SAFEGUARDING AND CHILD PROTECTION POLICY

Ore Village Primary Academy

This policy was adopted on:
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The policy will next be reviewed by TKAT & Schools by:
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Key Contacts:	
Designated Safeguarding Lead for Child Protection (DSL): *(In reporting rank order)*	Jan Maclaine (DSL) Stephen Tippett (Deputy DSL) Darren Vallier (Deputy DSL)
Designated Teacher for Children Looked After (Virtual Schools)	Stephen Tippett
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As a school we recognise that the safeguarding priorities may change over time, given the context of our children and the local community.

For the academic year 2018-19, we have identified that the key priorities will include:

- **Cyber bullying**
- **Children missing in education**

TABLE OF CONTENTS

1 INTRODUCTION

1.1 The purpose of this policy is to inform staff[1], parents, volunteers and governors about the school's responsibilities for safeguarding children and to enable everyone to have a clear understanding of how these responsibilities should be carried out.

1.2 The Governing body takes seriously its responsibility to safeguard and promote the welfare of children in its care; and to work together with other agencies to ensure adequate arrangements within our school to identify, assess, and support children who are, or who may be, suffering harm.

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

1.4 All staff members 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.

1.5 Staff members working with children are advised to maintain an attitude of 'it could happen to a child we know' where safeguarding is concerned. When concerned about the welfare of a child, staff members should always act in the interests of the child.

This school will:

- Support the child's development in ways that will foster security, confidence and independence.
- 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 may be worried about being listened 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.
- Emphasise the need for good levels of communication between all members of staff and between the school and other agencies.
- Have and regularly review a structured procedure within the school which will be followed by all members of the school community in cases of suspected abuse.
- Develop and promote effective working relationships with other agencies, especially the Police and Children's Services.

[1] *Wherever the word "staff" is used, it covers ALL staff on site, including support and supply staff, and volunteers working with children*

- Ensure that all adults within our school who have substantial access to children have been recruited and checked as to their suitability in accordance with Part Three of Keeping Children Safe in Education (DfE: September 2018)

2 STATUTORY FRAMEWORK

2.1 The school will act in accordance with the following government legislation and guidance:

- The Children Act 1989
- The Children Act 2004
- Education Act 2002: Keeping Children Safe in Education (DfE 2018)
- The Education (Child Information) (England) Regulations 2005
- Working Together to Safeguard Children 2018
- General Data Protection Regulations (GDPR) (2018)

3 RESPONSIBILITIES

3.1 General school staff responsibilities:

- Schools should be aware of and follow the East Sussex Local Safeguarding Children Board guidance
- Staff should be alert to signs of abuse and know to whom they should report any concerns or suspicions
- Schools should have procedures (of which all staff are aware) for handling suspected cases of abuse of children, including procedures to be followed if a child harms another child or a member of staff is accused of abuse, or suspected of abuse
- A Designated Safeguarding Lead for Child Protection (referred to in 'Keeping Children Safe in Education (DFE, 2018) as 'Designated Safeguarding Lead') should have responsibility for co-ordinating action within the school and liaising with other agencies (see below for further details).
- Designated Safeguarding Leads undergo updated child protection training every two years. The head teacher and all members of staff are provided with regular updated child protection training in line with advice from the LSCB (Annually).
- The school's lettings policy will ensure the suitability of adults working with children on school premises at any time. Those authorised by the school to work with children on school premises should enter into a formal commitment to comply with the school's child safeguarding responsibilities. Community users organising activities for children will be made aware of the school's child protection guidelines and procedures and will confirm in writing their commitment to abide by them.

3.2 Responsibilities of the Governing Body:

3.2.1 Governing bodies, trustees and proprietors 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.

3.2.2 The nominated governor for child protection in this school is:

Name: **Wendy Morgan**

3.3 The responsibilities placed on governing bodies and proprietors include:

- Ensuring that an effective child protection policy is in place and reviewed annually, together with a staff behaviour policy (code of conduct) and that these are provided to all staff – including temporary staff and volunteers – on induction and that staff are kept up to date with changes.
- Contributing to inter-agency working, which includes providing a coordinated offer of early help when additional needs of children are identified.
- Appointing a Designated Safeguarding Lead for child protection who should undergo refresher child protection training every two years.
- Ensuring that schools and colleges create a culture of safe recruitment and, as part of that, adopt recruitment procedures that help deter, reject or identify people who might abuse children (Part Three: Safer Recruitment. Keeping Children Safe in Education 2018).
- Ensuring that at least one member of an appointing panel will have attended safer recruitment training.
- Ensuring that the school/college keeps an up to date single central record of all staff and volunteers and the dates of all appropriate safeguarding checks.
- Monitoring the adequacy of resources committed to child protection, and the staff and governor training profile.
- Recognising that neither it, nor individual governors, have a role in pursuing or managing the processes associated with individual cases of child protection, nor a right to know details of such cases, except when exercising their disciplinary functions in respect of allegations against staff
- Making sure that the child protection policy is available to parents on request.
- Ensuring that this policy and practice complements other policies e.g. anti - bullying including cyber bullying and health and safety to ensure safeguarding.
- Prioritising the welfare of children and young people and creating a culture where staff are confident to challenge senior leaders over any safeguarding concerns.
- Giving consideration as to how children may be taught about safeguarding, including online, through teaching and learning opportunities, as part of providing a broad and balanced curriculum.

3.4 The nominated governor for child protection should agree with the Governing Body how these responsibilities should be monitored and reported.

4A THE DESIGNATED SAFEGUARDING LEAD (DSL) FOR CHILD PROTECTION

4.1 The Designated Safeguarding Lead for Child Protection in this school is:
NAME: **Jan Maclaine**

4.2 A Deputy DSL should be appointed to act in the absence/unavailability of the DSL.

4.3 The Deputy Designated Safeguarding Lead for Child Protection in this school is:
NAME: **Stephen Tippett**

4.4 The broad areas of responsibility for the Designated Safeguarding Lead are:

- **Managing referrals and concerns regarding individual children:**
  - Referring all cases of suspected abuse to Children's Services through the Single Point of Advice on 01323 464222 which then may also be referred to the Police
  - Sending a written record of the referral to the Single Point of Advice by the end of the working day the referral is made.
  - Keeping written records of concerns about a child even if there is no need to make an immediate referral, (the 'child protection file')
  - Ensuring that all such records are kept confidentially and securely and are separate from the child's other records, and if these are stored electronically, that they are differently password protected from the child's other files, and accessible only by the head teacher/designated safeguarding leads.
  - Ensuring that an indication of further record-keeping is marked on the child's other records.
  - Liaise with the head teacher or principal to inform him or her of issues, especially new issues, or on-going child protection investigation enquiries 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.
  - Ensuring that either they or another relevant staff member attend Child Protection Conferences, core groups, or other multi-agency planning meetings, contribute to assessments, and provide a report which will normally have been shared with the parents. (In some circumstances it may not be appropriate to share the report to conference with parents. If the DSL is uncertain on this point advice can be obtained from the allocated social care team).
  - Working with any relevant agencies to safeguard children
  - Ensuring that any child who is subject to a child protection plan and who is absent without explanation for one day or more is referred to their key

worker's Social Care Team. In some cases any absence may be a cause for concern and warrant immediate reporting.

- Where children leave the school, ensure their child protection file is sent to any new school or college as soon as possible but transferred separately from the main child file. A chronology of the file should be retained by the former school. A receipt should be sent with the file for the receiving school to sign and return.

4.5 Training

4.6 The Designated Safeguarding Lead for Child Protection should undertake the initial Designated Safeguarding Lead training and subsequent refresher courses every two years; and in addition to formal training, their knowledge and skills should be refreshed at regular intervals, at least annually, in order to:

- Understand the assessment process for providing early help and intervention, for example through locally agreed common and shared assessment processes such as early help assessments.
- Be alert to those children within the school who are at risk or experiencing: domestic violence; female genital mutilation; child trafficking; bullying which includes race/hate or homophobic behaviour. Also to be alert to children missing in education.
- Have a working knowledge of how the local authority conducts a child protection case conference and a child protection review conference and be able to attend and contribute to these effectively when required to do so.
- Be alert to the specific needs of children in need, those with special educational needs and young carers as such vulnerable children can face additional safeguarding challenges
- Be able to keep detailed, accurate, secure written records of concerns and referrals.
- Obtain access to resources and attend any relevant or refresher training courses.
- Encourage a culture in all staff of listening to children and taking account of their wishes and feelings
- Link with the Local Safeguarding Children Board (LSCB) to make sure staff are aware of training opportunities and the latest local policies on safeguarding.
- Organising child protection training for all staff every year including regular updates on new threats.

4.7 Training for all other staff

4.8 All staff will receive regular safeguarding training and child protection updates as required, on a regular basis (at least annually), to provide them with the relevant skills and knowledge to safeguard children effectively, taking into account local context. Schools should keep a central register of all staff training relating to safeguarding and child protection.

4.9 Any staff who join the school mid-year should receive relevant training within 5 working days.

4.10 Raising Awareness and other duties

- The designated safeguarding lead should ensure the school's policies are known and used appropriately: ensuring each member of staff has access to and understands the school's child protection policy and procedures, especially new and part time staff. In addition the DSL should ensure that **all staff need to know about and understand updated guidance on Keeping Children Safe in Education September 2018.**
  All school staff (including those inducted mid-year) have received, read and understood Part 1 of Keeping Children Safe in Education 2018.
- Ensure the school's child protection policy is reviewed annually, the procedures and implementation are updated and reviewed regularly, and undertake work with governing bodies or proprietors regarding this.
- Ensure the child protection policy is available publicly, parents are aware that referrals about suspected abuse or neglect may be made and the role of the school in this.

4B VIRTUAL SCHOOLS TEACHER

4.11 The Designated Teacher for Virtual Schools is:

NAME: **Stephen Tippett**

4.12 The designated teacher will have responsibility for promoting the educational achievement of children who have been placed into care or have left care through adoption, special guardianship or child arrangement orders or who were adopted from state care outside England and Wales.

4.13 The designated teacher should also work with the virtual school head to promote the educational achievement of previously looked after children.

5 PROCEDURES

5.1 If any member of staff is concerned about a child he or she must inform the DSL, or deputy DSL or school SLT if the DSL is not available, IMMEDIATELY through the CPOMs system. This applies to all safeguarding concerns including Radicalisation and Extremism, Sexual Exploitation, Female Genital Mutilation and Forced Marriages. In the rare event of none of the school safeguarding team or SLT being available, staff

should contact the TKAT Senior Safeguarding Leads (email addresses at the front of this Policy).

5.2 The member of staff must record information regarding the concerns IMMEDIATELY. The recording must be a clear, precise, factual account of the observations and must include the date and time. Do not add comments or opinion although observations about a child's demeanour or emotional state may be recorded. Staff should be aware this may be used as evidence in court. Where there are concerns about bruising or other body marks, it should be recorded on a body map form and included with the concern form.
This should be logged immediately using the CPOMs system which includes an option for use of a body map.

5.3 The Designated Safeguarding Lead will decide whether the concerns should be referred to the relevant agency. If it is decided to make a referral, this will be discussed with the parents, unless to do so would place the child at further risk of harm.

5.4 Particular attention will be paid to the attendance and development of any child about whom the school has concerns, or who has been identified as being the subject of a child protection plan and a written record will be kept.

5.5 If a child who is/or has been the subject of a child protection plan changes school the Designated Safeguarding Lead will inform the social worker responsible for the case and transfer the appropriate records to the Designated Safeguarding Lead at the receiving school, in a secure manner, and separate from the child's academic file. A receipt of this transfer should be sent with the file, signed by the receiving school and returned to the former school to be filed with the confidential records.

5.6 The Designated Safeguarding Lead is responsible for making the senior leadership team aware of trends in behaviour that may affect child welfare. If necessary, training will be arranged.

5.7 Staff have a duty to refer safeguarding concerns to the Designated Safeguarding Lead. However if:

- concerns are not taken seriously by an organisation or
- action to safeguard the child is not taken by professionals and the child is considered to be at continuing risk of harm

then staff should speak to the Headteacher, their TKAT regional HR contact, Senior Safeguarding Lead and/or contact a manager for the relevant external agency.

5.8 If, at any point there is a risk of immediate serious harm to a child, a referral should be made to Social Care immediately. Anybody can make a referral. If the child's situation does not appear to be improving the staff member with concerns should press for re-consideration. Concerns should always lead to help for the child at some point.

5.9 A statutory duty is placed upon teachers and health care professionals to personally report to the police where they discover that FGM appears to have been carried out on a girl under 18 years of age. Those failing to report cases will face disciplinary sanctions. Teachers or staff should **never** examine pupils and should seek support from the DSL as to the procedures for reporting this information.

6 WHEN TO BE CONCERNED

6.1 All staff and volunteers should be aware of the main categories of abuse:

- **Abuse**: a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. They may be abused by an adult or adults or another child or children.

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

- **Emotional abuse**: the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

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

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

For further details of these categories please see Appendix 1.

6.2 Other aspects of risk requiring special attention

6.3 In addition, school staff should be aware of these specific safeguarding issues: Schools should ensure that, where such risks may be more likely, that staff are guided on how to understand and act accordingly where there is concern:

- child sexual exploitation (CSE) - see also Appendix 1 page 26
- bullying including cyberbullying
- domestic violence
- drugs
- fabricated or induced illness
- faith abuse
- female genital mutilation (FGM) – see also Appendix 1 page 26
- forced marriage
- gangs and youth violence
- gender-based violence/violence against women and girls (VAWG)
- honour base violence
- mental health
- private fostering
- radicalisation
- sexting
- teenage relationship abuse
- trafficking
- self-harm

6.4 Links to many of these topics can be found in Keeping Children Safe in Education https://www.gov.uk/government/publications/keeping-children-safe-in-education

7 CONFIDENTIALITY

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

7.2 The Headteacher or DSL will disclose any child protection related information about a child to other members of staff on a need to know basis only.

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

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

7.5 We will always undertake to share our intention to refer a child to Children's Services with the 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 the Duty Manager at the Assessment Team at Children's Services.

8 DEALING WITH A DISCLOSURE

8.1 If a child discloses that he or she has been abused in some way the member of staff or volunteer should:

- accept what the child says
- stay calm, the pace should be dictated by the child without them being pressed for detail by asking leading questions such as "did x touch you there?" It is our role to listen - not to investigate
- use open questions such as "Is there anything else you want to tell me?" or "yes?" or "and?"
- be careful not to burden the child with guilt by asking questions like "Why didn't you tell me before?" but you could ask 'have you spoken to anyone else about this?'
- acknowledge how hard it was for the child to tell you
- do not criticise the perpetrator, the child might have a relationship with them
- do not promise confidentiality, but reassure the child that they have done the right thing, explain whom you will have to tell (the designated lead) and why; and, depending on the child's age, what the next stage will be. It is important that you avoid making promises that you cannot keep such as "I'll stay with you all the time" or "It will be all right now"

8.2 When recording information:

- Make some brief notes at the time or immediately afterwards; record the date, time, place and context of disclosure or concern. Record facts and what is said but not your assumption or interpretation.
- If it is observation of bruising or an injury try to record detail, e.g. "right arm above elbow" Do not take photographs! Try to record detail using the body map
- Note the non-verbal behaviour and the key words in the language used by the child (try not to translate into 'proper terms')

- It is important to keep these original notes and pass them on to the Designated Safeguarding Lead immediately, who may ask you to write a referral.

8.3 We recognise that staff working in a 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.

9 ALLEGATIONS AGAINST STAFF

9.1 An allegation is any information which indicates that a member of staff/volunteer may have:

- Behaved in a way that has, or may have harmed a child
- Possibly committed a criminal offence against/related to a child
- Behaved towards a child or children in a way which indicates s/he would pose a risk of harm if they work regularly or closely with children

9.2 This applies to any child the member of staff/volunteer has contact with in their personal, professional or community life.

9.3 To reduce the risk of allegations, all staff should be aware of safer working practice and should be familiar with the guidance contained in the staff handbook, school code of conduct or Government document '*Keeping Children Safe in Education' Part One* 2018. **The school should have a signed acknowledgement from staff members to show that this has occurred.**

9.4 Any allegation against a staff member should be referred immediately to the Headteacher, Head of School or Executive Head Teacher. The person to whom an allegation is first reported should take the matter seriously and keep an open mind. S/he should not investigate or ask leading questions if seeking clarification. It is important not to make assumptions. Confidentiality should not be promised and the person should be advised that the concern will be shared on a 'need to know' basis only.

9.5 Actions to be taken include: making an immediate written record of the allegation using the informant's words - including time, date and place where the alleged incident took place, brief details of what happened, what was said and who was present. This record should be signed, dated and immediately passed on to the Headteacher and/or DSL, who should immediately contact the LADO.

9.6 If the concerns are about the Headteacher, then the LADO and TKAT HR lead (simon.rose@tkat.org) should be contacted immediately.

9.6 The recipient of an allegation must **not** unilaterally determine its validity, and failure to report it in accordance with procedures is a potential disciplinary matter. The Head

Teacher or Chair will not investigate the allegation itself, or take written or detailed statements, but will refer the concern to the Local Authority Designated Officer on 01323 747363 | 07825 782793
amanda.glover@eastsussex.gov.uk

9.7 Should the LADO deem the allegation is worthy of further investigation, the school should take direction and follow instructions from the LADO.

9.8 If, at the completion of the allegations management process, a school dismisses an individual (or would have, had the person not left first) because the person poses a risk of harm to children, the organisation must make a referral to the Disclosure and Barring Service and Teachers Regulation Agency (previously NCTL). It is an offence to fail to make a referral without good reason.

9.9 If it is decided that the allegation does not meet the threshold for safeguarding, or once the school has been advised that all Social Services and/or Police investigations have been concluded, it will be handed back to the employer for consideration via the school's internal procedures.

10 WHISTLEBLOWING (CONFIDENTIAL REPORTING)

10.1 TKAT has a whistleblowing policy. This enables any member of staff to make complaints about conduct within the school to a person outside the school on a confidential basis and without fear that their confidentiality will be breached. Where the circumstances are such that a member of staff believes that a complaint can only safely be made to person outside the school then reference should be made to the TKAT Whistleblowing Policy.

11 PHYSICAL INTERVENTION

11.1 Our policy on physical intervention by staff is set out separately, and acknowledges that staff must only ever use physical intervention as a last resort, when a child is endangering him/herself or others, and that at all times it must be the minimal force necessary to prevent injury to another person.

11.2 Such events should be recorded in the Bound and Numbered book and signed at the time by a witness.

11.3 While all staff have a duty to intervene where children may place themselves or others at immediate risk of harm, staff who are likely to need to use physical intervention will be appropriately trained in Team Teach or other external and accredited techniques.

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

11B INTIMATE CARE

11.5 Children's dignity will be preserved and a level of privacy ensured. The normal process of nappy changing should not raise child protection concerns. There are no regulations that indicate that a second member of staff must be available to supervise the nappy changing process to ensure that abuse does not occur, but we ensure that staff do not leave themselves vulnerable and will always work in an open environment by avoiding private or unobserved situations or closing doors to toilet areas.

12 SAFEGUARDING IN THE CURRICULUM

12.1 Teacher must ensure that they follow the PSHE curriculum which educates children about keeping themselves safe. This should be taught frequently. In addition to this, teachers and senior leaders should utilise opportunities for specific events, visitors and assemblies to further enhance these learning opportunities.

12A PEER ON PEER ABUSE

12.2 Staff should be aware that safeguarding issues can manifest themselves via peer on peer abuse. This is most likely to include, but not limited to:

- bullying (including cyberbullying)
- physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm
- sexual violence and sexual harassment
- gender-based violence
- sexting (also known as youth produced sexual imagery)
- initiation-type violence and rituals

12.3 Abuse is abuse and should never be tolerated or passed off as "banter" or "part of growing up". Different gender issues can be prevalent when dealing with peer on peer abuse. This could for example include girls being sexually touched/assaulted or boys being subject to initiation-type violence.

12.4 At Ore Village Primary Academy we believe that all children have a right to attend school and learn in a safe environment. Children should be free from harm by adults in the school and other students.
We recognise that some students will sometimes negatively affect the learning and wellbeing of others and their behaviour will be dealt with under the school's Behaviour Policy.

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

12.6 The allegation:

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

12.7 At Ore Village Primary Academy we will seek advice from appropriate agencies (eg Police, Social Care, Counselling Services) to support individuals involved in peer on peer abuse.

12.8 Sexting

12.9 In cases of 'sexting' we follow guidance given to schools and colleges by the UK Council for Child Internet Safety (UKCCIS) published in 2017: 'Sexting in schools and colleges, responding to incidents, and safeguarding young people'. Professionals should be aware of the potential uses of information technology for bullying and abusive behaviour between young people.

12B BULLYING

12.10 Our policy on bullying (this includes homophobic and gender related bullying) is set out in a separate document.

13 RACIST INCIDENTS

13.1 Our policy on racist incidents is set out in a separate document.

14A PREVENTION

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

14.2 The school community will therefore:

- Establish and maintain an ethos where children feel secure and are encouraged to talk and are always listened to.
- Ensure that all children know there is an adult in the school whom they can approach if they are worried or in difficulty.
- Include across the curriculum, including Personal, Social, Health and Economic Education and Citizenship (PSHCEd and C), opportunities which equip children

with the skills they need to stay safe from harm and to know to whom they should turn for help.

14B CHILDREN WITH SEND

14.3 Children and young people with special educational needs and disabilities can face additional safeguarding challenges because:

- there may be assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration
- children with SEN and disabilities can be disproportionally impacted by things like bullying without outwardly showing any signs
- difficulties may arise in overcoming communication barriers

14.4 At Ore Village Primary Academy we identify pupils who might need more support to be kept safe or to keep themselves safe. We ensure that all staff recognise that changes in behaviour or demeanour may be a sign of the potential abuse, and not necessarily related to disability or their special educational needs. Children identified as being vulnerable through SEND are provided with additional mentoring and support

15 HEALTH & SAFETY

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

16 SAFER RECRUITMENT

16.1 We endeavour to ensure that all staff working within the School are suitable. This entails scrutinizing applicants, verifying their identity and qualifications and obtaining references in addition to Disclosure and Barring Service (DBS) checks. We ensure at least one member of every staff recruitment panel has received Safer Recruitment training. Some interview questions must relate to safeguarding matters. (DFE guidance Keeping Children Safe in Education 2018). **All** adults in the school receive regular training to raise their awareness of safeguarding issues and to improve their knowledge of safeguarding procedures and referral system. Safer Recruiting training for appropriate staff is always available by contacting TKAT HR and should be updated every three years.

16.2 The Single Central Record must be updated regularly by the Business Manager and all staff and volunteers should be entered onto the SCR. This will be then checked regularly by the Headteachers.

17 DISQUALIFICATION BY ASSOCIATION

REMOVAL OF DISQUALIFICATION BY ASSOCIATION

17.1 By amendment of Regulation 9 of the Childcare Regulation 2018, disqualification by association rules are removed for schools and nurseries.

18A STAFF USE OF ELECTRONIC EQUIPMENT

18.1 Staff should be particularly aware of the professional risks associated with the use of electronic communication (e-mail; mobile phones; texting; social network sites) and should familiarise themselves with advice and professional expectations outlined in **Guidance for Safer Working Practice for Adults who Work with Children and Young People**, the school's **e-Safety Policy** and **Acceptable Use Policy.**

18.2 Staff and volunteers should not make use of **personal** technological equipment, in particular mobile phones and tablets when in the presence of children (including keeping mobiles in pockets or about their person. During school trips it may be necessary for a mobile phone to be carried. This should be kept away in a bag.)

18.3 Staff and volunteers should never take photos of children on personal equipment.

18B PUPIL USE OF ELECTRONIC EQUIPMENT

18.4 When children use the school's network to access the internet, they are protected from inappropriate content by our filtering and monitoring systems. However, many pupils are able to access the internet using their own mobile data plan. To minimise inappropriate use, as a school we ask that children hand in all mobiles at the school office at the beginning of the day and ensure that children are provided with regular E-safety sessions.

19 ACCEPTABLE USE POLICY

Please refer to TKAT policy.

20 VOLUNTEERS

20.1 Keeping in line with Keeping Children Safe in Education 2018, all volunteers must have a risk assessment to ascertain the level of support and DBS required. The TKAT risk assessment can be obtained through the HR Insight Portal or through a school's HR Regional Business Partner.

21 ALTERNATIVE PROVISION

21.1 Where a school places a pupil with an alternative provision provider, **the school continues to be responsible for the safeguarding of that pupil**, and should be satisfied that the provider meets the needs of the pupil. Schools should obtain written confirmation from the alternative provider that appropriate safeguarding checks have been carried out on individuals working at the establishment, i.e. those checks that the school would otherwise perform in respect of its own staff.

APPENDIX 1 - INDICATORS OF HARM

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
- Petechae 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, i.e. from three feet or less. The injury is usually witnessed, the child will cry and if there is a fracture, there is likely to be swelling on the skull developing over 2 to 3 hours. All fractures of the skull should be taken seriously.

Mouth Injuries

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

Poisoning

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

Fabricated or Induced Illness

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

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

Bite Marks

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

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

Burns and Scalds

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

Any burn with a clear outline may be suspicious 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 on his or her own accord will struggle to get out and there will be splash marks

Scars

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

Emotional / behavioural presentation

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

Indicators in the parent

May have injuries themselves that suggest domestic violence
Not seeking medical help/unexplained delay in seeking treatment
Reluctant to give information or mention previous injuries
Absent without good reason when their child is presented for treatment
Disinterested or undisturbed by accident or injury

Aggressive towards child or others

Unauthorised attempts to administer medication

Tries to draw the child into their own illness.

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

Parent / carer may be over involved in participating in medical tests, taking temperatures and measuring bodily fluids

Observed to be intensely involved with their children, never taking a much needed break nor allowing anyone else to undertake their child's care.

May appear unusually concerned about the results of investigations which may indicate physical illness in the child

Wider parenting difficulties may (or may not) be associated with this form of abuse.

Parent / carer has convictions for violent crimes.

Indicators in the family/environment

Marginalised or isolated by the community

History of mental health, alcohol or drug misuse or domestic violence

History of unexplained death, illness or multiple surgery in parents and/or siblings of the family

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

EMOTIONAL ABUSE

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 disinterested 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.

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

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

<u>Indicators in the child</u>

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
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 issues, 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

SEXUAL ABUSE

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening.

The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.

They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet).

Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

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

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 issues, 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.

Specific Safeguarding Issues:

Domestic Abuse

The Home Office defines domestic abuse as 'Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality.'

Children and unborn babies can be affected in a number of ways:

- An increased risk of physical injury during an incident either by accident or by trying to intervene
- Experience distress by witnessing the physical and emotional suffering of an adult
- It leads to anxiety and distress and children being sad / fearful
- It impacts on parenting capacity
- Affects their ability to form healthy relationships

Where a member of staff is concerned that this may apply to a pupil they should bring it to the attention of a DSL.

Substance Misuse / Mental Health Issues

It is a complex issue when children may be living in a household where there is substance misuse or mental health issues. This is often associated with child neglect and emotional abuse and may lead to basic care needs not being met. There are some instances where

they are no obvious signs. Where a member of staff is concerned that this may apply to a pupil they should bring it to the attention of a DSL.

Gangs and Youth Violence

Children who become involved in gangs are at risk of violent crime, access to weapons, violence against other gangs, knife crime, sexual violence and substance misuse.

Staff should work together to

- Clarify the risk locally, posed by local gangs
- Identify children at risk
- Share information with other agencies

County Lines

Criminal exploitation of children is a geographically widespread form of harm that is a typical feature of county lines criminal activity: drug networks or gangs groom and exploit children and young people to carry drugs and money from urban areas to suburban and rural areas, market and seaside towns.

Key to identifying potential involvement in county lines are missing episodes, when the victim may have been trafficked for the purpose of transporting drugs and a referral to the National Referral Mechanism should be considered. Like other forms of abuse and exploitation, county lines exploitation:

- can still be exploitation even if the activity appears consensual
- can involve force and/or enticement-based methods of compliance and is often accompanied by violence or threats of violence
- can be perpetrated by individuals or groups, males or females, and young people or adults
- is typified by some form of power imbalance in favour of those perpetrating the exploitation. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, cognitive ability, physical strength, status, and access to economic or other resources
- can affect any child or young person (male or female) under the age of 18 years
- can affect any vulnerable adult over the age of 18 years

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, exchanging sex for gifts, articles, etc
- 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.

Child trafficking / Missing Children

There are two components for children which are 'Movement' (including within the UK) and 'for the purpose of exploitation'.

Our procedures for contacting parents, when a child is absent from school, will identify any children who are potentially 'missing' and the relevant authority will be notified if we feel we have a 'Child Missing from Education'

Knowing where children are during school hours is an extremely important aspect of Safeguarding. Missing school can be an indicator of abuse and neglect and may also raise concerns about other safeguarding issues, including the criminal exploitation of children.
We monitor attendance carefully and address poor or irregular attendance without delay.
We will always follow up with parents/carers when pupils are not at school. This means we need to have a least two up to date contacts numbers for parents/carers. Parents should remember to update the school as soon as possible if the numbers change.

In response to the guidance in Keeping Children Safe in Education (2018) the school has:

1. Staff who understand what to do when children do not attend regularly
2. Appropriate policies, procedures and responses for pupils who go missing from education (especially on repeat occasions).

3. Staff who know the signs and triggers for travelling to conflict zones, FGM and forced marriage.
4. Procedures to inform the local authority when we plan to take pupils off-roll when they:
    a. leave school to be home educated
    b. move away from the school's location
    c. remain medically unfit beyond compulsory school age
    d. are in custody for four months or more (and will not return to school afterwards); or
    e. are permanently excluded

We will ensure that pupils who are expected to attend the school but fail to take up the place will be referred to the local authority.

When a pupil leaves the school, we will record the name of the pupil's new school and their expected start date.

Bullying (Cyber-bullying)

Refer to the school Anti-Bullying Policy for more detail.

If bullying does occur, all pupils should be able to tell and know that incidents will be dealt with promptly and effectively. We promote TELLING schools. This means that anyone who knows that bullying is happening is expected to tell the staff – whether they are directly involved or not.

Bullying can be:

- Physical - pushing, kicking, hitting, punching or any use of violence
- Racist - racial taunts, graffiti, gestures
- Sexual - unwanted physical contact or sexually abusive comments, sexting
- Emotional - being unfriendly, excluding, tormenting (e.g. hiding books, threatening gestures)
- Homophobic - because of, or focussing on the issue of sexuality
- Verbal - name-calling, sarcasm, spreading rumours, teasing
- Cyber - All areas of internet, such as email and internet chat room misuse, mobile threats by text messaging and calls. Misuse of associated technology, i.e. camera and video facilities

Staff are vigilant to issues which may escalate and use strategies to prevent this from happening. This can be through talking to individuals, class / whole school discussion.

Faith Abuse / Honour Based Violence

This term describes cultural justifications for violence and abuse. It can be used to justify violence and abuse against women, some men and children. Honour based violence is normally associated with cultures and communities from Asia, the Middle East and Africa as well as Gypsy and Traveller communities.

If the individual concerned is under 18 existing Child Protection procedures should be instigated, using the appropriate procedures. This means making contact and / or a referral to Social Services.

This encompasses crimes which have been committed to protect or defend the honour of the family and/or community. This can include FGM, forced marriage and Breast ironing. All such concerns should be reported via the school's safeguarding procedures. Where FGM has taken place, there is a mandatory duty on teachers to personally report this to this to the police and they should liaise with DSLs in school in order to follow the correct procedures. **All honour-based violence are forms of abuse.**

Private Fostering

A private fostering arrangement is one that is made privately (without the involvement of a local authority) for the care of a child under the age of 16 years (under 18, if disabled) by someone other than a parent or close relative, in their own home, with the intention that it should last for 28 days or more.

A close family relative is defined as a 'grandparent, brother, sister, uncle or aunt' and includes half-siblings and step-parents; it does not include great-aunts or uncles, great grandparents or cousins.

Parents and private foster carers both have a legal duty to inform the relevant local authority at least six weeks before the arrangement is due to start; not to do so is a criminal offence.

Whilst most privately fostered children are appropriately supported and looked after, they are a potentially vulnerable group who should be monitored by the local authority, particularly when the child has come from another country. In some cases privately fostered children are affected by abuse and neglect, or are involved in trafficking, child sexual exploitation or modern-day slavery.

Schools have a mandatory duty to report to the local authority where they are aware or suspect that a child is subject to a private fostering arrangement. Although schools have a duty to inform the local authority, there is no duty for anyone, including the private foster carer or social workers to inform the school. However, it should be clear to the school who has parental responsibility.

School staff should notify the designated safeguarding lead when they become aware of private fostering arrangements. The designated safeguarding lead will speak to the family of the child involved to check that they are aware of their duty to inform the LA. The school itself has a duty to inform the local authority of the private fostering arrangements.

On admission to the school, the school will take steps to verify the relationship of the adults to the child who is being registered.

Further information on Child Sexual Exploitation and Female Genital Mutilation

Child sexual exploitation (CSE) involves exploitative situations, contexts and relationships where young people receive something (for example food, accommodation, drugs, alcohol, gifts, money or in some cases simply affection) as a result of engaging in sexual activities. Sexual exploitation can take many forms ranging from the seemingly 'consensual' relationship where sex is exchanged for affection or gifts, to serious organised crime by gangs and groups. What marks out exploitation is an imbalance of power in the relationship. The perpetrator always holds some kind of power over the victim which increases as the exploitative relationship develops. Sexual exploitation involves varying degrees of coercion, intimidation or enticement, including unwanted pressure from peers to have sex, sexual bullying including cyberbullying and grooming. However, it also important to recognise that some young people who are being sexually exploited do not exhibit any external signs of this abuse.

Female Genital Mutilation (FGM): professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a girl being at risk of FGM, or already having suffered FGM. There is a range of potential indicators that a child or young person may be at risk of FGM, which individually may not indicate risk but if there are two or more indicators present this could signal a risk to the child or young person. Victims of FGM are likely to come from a community that is known to practise FGM. Professionals should note that girls at risk of FGM may not yet be aware of the practice or that it may be conducted on them, so sensitivity should always be shown when approaching the subject. Staff should activate local safeguarding procedures, using existing national and local protocols for multi-agency liaison with police and children's social care.

Details regarding FGM

All staff have a statutory duty to monitor and report any concerns relating to Female Genital Mutilation and should report this directly in accordance with Keeping Children Safe in Education 2018.

FGM is usually carried out on young girls between infancy and the age of 15, most commonly before puberty starts.

The procedure is traditionally carried out by a woman with no medical training. Anaesthetics and antiseptic treatments are not generally used, and the practice is usually carried out using knives, scissors, scalpels, pieces of glass or razor blades. Girls may have to be forcibly restrained.

There are four main types of FGM:

- Type 1 – clitoridectomy – removing part of or the entire clitoris.
- Type 2 – excision – removing part or all of the clitoris and the inner labia (lips that surround the vagina), with or without removal of the labia majora (larger outer lips).
- Type 3 – infibulation – narrowing of the vaginal opening by creating a seal, formed by cutting and repositioning the labia.
- Other harmful procedures to the female genitals, which include pricking, piercing, cutting, scraping and burning the area.

Effects of FGM

There are no health benefits to FGM. Removing and damaging healthy and normal female genital tissue interferes with the natural functions of girls' and women's bodies.

IMMEDIATE EFFECTS

- severe pain
- shock
- bleeding
- wound infections, including tetanus and gangrene, as well as bloodborne viruses such as HIV, hepatitis B and hepatitis C
- inability to urinate
- injury to vulval tissues surrounding the entrance to the vagina
- damage to other organs nearby, such as the urethra (where urine passes) and the bowel

FGM can sometimes cause death

LONG-TERM CONSEQUENCES

- chronic vaginal and pelvic infections
- abnormal periods
- difficulty passing urine, and persistent urine infections
- kidney impairment and possible kidney failure
- damage to the reproductive system, including infertility
- cysts and the formation of scar tissue
- complications in pregnancy and new-born deaths
- pain during sex and lack of pleasurable sensation
- psychological damage, including low libido, depression and anxiety (see below)
- flashbacks during pregnancy and childbirth

Symptoms of FGM

FGM may be likely if there is a visiting female elder, there is talk of a special procedure or celebration to become a woman, or parents wish to take their daughter out-of-school to visit an ‘at-risk’ country (especially before the summer holidays), or parents who wish to withdraw their children from learning about FGM.

Indications that FGM may have already taken place may include:

- difficulty walking, sitting or standing and may look uncomfortable.
- spending longer than normal in the bathroom or toilet due to difficulties urinating.
- spending long periods of time away from a classroom during the day with bladder or menstrual problems.
- frequent urinary, menstrual or stomach problems.

- prolonged or repeated absences from school or college, especially with noticeable behaviour changes (e.g. withdrawal or depression) on the girl's return
- reluctance to undergo normal medical examinations.
- confiding in a professional without being explicit about the problem due to embarrassment or fear.
- talking about pain or discomfort between her legs

Breast Ironing

Breast ironing, also known as breast flattening, is the pounding and massaging of a pubescent girl's breasts using hard or heated objects to try to stop them developing, or to make them disappear entirely.

Breast ironing is typically carried out by the girl's mother with the belief that she is:

- protecting her daughter from sexual harassment and / or rape;
- preventing the risk of early pregnancy, which would tarnish the family name;
- preventing her daughter from being forced into marriage, so she will have the opportunity to continue with her education.

This practice has been documented primarily in Cameroon, but is also practiced in Guinea-Bissau, Chad, Togo, Benin and Guinea.

While it is estimated that 3.8 million young women are vulnerable to breast ironing on a global scale, approx. one thousand 9 – 15 year old girls are currently thought to be at risk in the UK. According to the UN, 58% of perpetrators will be the victims' mother.

Breast ironing is extremely painful and can cause damage to the tissue. Other possible health implications include breast infections, the formation of abscesses, malformed breasts or the eradication of one or both breasts. The practice ranges widely in its severity, from using heated leaves to press and massage the breasts, through to using a scalding grinding stone to crush the budding gland. Due to the range of this activity, the short and long term health consequences for these young women vary from limited to significant.

Radicalisation and Extremism – PREVENT

As part of the Counter Terrorism and Security Act 2015, schools have a duty to 'prevent people being drawn into terrorism'. This has become known as the 'Prevent Duty'. Where staff are concerned that children and young people are developing extremist views or show signs of becoming radicalised, they should discuss this with the Designated Safeguarding Lead. The Designated Safeguarding Lead has received training about the Prevent Duty and tackling extremism and is able to support staff with any concerns they may have.

Schools use the curriculum to ensure that children and young people understand how people with extreme views share these with others, especially using the internet. Schools are committed to ensuring that their pupils are offered a broad and balanced curriculum that aims to prepare them for life in modern Britain. Teaching the school's core values alongside the fundamental British Values supports quality teaching and learning, whilst making a positive contribution to the development of a fair, just and civil society.

Recognising Extremism:

Early indicators of radicalisation or extremism may include:

- showing sympathy for extremist causes
- glorifying violence, especially to other faiths or cultures
- making remarks or comments about being at extremist events or rallies outside school
- evidence of possessing illegal or extremist literature
- advocating messages similar to illegal organisations or other extremist groups
- out of character changes in dress, behaviour and peer relationships (but there are also very powerful narratives, programmes and networks that young people can come across online so involvement with particular groups may not be apparent.)
- secretive behaviour
- online searches or sharing extremist messages or social profiles
- intolerance of difference, including faith, culture, gender, race or sexuality
- graffiti, art work or writing that displays extremist themes
- attempts to impose extremist views or practices on others
- verbalising anti-Western or anti-British views
- advocating violence towards others