Safeguarding and Child Protection Policy

2021 - 2022

This policy should be read in conjunction with the following documents:

- **Keeping Children Safe in Education (2021)**
- **Working Together to Safeguard Children (DfE) (2018)**
- **All other school policies and documentation relating to Safeguarding and Child Welfare (details contained herein)**
- **All other government documents relating to Safeguarding (details contained herein)**

Agreed by	**FULL GOVERNING BODY**
Signed by Chair	**Samantha Matthias**
Date	**September 2021**
Review date	**September 2022**

Safeguarding statement:

The Governing Body of Holy Cross Catholic Primary School takes leadership responsibility for the schools safeguarding arrangements. The school is committed to safeguarding and promoting the welfare of the children in our school and we recognise that all adults, including temporary staff, volunteers and governors have a full and active part to play in protecting our pupils from harm; their welfare is our paramount concern. We believe that the school should provide a caring, positive, safe and stimulating environment that promotes the social, emotional, physical and moral development of the individual child. In our school, children include anyone under the age of 18.

We listen to our pupils and take seriously what they tell us. All school staff are trained in Child Protection, and children are made aware of the adults they can talk to if they have any concerns. Our staff are trained to look out for signs of physical/emotional harm, whether from adults or peers, or neglect and will to report these to the Designated Safeguarding Leads (DSL).

We have a number of policies and procedures in place that contribute to our safeguarding commitment, including this Policy which can be viewed in the Policies section of our website.

Sometimes we may need to share information and work in partnership with other agencies when there are concerns about a child's welfare. We will ensure that our concerns about our pupils are discussed with his/her parents/carers first unless we have reason to believe that such a move would be contrary to the child's welfare.

We actively support the Government's Prevent Agenda to counter radicalism and extremism. Staff have taken part in the latest 'Prevent' training. We will fully co-operate with the 'Channel Panel' in carrying out its functions.

If a member of staff has any concerns which relate to the actions or behaviour of another member of staff (which could suggest that s/he is unsuitable to work with children) then this will be reported to one of the DSL in confidence, who will refer the matter to the Headteacher (or the Chair of Governors if the concern relates to the Headteacher) who will consider what action to take. The school employs a Headteacher and in the first instance referrals will be made to the Headteacher and in their absence to the relevant Deputy.

Our Designated Safeguarding Leads are:
DSL Mr Timothy Eccles (Headteacher)
timothy.eccles@holycrossrcpri.iow.sch.uk
Deputy DSL Mrs Sophie Collings (Assistant Headteacher & SENCO
sophiecollings@holycrossrcpri.iow.sch.uk
Deputy DSL Miss Kathy Mather (Year 6 teacher & Maths Leader)
kathy.mather@holycrossrcpri.iow.sch.uk
Deputy DSL Mrs Lucie Banks (Year 5 teacher & Literacy Leader)

The above staff can be contacted on 01983 292885 (the schools office

Named Governor for Safeguarding & Child Protection: Sam Matthias

Local Authority Designated Officer (LADO): Amanda Sheen LADO@iow.gov.uk

Safeguarding Children Board website: www.iowscb.org.uk

Contact numbers:
If you are worried about a child, or wish to escalate your concern, contact:
Hants Direct Professionals Line: 0300 300 0901 OR 0300 300 0117 (24hours).
If you think a child may be in immediate danger of harm call 999.
NSPCC Helpline: 0808 800 5000 (24 hours) or text 88858.

1.0 Introduction

1.1 This policy has been developed in accordance with the principles established by the Children Acts 1989 and 2004; the Education Act 2002, and in line with government publications: 'Working Together to Safeguard Children' 2018, Revised Safeguarding Statutory Guidance 2 'Framework for the Assessment of Children in Need and their Families' 2000, 'What to do if You are Worried a Child is Being Abused' 2015 and 'Keeping Children Safe in Education' 2021, 'Statutory Framework for the Early Years Foundation Stage ' 2018 and the Isle of Wight Safeguarding Children Board (www.iowscb.org.uk) guidance.

Holy Cross follows 'Child Missing from Education' statutory guidance for local authorities September 2016, with regard to attendance and absenteeism of pupils.

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

1.3 We recognise that all adults, including temporary staff[1], volunteers and governors, have a full and active part to play in protecting our pupils from harm, and that the child's welfare is our paramount concern.

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

1.5 The aims of this policy are:

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

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

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

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

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

1.5.6 To develop a structured procedure within the schools which will be followed by all members of the school community in cases of suspected abuse and neglect.

1.5.7 To develop and promote effective working relationships with other agencies, especially the Police and Social Care. The federation schools are committed to initiate links with Early Help so that children are supported quickly within an agreed framework.

1.5.8 To ensure that all staff working within our school who have substantial access to children have been checked as to their suitability, including verification of their identity, qualifications, a satisfactory DBS check (according to guidance)[2] and a central record is kept for audit.

[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

[2] Guidance regarding DBS checks recently updated by the Protection of Freedoms Act 2012

2.0 Safe School, Safe Staff

2.1 We will ensure that:

2.1.1 All members of the governing body understand and fulfil their responsibilities, namely to ensure that:

- there is a Safeguarding and Child Protection policy together with a staff behaviour (code of conduct) policy
- the school operates safer recruitment procedures by ensuring that there is at least one person on every recruitment panel that has completed Safer Recruitment training
- the school has procedures for dealing with allegations of abuse against staff, volunteers and other pupils (peer on peer abuse) and to make a referral to the DBS if a person in regulated activity has been dismissed or removed due to safeguarding concerns or would have had they not resigned.
- a senior leader has Designated Safeguarding Lead (DSL) responsibility and that this person is appropriate for the role with no conflicts of interest.
- The DSL has specific awareness of the vulnerability of children with SEN and understand the unique risks associated with on-line safety.
- The Assistant Headteacher is the designated LAC teacher.
- on appointment, the DSL and Deputy DSLs undertake interagency training followed by an 'update' course every 2 years. Both DSL and Deputy DSLs will be trained to the same standard.
- all other staff have Safeguarding training updated as appropriate, at least annually.
- All staff have read and understood Part 1 of Keeping Children Safe in Education (2019).
- All staff are made aware of the Government's advice on what to do if you are worried about a child: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419604/What_to_do_if_you_re_worried_a_child_is_being_abused.pdf
- any weaknesses in Child Protection are remedied immediately
- a member of the Governing Body is nominated to liaise with the LA on Child Protection issues and in the event of an allegation of abuse made against the Headteacher
- Safeguarding and Child Protection policies and procedures are reviewed annually and that the Safeguarding and Child Protection policy is available on the school website or by other means
- Children are taught about safeguarding, including on-line. This may be part of a broad and balanced curriculum covering relevant issues through personal social health and economic education (PSHE), E-Safety and through relationship education (RSE).
- Enhanced DBS checks are in place for all Governors.

2.1.2 The DSL are members of the Senior Leadership Team. The Deputy DSLs have undertaken the relevant training.

2.1.3 The DSLs who are involved in recruitment and at least one member of the governing body will also complete safer recruitment training to be renewed every 5 years

2.1.4 All members of staff and volunteers are provided with safeguarding awareness information at induction, and the school safeguarding statement is displayed so that they know who to discuss a concern with.

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

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

2.1.7 All staff know that if they have any concerns about a child they will must report their concerns immediately to the DSL to agree a course of action. Any staff member can also make a referral to children's social care, refer to specialist services or early help services. Any referral should be made in accordance with the referral threshold set by the Local Safeguarding Children Board. (See Appendix 3).

2.1.8 All members of staff, volunteers, and governors know how to respond to a pupil who discloses abuse through delivery of their induction.

2.1.9 All parents/carers are made aware of the responsibilities of staff members with regard to child protection procedures through publication of the school's Safeguarding and Child Protection Policy.

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

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

2.1.12 We will ensure that child protection type concerns or allegations against adults working in the school are referred to the LADO[3] for advice, and that any member of staff found not suitable to work with children will be notified to the Disclosure and Barring Service (DBS)[4] for consideration for barring, following resignation, dismissal, or when we cease to use their service as a result of a substantiated allegation, in the case of a volunteer.

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

2.3 The name of the designated members of staff and governor for Safeguarding & Child Protection will be clearly advertised in the school.

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

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

3.0 Responsibilities

3.1 The designated DSLs are responsible for:

3.1.1 Referring a child if there are concerns about possible abuse, (see appendix 1) to the Local Authority, and acting as a focal point for staff to discuss concerns. Referrals should be made in writing including context within which the concern was raised, following a telephone call.

3.1.2 Keeping written records (using CPOMS) of concerns, including context, about a child even if there is no need to make an immediate referral. Contextual safeguarding will be noted on the records.

3.1.3 Ensuring that all such records are kept confidentially and securely and are sent on to the child's next school. Where needed the DSL may contact the school in advance of the child leaving to allow the new school to continue to support the child.

3.1.4 Ensuring that an indication of the existence of the additional information in 3.1.3 above is marked on the pupil records.

3.1.5 Liaising with other agencies and professionals, including supporting contextual safeguarding.

[3] LADO Local Authority Designated Officer for allegations against staff. AEO Area Education Officer
[4] Contact the LADO for guidance in any case

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

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

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

3.1.9 Providing, with the Headteacher, 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 governors; number and type of incidents/cases, and number of children on the child protection register (anonymised).

4.0 Supporting Children

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

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

4.3. We accept that research shows that the behaviour of a child in these circumstances may range from that which is perceived to be normal to aggressive or withdrawn.

4.4. Our school will support all children by:

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

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

4.4.3 Liaising and working together with all other support services and those agencies involved in the safeguarding of children.

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

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

5.0 Confidentiality

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

5.2 The Headteacher or DSLs will disclose any information about a child to other members of staff on a need to know basis only.[5]

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

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

5.5 We will always undertake to share our intention to refer a child to Social Care with their parents /carers unless to do so could put the child at greater risk of harm or impede a criminal investigation. If in doubt, we will consult with Professionals Line/MASH team on this point.

6.0 Supporting Staff

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

7 Allegations against staff

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

7.3 Guidance about conduct and safe practice, including safe use of mobile phones by staff and volunteers will be given at induction[6]

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

7.5 If such an allegation is made, or information is received which suggests that a person may be unsuitable to work with children, the member of staff receiving the allegation or aware of the information, will immediately inform the Headteacher[7].

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

[5] Guidance about sharing information, can be found in the DfE booklet 'Information sharing advice for practitioners and providing safeguarding services to children, young people, parents and carers, July 2018

[6] Refer to "Guidance for Safe Working Practice for the Protection of Children and Staff in Education Settings" available from the NSPCC website

[7] or Chair of Governors in the event of an allegation against the Headteacher

7.7 If the allegation made to a member of staff concerns the Headteacher, the person receiving the allegation will immediately inform the Chair of Governors who will consult as in 7.6 above, without notifying the Headteacher first.

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

7.9 Suspension of the member of staff, excluding the Headteacher, against whom an allegation has been made, needs careful consideration, and the Headteacher will seek the advice of the LADO and HR Consultant in making this decision.

7.10 In the event of an allegation against the Headteacher, the decision to suspend will be made by the Chair of Governors with advice as in 7.9 above.

8 Whistle-blowing

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

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

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

9 Physical Intervention

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

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

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

9.5 We recognise that touch is appropriate in the context or working with children, and all staff have been given 'Safe Practice' guidance to ensure they are clear about their professional boundary.[8]

10 Peer on Peer Abuse

10.2 We recognise that children are capable of abusing their peers. Peer on peer abuse can take different forms such as:

10.2.1 Sexual violence and harassment
10.2.2 Physical abuse
10.2.3 Sexting

[8] 'Guidance on Safer Working Practices is available on the Safer Recruitment Consortium website

10.2.4 Initiation violence and rituals
10.2.5 Upskirting
10.2.6 Serious violent crime

10.3 We recognise that there often is a gendered nature of this abuse, however all peer on peer abuse is unacceptable and will be taken seriously.

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

10.5 In Appendix 2, specific procedures are outlined for the management of reports of sexual violence and harassment.

11 Racist Incidents

11.1 We acknowledge that repeated racist incidents or a single serious incident may lead to consideration under child protection procedures. We keep a record of reportable racist incidents using CPOMS.

12 Prevention

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

12.2 The school community will therefore:

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

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

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

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

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

13 Health & Safety

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

14 Monitoring and Evaluation

Our Safeguarding and Child Protection Policy and Procedures will be monitored and evaluated by:

- Governing Body visits to the school
- SLT 'drop ins' and discussions with children and staff
- Pupil surveys and questionnaires
- Scrutiny of Attendance data
- Scrutiny of range of risk assessments
- Scrutiny of GB minutes
- Logs of bullying/racist/behaviour incidents for SLT and GB to monitor
- Review of parental concerns and parent questionnaires

This policy also links to our policies on:

- Behaviour
- Staff Code of Conduct
- Whistleblowing
- Health & Safety
- Allegations against staff and volunteers
- Anti-Bullying
- Pupils with Medical Needs
- Sex and Relationships Education
- E-Safety, including staff use of mobile phones
- Safer Recruitment
- Staff Handbook

Recognising signs of child abuse

Categories of Abuse:

- Physical Abuse
- Emotional Abuse (including Domestic Abuse)
- Sexual Abuse
- Neglect

Signs of Abuse in Children:

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

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

Risk Indicators

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

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

The absence of such indicators does not mean that abuse or neglect has not occurred.

In an abusive relationship the child may:

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

The parent or carer may:

- Persistently avoid child health promotion services and treatment of the child's episodic illnesses
- Have unrealistic expectations of the child
- Frequently complain about/to the child and may fail to provide attention or praise (high criticism/low warmth environment)
- Be absent or misusing substances
- Persistently refuse to allow access on home visits
- Be involved in domestic abuse

Staff should be aware of the potential risk to children when individuals, previously known or suspected to have abused children, move into the household.

Recognising Physical Abuse

The following are often regarded as indicators of concern:

- An explanation which is inconsistent with an injury
- Several different explanations provided for an injury
- Unexplained delay in seeking treatment
- The parents/carers are uninterested or undisturbed by an accident or injury
- Parents are absent without good reason when their child is presented for treatment
- Repeated presentation of minor injuries (which may represent a "cry for help" and if ignored could lead to a more serious injury)
- Family use of different doctors and A&E departments
- Reluctance to give information or mention previous injuries

Bruising

Children can have accidental bruising, but the following must be considered as non accidental unless there is evidence or an adequate explanation provided:

- Any bruising to a pre-crawling or pre-walking baby
- Bruising in or around the mouth, particularly in small babies which may indicate force feeding
- Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive)
- Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally
- Variation in colour possibly indicating injuries caused at different times
- The outline of an object used e.g. belt marks, hand prints or a hair brush
- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting
- Bruising around the face
- Grasp marks on small children
- Bruising on the arms, buttocks and thighs may be an indicator of sexual abuse

Bite Marks

Bite marks can leave clear impressions of the teeth. Human bite marks are oval or crescent shaped. Those over 3 cm in diameter are more likely to have been caused by an adult or older child.

A medical opinion should be sought where there is any doubt over the origin of the bite.

Burns and Scalds

It can be difficult to distinguish between accidental and non-accidental burns and scalds and will always require experienced medical opinion. Any burn with a clear outline may be suspicious e.g.:

- Circular burns from cigarettes (but may be friction burns if along the bony protuberance of the spine)
- Linear burns from hot metal rods or electrical fire elements
- Burns of uniform depth over a large area
- Scalds that have a line indicating immersion or poured liquid (a child getting into hot water is his/her own accord will struggle to get out and cause splash marks)
- Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation

Scalds to the buttocks of a small child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

Fractures

Fractures may cause pain, swelling and discolouration over a bone or joint.

Non-mobile children rarely sustain fractures.

There are grounds for concern if:

- The history provided is vague, non-existent or inconsistent with the fracture type
- There are associated old fractures
- Medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement
- There is an unexplained fracture in the first year of life

Scars

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

Recognising Emotional Abuse

Emotional abuse may be difficult to recognise, as the signs are usually behavioural rather than physical. The manifestations of emotional abuse might also indicate the presence of other kinds of abuse.

The indicators of emotional abuse are often also associated with other forms of abuse.

The following may be indicators of emotional abuse:

- Developmental delay
- Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or not attachment
- Indiscriminate attachment or failure to attach
- Aggressive behaviour towards others
- Scape-goated within the family
- Frozen watchfulness, particularly in pre-school children
- Low self-esteem and lack of confidence
- Withdrawn or seen as a "loner" – difficulty relating to others

Recognising Signs of Sexual Abuse

Boys and girls of all ages may be sexually abused and are frequently scared to say anything due to guilt and/or fear. This is particularly difficult for a child to talk about and full account should be taken of the cultural sensitivities of any individual child/family.

Recognition can be difficult, unless the child discloses and is believed. There may be no physical signs and indications are likely to be emotional/behavioural.

Some behavioural indicators associated with this form of abuse are:

- Inappropriate sexualised conduct
- Sexually explicit behaviour, play or conversation, inappropriate to the child's age
- Continual and inappropriate or excessive masturbation
- Self-harm (including eating disorder), self-mutilation and suicide attempts
- Involvement in prostitution or indiscriminate choice of sexual partners
- An anxious unwillingness to remove clothes e.g. for sports events (but this may be related to cultural norms or physical difficulties)

Some physical indicators associated with this form of abuse are:

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

Sexual Abuse by Young People

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

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

Inappropriate Sexual Behaviour can be inappropriate socially, in appropriate to development, or both. In considering whether behaviour fits into this category, it is important to consider what negative effects it has on any of the parties involved and what concerns it raises about a child or young person. It should be recognised that some actions may be motivated by information seeking, but still cause significant upset, confusion, worry, physical damage, etc. It may also be that the behaviour is "acting out" which may derive from other sexual situations to which the child or young person has been exposed.

If an act appears to have been inappropriate, there may 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 is unacceptable, will not be tolerated and must be acted on.

The school will use the Brook Sexual Behaviours Traffic Light Tool for guidance of appropriate and inappropriate behaviours and recommended strategies for manging and dealing with them.

https://www.brook.org.uk/training/wider-professional-training/sexual-behaviours-traffic-light-tool/

Assessment

Following a report of sexual violence or harassment it is important that all victims are reassured that they will be supported and kept safe. The DSL will make an immediate risk and needs assessment taking into account the victim, especially their protection and support, the alleged perpetrator and all the other children at the school, especially any actions that are appropriate to support them.

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 that 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.

The risk assessment will be recorded and kept under review. The DSL will liaise with children's social care and specialist services as required.

There are four likely scenarios for managing any report of sexual violence and/or sexual harassment:

- Manage internally
- Early Help
- Referral to Children's Social Care
- Referral to the Police

The school will also ensure an on-going response to the situation by considering the safeguarding and support needs of the victim and the alleged perpetrator.

Recognising Neglect

Evidence of neglect is built up over a period of time and can cover different aspects of parenting. Indicators include:

- Failure by parents or carers to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene and medical care

- A child seen to be listless, apathetic and irresponsive with no apparent medical cause
- Failure of child to grow within normal expected pattern, with accompanying weight loss
- Child thrives away from home environment
- Child frequently absent from school
- Child left with adults who are intoxicated or violent
- Child abandoned or left alone for excessive periods

Child Sexual Exploitation

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

Signs include:

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

Forced Marriage (FM)

This is an entirely separate issue from arranged marriage. It is a human rights abuse and falls within the Crown Prosecution Service definition of domestic violence. Young men and women can be at risk in affected ethnic groups. Whistle-blowing may come from younger siblings. Other indicators may be detected by changes in adolescent behaviours. Never attempt to intervene directly as a school or through a third party.

Female Genital Mutilation (FGM)

It is essential that staff are aware of FGM practices and the need to look for signs, symptoms and other indicators of FGM and report this immediately to the DSL. If a teacher in the course of their work discovers that an act of FGM appears to have been carried out on a girl under the age of 18, they have a legal duty to report this to the police.

What is FGM?

It involves procedures that intentionally alter/injure the female genital organs for non-medical reasons.

4 types of procedure:

- Type 1 Clitoridectomy – partial/total removal of clitoris
- Type 2 Excision – partial/total removal of clitoris and labia minora
- Type 3 Infibulation entrance to vagina is narrowed by repositioning the inner/outer labia
- Type 4 all other procedures that may include: pricking, piercing, incising, cauterising and scraping the genital area.

Why is it carried out?

Belief that:

- FGM brings status/respect to the girl – social acceptance for marriage
- Preserves a girl's virginity
- Part of being a woman / rite of passage
- Upholds family honour
- Cleanses and purifies the girl
- Gives a sense of belonging to the community
- Fulfils a religious requirement
- Perpetuates a custom/tradition
- Helps girls be clean / hygienic
- Is cosmetically desirable
- Mistakenly believed to make childbirth easier

Is FGM legal?

FGM is internationally recognised as a violation of human rights of girls and women. It is **illegal** in most countries including the UK.

Circumstances and occurrences that may point to FGM happening

- Child talking about getting ready for a special ceremony
- Family taking a long trip abroad
- Child's family being from one of the 'at risk' communities for FGM (Kenya, Somalia, Sudan, Sierra Leon, Egypt, Nigeria, Eritrea as well as non-African communities including Yemeni, Afghani, Kurdistan, Indonesia and Pakistan)
- Knowledge that the child's sibling has undergone FGM
- Child talks about going abroad to be 'cut' or to prepare for marriage

Signs that may indicate a child has undergone FGM:

- Prolonged absence from school and other activities
- Behaviour change on return from a holiday abroad, such as being withdrawn and appearing subdued
- Bladder or menstrual problems
- Finding it difficult to sit still and looking uncomfortable
- Complaining about pain between the legs
- Mentioning something somebody did to them that they are not allowed to talk about
- Secretive behaviour, including isolating themselves from the group
- Reluctance to take part in physical activity
- Repeated urinal tract infection
- Disclosure

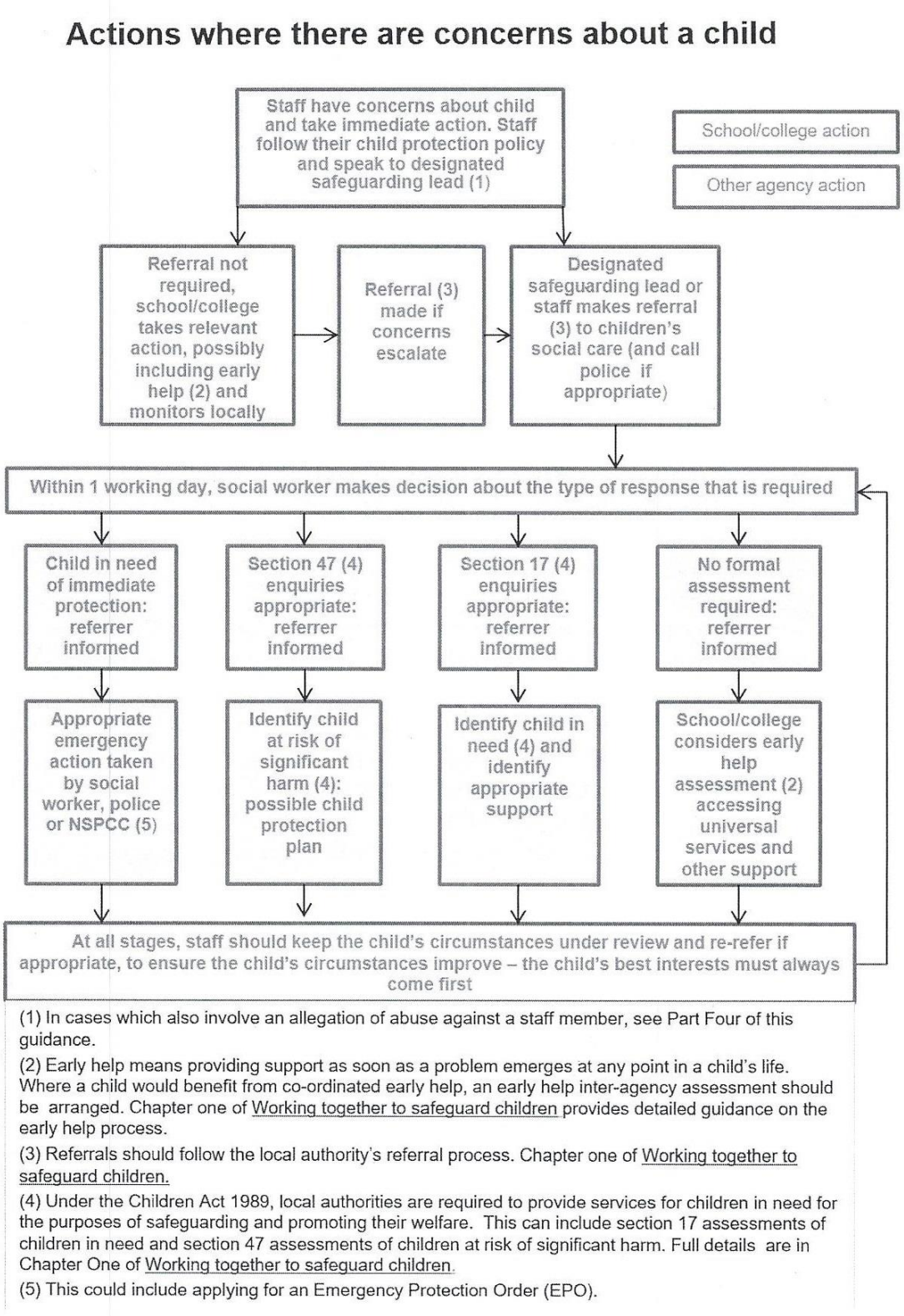
The 'One Chance' rule
As with Forced Marriage there is the 'One Chance' rule. It is essential that settings /schools/colleges take action **without delay**.

Radicalisation

Radicalisation is defined as the process by which people come to support terrorism and violent extremism and, in some cases, to then participate in terrorist groups.

It is essential that staff are aware of the statutory requirement for schools to need to prevent people from being drawn into terrorism. This school through its PSHE and SRE programmes as well as the wider curriculum works to prevent the cause of radicalisation and develop its pupils into responsible citizens. Through its ethos the school promotes openness, respect for all, as well as support for one and other, seeking to prevent radicalisation of members of the school community.

Schools are partners of the 'Channel panel' and the Federation will fully co-operate with the panel in the carrying out of its functions.



Flowchart from government guidance: Keeping Children Safe in Education

Our Designated Safeguarding Lead is:
DSL Mr Timothy Eccles (Headteacher)
Contact numbers:
If you are worried about a child, or wish to escalate your concern, contact:
Hants Direct Professionals Line: **0300 300 0901 OR 0300 300 0117 (24hours).**

If you think a child may be in immediate danger of harm call 999. NSPCC Helpline: 0808 800 5000 (24 hours) or text 88858.

Hampshire and Isle of Wight Safeguarding Children Partnership and Children's Trust Thresholds Chart – July 2019

Threshold:	1. Universal	2. Early Help	3. Targeted Early Help	4. Children's Social Care
The Child or Young Person (maybe unborn):	Has needs met within universal provision. May need limited intervention within the setting to avoid needs arising.	Has additional needs identified within the setting that can be met within identified resources through a single-agency response and partnership working.	Has multiple needs requiring a multi-agency coordinated response.	Has a high level of unmet and complex needs or is in need of protection.
The following circumstances and key features are for guidance and should always be considered in respect of the impact on the child or young person, including unborn and newly born. Each child's case will be individually considered taking into account the child's circumstances and the strengths of the family				
Circumstances and Key Features:	**Developmental Needs of child** • Achieving learning targets • Good attendance at school • Meeting developmental milestones • Has psychological wellbeing • Socially interactive and skilled • Ability to protect self and be protected	**Developmental Needs of Child** • Absence/truancy from school • Incidence of absence/missing from home • Has special educational needs (whether or not they have a statutory Education, Health and Care Plan) • Is disabled and has specific additional needs • Is a young carer • Is showing signs of being drawn into antisocial or criminal behaviour including gang involvement and association with organised crime groups • Is misusing drugs or alcohol • Has previously been in care/returned home to their family from care • Subject to fixed-term exclusions • At risk of social exclusion • Has poor attachments • Language and communication difficulties • Reduced access to core services • Potential for becoming NEET (not in education, employment or training) • Potential not to attain • Slow in meeting developmental milestones • Missing health checks/immunisations • Minor health problems • Poor self-esteem • Low level emotional/mental health issues • Inappropriate use of social media (e.g. sexting/use of inappropriate images)	**Developmental Needs of Child** • Persistent absence from school • Missing from school/home regularly • Has special educational needs (whether or not they have a statutory Education, Health and Care Plan) • No access to core services • Social exclusion • Poor attachments • Is disabled and has specific additional needs • Is subject to permanent exclusions/no school place • Not in education, employment or training (NEET) • Has returned home to their family from care • Developmental milestones not being met due to persistent parental failure/inability • Chronic/recurring health problems • Regular missed appointments affecting developmental progress • Teenage pregnancy • Is misusing drugs or alcohol • Risky sexual behaviour/underage sexual activity • Offending/antisocial behaviour resulting in risk of entering the Youth Justice System • Emotional/mental health issues including self-harm • Is showing signs of being drawn into antisocial or criminal behaviour including gang involvement and association with organised crime groups • Inappropriate use of social media (e.g. sexting/use of inappropriate images)	**Developmental Needs of Child** • Chronic persistent absence, permanent exclusions or no school place that risks entry to the care system • Is frequently missing/goes missing from care or from home • Persistent social exclusion • Poor attachments • Complex/multiple disabilities • Has special educational needs (whether or not they have a statutory Education, Health and Care Plan) • Is a non-ambulant child with bruising or unexplained marks • Complex mental health issues affecting developmental needs including self-harm • High level emotional health issues and very low self-esteem • Has recently returned home to their family from care • Non-organic failure to thrive • Sexually inappropriate behaviour • Sexually aggressive behaviour • Teenage parent/pregnancy under the age of 13 • Drug/alcohol use severely impairing development • Relationship breakdown between child and parent/carer that risks entry to the care system • Offending/antisocial behaviour and in the Youth Justice System • Unaccompanied asylum-seeking children (UASC) • Is at risk of modern slavery, trafficking or exploitation • Is at risk of being radicalised or exploited • Is a privately fostered child • Inappropriate use of social media (e.g. sexting/use of inappropriate images) • Sexual exploitation/abuse (including online)

	Family and Environment • Supportive relationships • Housed, good diet and kept healthy • Supportive networks • Access to positive activities	**Family and Environment** • Family or household member relies on child for some care • Poor parent/child relationships • Children of prisoners/parent subject to community order(s) • Child exposed to bullying environment • Poor housing and poor home environment impacting on child's health • Community harassment/discrimination • Low income affects achievement • Parenting advice needed to prevent needs escalating • Poor access to core services • Risk of relationship breakdown • Concerns about possible domestic abuse	**Family and Environment** • Housing tenancy at risk • Imminent risk of homelessness • Community harassment/discrimination • Domestic abuse • Relationship breakdown • Transient family • Is in a family circumstance presenting challenges for the child such as drug and alcohol misuse, adult mental health issues and domestic abuse • Community harassment/discrimination	**Family and Environment** • Suspicion of physical, emotional or sexual abuse, or neglect • Domestic abuse resulting in child being at risk of significant harm • Homeless child/young person • Family intentionally homeless • Extreme poverty affecting child's wellbeing • Forced marriage, Honour-Based Violence, Female Genital Mutilation, Fabricated or Induced Illness (FII)
	Parents and Carers • Protected by carers • Secure and caring home • Receive and act on information, advice and guidance • Appropriate boundaries maintained	**Parents and Carers** • Inconsistent care arrangements • Poor supervision by parent/carer • Inconsistent parenting • Poor response to emerging needs • Historic context of parents/carers own childhood • Parent or other family member involved in offending behaviour/subject to supervision within the criminal justice system	**Parents and Carers** • Parental learning or physical disability, substance misuse or mental health issues impact on parenting • Inconsistent care arrangements • Poor supervision by parent/carer • Inconsistent parenting • Poor response to identified needs • Historic context of parents/carers own childhood • Parent or other family member involved in offending behaviour/subject to supervision within the criminal justice system	**Parents and Carers** • Previous history of child/ren of one or more adult in the household being in care or subject to child protection plans • Parental encouragement of abusive/offending behaviour • Continuing poor supervision in the home resulting in significant harm or risk of significant harm • Parental non-compliance/disguised compliance or cooperation • Inconsistent parenting affects child's developmental progress
What Do I Do Next?	Go direct to the family information site: www.iwight.com/wightchyps https://fish.hants.gov.uk/kb5/hampshire/directory/home.page	Consider Early Help checklist. Referral to agency for support to meet identified needs. For further advice or guidance in respect of Early Help, contact your local Family Support Service.	Early Help assessment to be considered. If you require advice or guidance in respect of the child or young person's needs, submit an Inter-Agency Referral Form to the Children's Reception Team.	Use the Inter-Agency Referral Form to refer to the Children's Reception Team or phone on **0300 300 0117** if the matter is an urgent safeguarding issue. Alternatively, ring police on **999** if at immediate risk.
Level of Assessment	No formal assessment	Early Help checklist to be considered	Early Help assessment	Child and Family assessment / child protection (S47) investigation

Refer via Inter-Agency Referral Form (IARF)

Hampshire Professionals Number: 01329 225379

Hampshire Public Number: 0300 555 1384

Isle of Wight Professionals Number: 0300 300 0901

Isle of Wight Public Number: 0300 300 0117

Emergencies: 999