toilet.
- Spending long periods of time away from a classroom during the day with bladder or menstrual problems.
- Withdrawal from PE/games activities for several consecutive sessions.
- Prolonged or repeated absences from school followed by withdrawal or depression.
- Reluctance to undergo normal medical examinations.
- Asking for help, but not being explicit about the problem due to embarrassment or fear.

Teachers will not examine pupils, and so it is rare that they will see any visual evidence, but they will report to the police where an act of FGM appears to have been carried out. Unless the teacher has a good reason not to, they should also consider and discuss any such case with the DSL and involve Children's Social Care as appropriate.

FGM is also included in the definition of 'honour-based' violence (HBV), which involves crimes that have been committed to defend the honour of the family and/or community, alongside forced marriage and breast ironing.

All forms of HBV are forms of abuse, and will be treated and escalated as such.

Staff will be alert to the signs of HBV, including concerns that a child is at risk of HBV, or has already suffered from HBV, and will activate local safeguarding procedures if concerns arise.

The 'One Chance' rule

As with Forced Marriage there is the 'One Chance' rule. It is essential that settings / schools/ colleges take action **without delay**. Staff should activate local safeguarding procedures, using existing national and local protocols for multi-agency liaison with police and children's social care.

2. EMOTIONAL ABUSE

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.

It may include not giving 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 the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction.

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

Indicators in the child

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

Indicators in the parent

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

Indicators in the family/environment

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

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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); or
- ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Indicators in the child

Physical presentation

- Failure to thrive or, in older children, short stature
- Underweight
- Frequent hunger
- Dirty, unkempt condition
- Inadequately clothed, clothing in a poor state of repair
- Red/purple mottled skin, particularly on the hands and feet, seen in the winter due to cold
- Swollen limbs with sores that are slow to heal, usually associated with cold injury
- Abnormal voracious appetite
- Dry, sparse hair
- Recurrent/untreated infections or skin conditions e.g. severe nappy rash, eczema or persistent head lice/scabies diarrhoea
- Unmanaged/untreated health/medical conditions including poor dental health
- Frequent accidents or injuries

Development

- General delay, especially speech and language delay
- Inadequate social skills and poor socialization

Emotional/behavioural presentation

- Attachment disorders
- Absence of normal social responsiveness
- Indiscriminate behaviour in relationships with adults
- Emotionally needy
- Compulsive stealing
- Constant tiredness
- Frequently absent or late at school
- Poor self esteem
- Destructive tendencies
- Thrives away from home environment
- Aggressive and impulsive behaviour
- Disturbed peer relationships
- Self-harming behaviour

Indicators in the parent

- Dirty, unkempt presentation
- Inadequately clothed

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- Inadequate social skills and poor socialisation
- Abnormal attachment to the child .e.g. anxious
- Low self-esteem and lack of confidence
- Failure to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene
- Failure to meet the child's health and medical needs e.g. poor dental health; failure to attend or keep appointments with health visitor, GP or hospital; lack of GP registration; failure to seek or comply with appropriate medical treatment; failure to address parental substance misuse during pregnancy
- Child left with adults who are intoxicated or violent
- Child abandoned or left alone for excessive periods
- Wider parenting difficulties, may (or may not) be associated with this form of abuse

Indicators in the family/environment

- History of neglect in the family
- Family marginalised or isolated by the community.
- Family has history of mental health, alcohol or drug misuse or domestic violence. History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
- Family has a past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.
- Dangerous or hazardous home environment including failure to use home safety equipment; risk from animals
- Poor state of home environment e.g. unhygienic facilities, lack of appropriate sleeping arrangements, inadequate ventilation (including passive smoking) and lack of adequate heating
- Lack of opportunities for child to play and learn

Please use the neglect toolkit and talk to the DSL if you have concerns.

4. SEXUAL ABUSE and/or SEXUAL HARRASSMENT

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. Sexual harassment involves 'unwanted conduct of a sexual nature' that can occur online and offline. When we reference sexual harassment, we do so in the context of child on child sexual harassment. Sexual harassment is likely to: violate a child's dignity, and/or make them feel intimidated, degraded or humiliated and/or create a hostile, offensive or sexualised environment.

Sexual abuse 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. Sexual harassment may involve sexual comments, such as: telling sexual stories, making lewd comments, making sexual remarks about clothes and appearance and calling someone sexualised names; sexual "jokes" or taunting; physical behaviour, such as: deliberately brushing against someone, interfering with someone's clothes; displaying pictures, photos or drawings of a sexual nature; and online sexual harassment. This may be standalone, or part of a wider pattern of sexual harassment and/or sexual violence. It may include: non-consensual sharing of sexual images and videos; sexualised online bullying; unwanted sexual comments and messages, including, on social media; sexual exploitation; coercion and threats; and upskirting ('Upskirting' typically involves taking a picture under a person's clothing without them knowing, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm. It is now a criminal offence).

Indicators in the child

Physical presentation

- Urinary infections, bleeding or soreness in the genital or anal areas
- Recurrent pain on passing urine or faeces
- Blood on underclothes
- Sexually transmitted infections
- Vaginal soreness or bleeding

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- Pregnancy in a younger girl where the identity of the father is not disclosed and/or there is secrecy or vagueness about the identity of the father
- Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing

Emotional/behavioural presentation

- Makes a disclosure.
- Demonstrates sexual knowledge or behaviour inappropriate to age/stage of development, or that is unusually explicit
- Inexplicable changes in behaviour, such as becoming aggressive or withdrawn
- Self-harm - eating disorders, self-mutilation and suicide attempts
- Poor self-image, self-harm, self-hatred
- Reluctant to undress for PE
- Running away from home
- Poor attention /concentration (world of their own)
- Sudden changes in school work habits, become truant
- Withdrawal, isolation or excessive worrying
- Inappropriate sexualised conduct
- Sexually exploited or indiscriminate choice of sexual partners
- Wetting or other regressive behaviours e.g. thumb sucking
- Draws sexually explicit pictures
- Depression

Indicators in the parents

- Comments made by the parent/carer about the child.
- Lack of sexual boundaries
- Wider parenting difficulties or vulnerabilities
- Grooming behaviour
- Parent is a sex offender

Indicators in the family/environment

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

Sexual Abuse by Young People

The boundary between what is abusive and what is part of normal childhood or youthful experimentation can be blurred. The determination of whether behaviour is developmental, inappropriate or abusive will hinge around the related concepts of true consent, power imbalance and exploitation. This may include children and young people who exhibit a range of sexually problematic behaviour such as indecent exposure, obscene telephone calls, fetishism, bestiality and sexual abuse against adults, peers or children.

Developmental Sexual Activity encompasses those actions that are to be expected from children and young people as they move from infancy through to an adult understanding of their physical, emotional and behavioural relationships with each other. Such sexual activity is essentially information gathering and experience testing. It is characterised by mutuality and of the seeking of consent.

Inappropriate Sexual Behaviour can be inappropriate socially, inappropriate to development, or both. In considering whether behaviour fits into this category, it is important to consider what negative effects it has on any of the parties involved and what concerns it raises about a child or young person. It should be recognised that some actions may be

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motivated by information seeking, but still cause significant upset, confusion, worry, physical damage, etc. It may also be that the behaviour is “acting out” which may derive from other sexual situations to which the child or young person has been exposed. If an act appears to have been inappropriate, there may still be a need for some form of behaviour management or intervention. For some children, educative inputs may be enough to address the behaviour. Abusive sexual activity included any behaviour involving coercion, threats, aggression together with secrecy, or where one participant relies on an unequal power base.

Child on child sexual violence and sexual harassment

KCSIE Part 5 provides detailed information on how to respond to reports of sexual violence and sexual harassment, including effective practice, how to assess risk, processes to follow and referrals to Children’s Social Care and the Police. Staff should manage a report as per the effective safeguarding practice detailed in this policy, ideally with two members of staff present. Where the report includes an online element, staff should be aware of *searching screening and confiscation* advice for schools and *UKCCIS sexting* advice.

For guidance see the detailed advice in *Sexual violence and sexual harassment between children in schools and colleges*. Information about available support and links to resources can be found in Paragraph 43 Annex A of the document.

Assessment

In order to more fully determine the nature of the incident the following factors should be given consideration. The presence of exploitation in terms of:

- Equality – consider differentials of physical, cognitive and emotional development, power and control and authority, passive and assertive tendencies
- Consent – agreement including all the following:
 - Understanding what is proposed based on age, maturity, development level, functioning and experience
 - Knowledge of society’s standards for what is being proposed
 - Awareness of potential consequences and alternatives
 - Assumption that agreements or disagreements will be respected equally
 - Voluntary decision
 - Mental competence
- Coercion – the young perpetrator who abuses may use techniques like bribing, manipulation and emotional threats of secondary gains and losses that is loss of love, friendship, etc. Some may use physical force, brutality or the threat of these regardless of victim resistance.

In evaluating sexual behaviour of children and young people, the above information should be used only as a guide.

Child Sexual Exploitation

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

The following list of indicators is not exhaustive or definitive but it does highlight common signs which can assist professionals in identifying children or young people who may be victims of sexual exploitation.

Signs include:

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- underage sexual activity
- inappropriate sexual or sexualised behaviour
- sexually risky behaviour, 'swapping' sex
- repeat sexually transmitted infections
- in girls, repeat pregnancy, abortions, miscarriage
- receiving unexplained gifts or gifts from unknown sources
- having multiple mobile phones and worrying about losing contact via mobile
- having unaffordable new things (clothes, mobile) or expensive habits (alcohol, drugs) changes in the way they dress
- going to hotels or other unusual locations to meet friends
- seen at known places of concern
- moving around the country, appearing in new towns or cities, not knowing where they are
- getting in/out of different cars driven by unknown adults
- having older boyfriends or girlfriends
- contact with known perpetrators
- involved in abusive relationships, intimidated and fearful of certain people or situations
- hanging out with groups of older people, or anti-social groups, or with other vulnerable peers
- associating with other young people involved in sexual exploitation
- recruiting other young people to exploitative situations
- truancy, exclusion, disengagement with school, opting out of education altogether
- unexplained changes in behaviour or personality (chaotic, aggressive, sexual)
- mood swings, volatile behaviour, emotional distress
- self-harming, suicidal thoughts, suicide attempts, overdosing, eating disorders
- drug or alcohol misuse
- getting involved in crime
- police involvement, police records
- involved in gangs, gang fights, gang membership
- injuries from physical assault, physical restraint, sexual assault.

Children Sexual Exploitation can happen to BOYS and GIRLS. Please use the CSE screening tool and talk to the DSL if you have concerns.

Forced marriage

For the purpose of this policy, a “forced marriage” is defined as a marriage that is entered into without the full and free consent of one or both parties, and where violence, threats or any other form of coercion is used to cause a person to enter into the marriage. Forced marriage is classed as a crime in the UK.

As part of HBV, staff will be alert to the signs of forced marriage, including, but not limited to, the following:

- Becoming anxious, depressed and emotionally withdrawn with low self-esteem.
- Showing signs of mental health disorders and behaviours such as self-harm or anorexia.
- Displaying a sudden decline in their educational performance, aspirations or motivation.
- Regularly being absent from school.
- Displaying a decline in punctuality.
- An obvious family history of older siblings leaving education early and marrying early.

If staff members have any concerns regarding a child who may have undergone, is currently undergoing, or is at risk of, forced marriage, they will speak to the DSL and local safeguarding procedures will be followed.

5. PEER ON PEER ABUSE

Peer on peer abuse is when a child might have been abused by another child. There is no clear boundary between incidents that should be regarded as abusive and incidents that are more properly dealt with as bullying, sexual experimentation etc. This is a matter of professional judgement. If one child or young person causes harm to another,

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this should not necessarily be dealt with as abuse: bullying, fighting and harassment between children are not generally seen as child protection issues.

However, any concern must be referred to the DSL particularly if:

- There is a large difference in power (for example age, size, ability, development) between the young people concerned; or
- the perpetrator has repeatedly tried to harm one or more other children; or
- there are concerns about the intention of the alleged perpetrator.

If the evidence suggests that there was an intention to cause severe harm to the victim, this should be regarded as abusive whether or not severe harm was actually caused.

See also Appendix 4 - Further information about specific current safeguarding issues

Abuse and Neglect and Children with Special Educational Needs and Disabilities (SEND):

Children with special educational needs (SEN) and disabilities (SEND) can face additional safeguarding challenges. It is important that all education recognise the fact that additional barriers can exist when recognising abuse and neglect in this group of children. This can include:

- assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration;
- being prone to isolation, and should have additional pastoral support;
- being prone to potential abuse on-line;
- children with SEN and disabilities can be disproportionately impacted by things like bullying- without outwardly showing any signs; and
- communication barriers and difficulties in overcoming these barriers.

Dealing with a disclosure of abuse

When a child tells me about abuse s/he has suffered, what must I remember?

- Stay calm.
- Do not communicate shock, anger or embarrassment.
- Reassure the child. Tell her/him you are pleased that s/he is speaking to you.
- Never enter into a pact of secrecy with the child. Assure her/him that you will try to help but let the child know that you will have to tell other people in order to do this. State who this will be and why.
- Tell her/him that you believe them. Children very rarely lie about abuse; but s/he may have tried to tell others and not been heard or believed.
- Tell the child that it is not her/his fault.
- Encourage the child to talk but do not ask "leading questions" or press for information.
- Listen and remember.
- Check that you have understood correctly what the child is trying to tell you.
- Praise the child for telling you. Communicate that s/he has a right to be safe and protected.
- Do not tell the child that what s/he experienced is dirty, naughty or bad.
- It is inappropriate to make any comments about the alleged offender.
- Be aware that the child may retract what s/he has told you. It is essential to record all you have heard.
- At the end of the conversation, tell the child again who you are going to tell and why that person or those people need to know.
- As soon as you can afterward, make a detailed record of the conversation using the child's own language. Include any questions you may have asked. Do not add any opinions or interpretations. NB It is not education staff's role to seek disclosures. Their role is to observe that something may be wrong, ask about it, listen, be available and try to make time to talk.

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Immediately afterwards

You must not deal with this yourself. Clear indications or disclosure of abuse must be reported to children's social care without delay, by the Head teacher or the Designated Safeguarding Lead. If the child is at immediate risk you make the referral yourself.

Children making a disclosure may do so with difficulty, having chosen carefully to whom they will speak. Listening to and supporting a child/young person who has been abused can be traumatic for the adults involved. Support for you will be available from your Designated Safeguarding Lead.

Procedures for making a referral (see also appendix 2 for GCSE flow chart)

It is the responsibility of **all staff** to protect children by reporting any concerns they may have with regard to child protection either to the DSL or directly to the GSCB directly. Anyone can make a referral. Where there is concern that a child is at immediate risk of harm, or is already suffering from harm, **immediate action** will be taken by contacting GSCB MASH or the police.

It is usual that children who are being abused will only tell people they trust and with whom they feel safe.

In the event of a child making a disclosure, the staff member should:

1. Stay calm and reassure the child that they have done the right thing and that they are not to blame.
2. Listen to what the child says and explain they will have to tell other people in order to stop what is happening
3. Ensure they are quite clear about what the child says but keep questions to a minimum. Encourage the child to use their own words. The law is very strict and a child abuse case can be dismissed if it appears the child has been led or words have been suggested.
4. Record exactly what the child has said by adding this to the child's file and incident form on CPOMs. Record facts and comments from the child not opinions. All records must be dated and should follow in a clear chronological order.
5. Alert the incident immediately to the DSL and ensure they are aware of the alert.
6. Maintain confidentiality. It is extremely important that allegations are not discussed with others until guidance is sought from the DSL.
7. Follow up with your DSL/DDSL (or Social Care) if you haven't had feedback that actions have been taken.
8. **If a child says or indicates that they are being abused or information is obtained which gives concern that a child is being abused, immediate action must be taken.**

In the event of a staff member having concerns regarding a child, the staff member should:

1. Raise any concern with the DSLs or DDSLs verbally and agree possible next steps. They (or the DSL where appropriate) should complete the incident form on CPOMs.
2. The DSL/DDSL may discuss concerns in principle with a social worker or social work manager and receive advice about whether a referral to social care is appropriate, or whether there are alternative ways of addressing their concerns. The DSL/DDSL should refer to the levels of intervention guidance on the GSCB website and also the Levels of intervention windscreen also on the website.
3. Contact 'MASH' on 01452 426565 or in an emergency always call 999 if they believe that the child is in immediate danger.
4. In some cases the concern will be logged but no further action taken at the time. The DSL/DDSL will ensure there is a 'watching brief' to make sure that no further concerns arise. Any further concerns will be discussed and this process followed again from the beginning. For some concerns an offer of 'Early Help' might be made to the family or young person to assist in making sure the issue or concern doesn't grow any greater. It may be decided that a referral to social care is appropriate.
5. Staff should then discuss concerns with parents/carers of the child and explain what steps they will take next (if this does not put the child at further risk or affect a police investigation).
6. If a referral is made to MASH basic information is given. School will then be asked to complete a MARF.
7. (Multi Agency Referral Form) via <https://children.gloucestershire.gov.uk/web/portal/pages/home>
8. This is passed on to a social work team and the referrer will be contacted by a social worker within 24 hours (unless there are immediate risks in which case the professional will put through to a social work team straight away). The social work team will discuss whether the referral is appropriate and what action can/will be taken.
9. In the case of a referral direct to social care a MARF should also be completed. If accepted the referral will lead to an Initial Assessment to determine whether there is suspected actual harm or likely significant harm. The Strategy Discussion is convened by the appropriate Referral and Assessment team where there is suspected actual harm or likely significant harm (within 10 days of referral):

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- **Child in need of services** (section 17) Section 17 services are required when there are health or development concerns. These are determined through a core assessment and are appropriate when the child is judged not to be at risk of significant harm or any previous concerns have been resolved.
- **Child in need of Protection.** A Section 47 enquiry is required when it is judged there is suspected actual harm or likely significant harm to the child - the case is then passed onto the Children and Families Team. A core assessment is carried out and it may be decided that Child Protection Conference is required, which should then be held within 15 working days.

We recognise that staff working in school who have become involved with a child who has suffered harm, or appears to be likely to suffer harm may find the situation stressful and upsetting. We will support such staff by providing an opportunity to talk through their anxieties with the DSLs and to seek further support as appropriate.

Contextual Safeguarding

Contextual Safeguarding is an approach to understanding, and responding to, young people's experiences of significant harm beyond their families. It recognises that the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse. Contextual safeguarding expands the objectives of child protection systems in recognition that young people are vulnerable to abuse in a range of social contexts. All staff should therefore be aware that safeguarding incidents and/or behaviours can be associated with factors outside the school and/or can occur between children outside of these environments. All staff, but especially the designated safeguarding lead (and deputies) should consider whether children are at risk of abuse or exploitation in situations outside their families. Extra-familial harms take a variety of different forms and children can be vulnerable to multiple harms including (but not limited to) sexual exploitation, criminal exploitation, and serious youth violence.

Charlton Kings GLOUCESTERSHIRE ENCOMPASS COMMITMENT

As part of Charlton Kings Infants' School's commitment to keeping children safe we have signed up to implement the principles and aims of the **Gloucestershire Encompass Model**.

In signing up to Gloucestershire Encompass the Governing Body and Senior Leadership Team:

- Endorse the Gloucestershire Encompass Model and support the Key Adults in our school to fulfil the requirements of the Gloucestershire Encompass Protocol.
- Promote and implement Gloucestershire Encompass processes and use these in accordance with internal safeguarding children processes.
- Recognise the sensitive nature of the information provided and ensure that this is retained in accordance with the principles of data protection.

Children missing from education

A child going missing from school is a potential indicator of abuse or neglect and, as such, these children are increasingly at risk of being victims of harm, exploitation or radicalisation. The school will ensure it has at least 2 emergency contact numbers for all pupils so that unauthorised absence can be checked in line with the school's registration procedure. Staff will monitor pupils that go missing from the school, particularly on repeat occasions, and report them to the DSL following normal safeguarding procedures. The school's attendance officer will ensure they are fully conversant with CME guidance and will keep the HT informed on a daily basis with particular reference to any children who are identified as vulnerable through the school's VC monitoring system.

Charlton Kings Infants' School will work with the Education and Entitlement team to ensure effective attendance and uses the LA's Attendance Policy and CME guidance (Appendix 3 GCC Children Missing Education and Missing Pupils January 2017)

Transferring information between schools

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Where a pupil moves to a new school, the school will use the internet system 'school2school' to securely transfer pupils' data. The child will remain on roll until they are accepted by a receiving organisation. The school will hand over all child protection information to the receiving school and ensure the receiving school signs to say that they have received this paperwork.

Information Sharing

Staff must have due regard to the relevant data protection principles, which allow them to share (and withhold) personal information, as provided for in the Data Protection Act 2018 and the GDPR. This includes:

- being confident of the processing conditions which allow them to store and share information for safeguarding purposes, including information which is sensitive and personal, and should be treated as 'special category personal data'.
- understanding that 'safeguarding of children and individuals at risk' is a processing condition that allows practitioners to share special category personal data. This includes allowing practitioners to share information without consent where there is good reason to do so, and that the sharing of information will enhance the safeguarding of a child in a timely manner but it is not possible to gain consent, it cannot be reasonably expected that a practitioner gains consent, or if to gain consent would place a child at risk.
- for schools, not providing pupils' personal data where the serious harm test under the legislation is met. For example, in a situation where a child is in a refuge or another form of emergency accommodation, and the serious harms test is met, they must withhold providing the data in compliance with schools' obligations under the Data Protection Act 2018 and the GDPR. Where in doubt schools should seek independent legal advice.

The Data Protection Act 2018 and GDPR do not prevent the sharing of information for the purposes of keeping children safe. Fears about sharing information must not be allowed to stand in the way of the need to safeguard and promote the welfare and protect the safety of children.

Further details on information sharing can be found:

- in Chapter one of Working Together to Safeguard Children, which includes a myth-busting guide to information sharing
- at Information Sharing: Advice for Practitioners Providing Safeguarding Services to Children, Young People, Parents and Carers. The seven golden rules for sharing information will be especially useful
- at The Information Commissioner's Office (ICO), which includes ICO GDPR FAQs and guidance from the department
- in Data protection: toolkit for schools - Guidance to support schools with data protection activity, including compliance with the GDPR.

Managing allegations/'Whistleblowing' (please also refer to our 'Whistleblowing policy')

What to do if you are concerned.

If a child makes an allegation or disclosure of abuse against an adult or other child or young person, it is important that you:

- Stay calm and listen carefully.
- Reassure them that they have done the right thing in telling you.
- Do not investigate or ask leading questions.
- Let them know that you will need to tell someone else.
- Do not promise to keep what they have told you a secret.
- Inform your Senior Designated Person as soon as possible
- Make a written record of the allegation, disclosure or incident which you must sign, date and record your position.

All staff should take care not to place themselves in a vulnerable position with a child. It is always advisable for interviews or work with individual children or parents to be conducted in view of other adults. Guidance about conduct and safe practice, including safe use of technology by staff and volunteers will be given at induction and on an annual basis within annual safeguarding training.

All safeguarding policies must be used in partnership with the Safeguarding and Child Protection Policy Procedures

If an allegation is made against an adult in a position of trust whether they be members of staff (including supply teachers not directly employed by the school) or volunteers this should be brought to the immediate attention of the Head teacher (or Chair of Governors if the allegation refers to the Head teacher). The Head teacher/Chair of Governors will need to discuss with the Local Authority Designated Officer (LADO) the nature of the allegations in order for the appropriate action to be taken. This may constitute an initial evaluation meeting or strategy discussion depending on the allegation being made.

Head teachers will need to:

- Refer to the LADO (Nigel Hatten, 01452426994) immediately and follow up in writing within 48 hours.
- Consider safeguarding arrangements of the child or young person to ensure they are away from the alleged abuser.
- Contact the parents or carers of the child/young person if advised to do so by the LADO.
- Consider the rights of the staff member for a fair and equal process of investigation.
- Ensure that the appropriate disciplinary procedures are followed, including whether suspending a member of staff from work until the outcome of any investigation is deemed necessary.
- Act on any decision made in any strategy meeting.
- Advise the Independent Safeguarding Authority where a member of staff has been disciplined or dismissed as a result of the allegations being founded. Where the allegations have been investigated and found to be unfounded, the Independent Safeguarding Authority does not need to be advised.

Whistle-blowing

Charlton Kings Infants' School has a separate **whistle-blowing policy** which all members of staff are aware of. We all understand our duty to protect children and our responsibility to ensure unsuitable behaviour is reported and managed using the Allegations Management procedures. These can be found in the whistle-blowing policy and on the GCSE website stated at the top of this policy.

We recognise that children cannot be expected to raise concerns in an environment where staff fail to do so. All staff should be aware of their duty to raise concerns, where they exist, about the management of child protection, which may include the attitude or actions of colleagues. If it becomes necessary to consult outside the school, they should speak in the first instance, to the LADO following the whistle-blowing Policy. Whistle-blowing regarding the Head teacher should be made to the Chair of the Governing Body.

The NSPCC whistleblowing helpline is available for staff who do not feel able to raise concerns regarding child protection failures internally. Staff can call: 0800 028 0285 – line is available from 8:00 AM to 8:00 PM, Monday to Friday and Email: help@nspcc.org.uk. In addition Charlton Kings Infants' School is a member of Public Concern at Work (PCaW) who provide safe and confidential advice and can be contacted 020 7404 6609.

We are aware of the possibility of allegations being made against members of staff or volunteers that are working or may come into contact with children and young people whilst in our school. Allegations will usually be that some kind of abuse has taken place. They can be made by children and young people or other concerned adults.

Allegations are made for a variety of reasons:

- Abuse has actually taken place.
- Something has happened to the child that reminds them of a past event – the child is unable to recognise that the situation and people are different; Children can misinterpret your language or your actions.
- Some children recognise that allegations can be powerful and if they are angry with you about something they can make an allegation as a way of hitting out.
- An allegation can be a way of seeking attention.

As a school, we recognise our legal duty to refer to the DBS anyone who has harmed, or poses a risk of harm, to a child or vulnerable adult where:

All safeguarding policies must be used in partnership with the Safeguarding and Child Protection Policy Procedures

- the harm test is satisfied in respect of that individual;
- the individual has received a caution or conviction for a relevant offence, or if there is reason to believe that the individual has committed a listed relevant offence; and
- the individual has been removed from working (paid or unpaid) in regulated activity, or would have been removed had they not left.

The school will refer to GOV.UK and the detailed guidance available on when to refer to the DBS, and what information must be provided. Referrals should be made as soon as possible, and ordinarily on conclusion of an investigation, when an individual is removed from regulated activity. This could include when an individual is suspended, redeployed to work that is not regulated activity, dismissed or when they have resigned.

Confidentiality

What is shared or not shared and in which circumstances:

- All staff recognise that all matters relating to child protection are confidential.
- Child protection concerns and records are kept on our secure CPOMs (CP online management system) with any associated paperwork kept in a confidential file in a locked cupboard.
- The DSL or DDSLs will only disclose information about a child to other members of staff or other professionals on a need to know basis only.
- All staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard children.
- All staff must be aware that they cannot promise a child to keep secrets which might compromise the child's safety or wellbeing.
- We will always undertake to share our intention to refer a child to Social Care with their parents /carers unless to do so could put the child at greater risk of harm, or impede a criminal investigation.
- We will ensure that any pupil currently with a child protection plan who is absent from school without explanation for two days is referred to their Social Care Team.
- Staff will co-operate as required with enquiries from relevant agencies regarding child protection matters including attending at child protection conferences and core group meetings.

Multi-agency working

Charlton Kings Infants' School is committed to developing effective partnership working with relevant agencies in the best interest of children and young people. Effective multi-agency working and communication helps to safeguard children and young people.

Child/ren on Child Protection Plans or Child/ren in Need Plans

We fully support children, and families, who have a 'Child Protection' or a 'Child in Need' plan in place. Charlton Kings Infants' School has good links with outside agencies involved with families and co-operate as required by them. The DSL, or appropriate member of staff, attends child protection conferences and core groups. School will notify the relevant social worker if there is an unexplained absence of more than two days of a child who has a child protection plan.

Children in Care (CIC)

Staff, working with Children in Care, understand their responsibility for keeping CIC safe; the care arrangements for the child and the role of the virtual school. The designated teacher for CiC at CKIS is Joanne Jones.

Safer recruitment and safer working practices (please also refer to our Safer Recruitment policy)

The guidance for safer working practice for adults who work with children and young people in education settings can be found on the GSCE website and on the school's safeguarding notice board. Safer recruitment is a vital aspect of child protection. The school has a separate safer recruitment policy which follows guidance from The Children's Workforce development Council (CWDC). References are taken up before interviews and safer recruitment practice is followed in full.

All safeguarding policies must be used in partnership with the Safeguarding and Child Protection Policy Procedures

In line with government guidance at least one Safer recruitment trained recruiter is on all interview panels and involved in the complete selection process. No member of staff or volunteer in a regulated activity will be left alone with children until the DBS check has been completed. The following members of staff/governors have successfully completed safer recruitment training:

Katie James (Head teacher), Jo Jones (SENCO), Neil Owens (Assistant Head teacher), Anna Price (Assistant Head teacher), Kay Marquess (School Business Manager), Louise McRitchie (Safeguarding Governor).

Related policies

Health & Safety

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

Anti-Bullying (including cyber-bullying)

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

Racist Incidents (please refer to our policy)

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

School trips, visits and journeys

Charlton Kings Infants' School has formally adopted, through its Governing Body, the Gloucestershire model policy for Offsite Visits. Safeguarding is a critical part of all offsite visits and journeys. The Governing Body has delegated the consideration and approval of offsite visits and activities to Katie James (Head teacher). Before a visit is advertised to parents Katie James will approve the initial plan. She will also approve the completed plan and risk assessments for the visit before departure. Staff must discuss any potential off-site visit plans with Katie James on all occasions. No trips or visits will go ahead without all of the correct paperwork, procedures and arrangements being in place and approved by the Head teacher. Please refer to the Offsite Visits Policy for full details.

Conclusion

Safeguarding children is an issue that has to be a priority that underpins all the work we do at Charlton Kings Infants' School and as such will be reflected in all our documentation and any new policies and procedures that are agreed, as well as being reflected in our day to day practice.

A copy of this policy is available to download from our website: www.ckis.org.uk

All safeguarding policies must be used in partnership with the Safeguarding and Child Protection Policy Procedures

GLOSSARY

GSCE	Gloucestershire Safeguarding Children Executive
GCC	Gloucestershire County Council
DSL	Designated Safeguarding Lead
DDSL	Deputy Designated Safeguarding Lead
KCSiE	Keeping Children Safe in Education (2019)
CP	Child Protection
CiC	Children in Care
SLT	Senior Leadership Team
DfE	Department for Education
SMSC	Spiritual, Moral, Social & Cultural
PSHE	Personal, Social & Health Education
MASH	Multi-Agency Safeguarding Hub
SRE	Sex & Relationships Education
CYPs	Children & Young Peoples Service
EEl	Education, Entitlement & Inclusion
FGM	Female Genital Mutilation
HBV	Honour based violence
CSE	Child sexual exploitation
SEND	Special Educational Needs & Disabilities
CPOMs	Child Protection on-line management system
MARF	Multi agency referral form
CME	Children missing Education
LADO	Local Authority Designated Officer
DBS	Disclosure and Barring Service
NSPCC	National Society for the Prevention of Cruelty to Children
PCAW	Public Concern at Work
CWDC	The Children's Workforce development Council
SENCO	Special Educational Needs Co-ordinator