

Safeguarding and Child Protection Policy

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1. INTRODUCTION

Safeguarding is defined as protecting children from maltreatment, preventing impairment of health and/or development, ensuring that children grow up in the provision of safe and effective care and taking action to enable all children to have the best life chances.

This Child Protection Policy forms part of a suite of documents and policies which relate to the safeguarding responsibilities of the school.

In particular this policy should be read in conjunction with the Recruitment Policy, Behaviour Policy, Physical Intervention Policy, Anti-Bullying Policy, Code of Conduct/Staff Behaviour Policy, Online safety Policy and ICT Acceptable Usage Policy, Preventing Radicalisation Policy.

Purpose of a Child Protection Policy

To inform staff, parents/carers, volunteers and governors about the school's responsibilities for safeguarding children.

To enable everyone to have a clear understanding of how these responsibilities should be carried out.

Northamptonshire Safeguarding Children Board Inter-agency Child Protection and Safeguarding Children Procedures

The school follows the procedures established by the Northamptonshire Safeguarding Children Board; a guide to procedure and practice for all agencies in Northamptonshire working with children and their families: www.northamptonshirescb.org.uk

School Staff & Volunteers

All school staff have a responsibility to provide a safe environment in which children can learn.

School staff and volunteers are particularly well placed to observe outward signs of abuse, changes in behaviour and failure to develop because they have daily contact with children.

All staff members should receive appropriate safeguarding and child protection training which is regularly updated. In addition all staff members should receive safeguarding and child protection updates (for example, via email, e-bulletins and staff meetings), as required, but at least annually, to provide them with relevant skills and knowledge to safeguard children effectively. This will ensure that they are knowledgeable and aware of their role in the early recognition of the indicators of abuse or neglect and of the appropriate procedures to follow.

Temporary staff and volunteers will be made aware of the safeguarding policies and procedures by the Designated Safeguarding Lead Person - including Child Protection Policy, Whistleblowing Policy and staff behaviour policy (code of conduct).

Mission Statement

Establish and maintain an environment where children feel secure, are encouraged to talk, and are listened to when they have a worry or concern.

Establish and maintain an environment where school staff and volunteers feel safe, are encouraged to talk and are listened to when they have concerns about the safety and well-being of a child.

Ensure children know that there are adults in the school whom they can approach if they are worried.

Ensure that children, who have additional/unmet needs are supported appropriately. This could include referral to early help services or specialist services if they are a child in need or have been / are at risk of being abused and neglected. Staff and DSLs will take into consideration the context of the needs and the appropriate support will be given based on the contextual safeguarding needs.

Consider how children may be taught about safeguarding, including online, through teaching and learning opportunities, as part of providing a broad and balanced curriculum.

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

There are four main elements to our Child Protection Policy:

Prevention (e.g. positive, supportive school atmosphere, teaching and pastoral support to pupils, safer recruitment procedures);

Protection (by following agreed procedures, ensuring all staff are trained and supported to respond appropriately and sensitively to Child Protection concerns);

Support (to pupils and school staff and to children who may have been abused, or are potentially under threat of abuse);

Working with parents (to ensure appropriate communications and actions are undertaken).

This policy applies to all staff, governors and visitors to the school. We recognise that child protection is the

responsibility of **all** staff. We ensure that all parents and other working partners are aware of our child protection policy by highlighting it in our school prospectus and on our school website, displaying appropriate information in our reception and by raising awareness at meetings with parents.

Extended School Activities:

Where the Governing Body provides services or activities directly under the supervision or management of school staff, the school's arrangements for child protection will apply. Where services or activities are provided separately by another body, the Governing Body will seek assurance in writing that the body concerned has appropriate policies and procedures in place to safeguard and protect children and that there are arrangements to liaise with the school on these matters where appropriate.

Safeguarding Commitment

The school adapts an open and accepting attitude towards children as part of its responsibility for pastoral care. All staff encourage children and parents to feel free to talk about any concerns and to see school as a safe place when there are difficulties. Children's fears and concerns will be taken seriously and children are encouraged to seek help from members of staff.

Our school will therefore:

Establish and maintain an ethos where children feel secure and are encouraged to talk, and are always listened to;

Ensure that children know that there are adults in the school whom they can approach if they are worried or are in difficulty;

Include in the curriculum activities and opportunities for PSHE/Citizenship and Protective Behaviours which equip children with the skills they need to stay safe from abuse (including online), and to know to whom they can turn for help;

Provide opportunities to establish effective working relationships with parents and colleagues from other agencies;

Operate safer recruitment procedures and make sure that all appropriate checks are carried out on new staff and volunteers who will work with children, including references, Criminal Record and prohibition from teaching checks in line with the Recruitment Policy.

Safeguarding in the Curriculum

The following areas are among those addressed in PSHE and in the wider curriculum in an age appropriate way:

Bullying/Cyber Bullying
Diversity Issues
Domestic Violence
Drug, alcohol and substance misuse
Online safety
Radicalisation
Fire and water Safety
Protective behaviours (including Sexual Harassment and Violence)
Road safety
Sexual exploitation of children
Sexting/peer on peer abuse
Stranger awareness
Healthy relationships

Implementation, Monitoring and Review of the Child Protection/ Safeguarding Policy

The policy will be reviewed annually by the Trust Board and the Local Governing Body. It will be implemented through the school's induction and training programme, and as part of day to day practice. Compliance with the policy will be monitored by the Designated Safeguarding Lead Person and through staff performance measures.

Information sharing

All MCLP schools follow statutory guidance as set out in "Information sharing" – advice for practitioners providing safeguarding services to children, young people, parents and carers- July 2018.

2. STATUTORY FRAMEWORK

In order to safeguard and promote the welfare of children, the school will act in accordance with the following legislation and guidance:

- The Children Act 1989
- The Children Act 2004
- Education Act 2002 (Section 175/157)
Outlines that Local Authorities and School Governing Bodies have a responsibility to "ensure that their functions relating to the conduct of school are exercised with a view to safeguarding and promoting the welfare of children who are its pupils".
- Northamptonshire Safeguarding Children Board Inter-agency Child Protection and Safeguarding Children Procedures

- Keeping Children Safe in Education (DfE, September 2018)
- Keeping Children Safe in Education: Part One - information for all school and college staff (DfE, September 2018) – APPENDIX 1
- Working Together to Safeguard Children (updated 2018)
- The Education (Pupil Information) (England) Regulations 2008
- Sexual Offences Act (2003)
- Section 26, The Counter Terrorism and Security Act 2015 (PREVENT duty)
- Female Genital Mutilation Act 2003 (Section 74 ,Serious Crime Act 2015)
- What to do if you're worried a child is being abused - Advice for practitioners (March 2015)
- Information sharing - Advice for practitioners providing safeguarding services to children, young people, parents and carers - July 2018

Working Together to Safeguard Children (DfE 2018) requires each school to follow the procedures for protecting children from abuse which are established by the Northamptonshire Safeguarding Children Board.

Schools are also expected to ensure that they have appropriate procedures in place for responding to situations in which:

- (a) a child may have been abused or neglected or is at risk of abuse or neglect
- (b) a member of staff has behaved in a way that has, or may have harmed a child or that indicates they would pose a risk of harm.

3. THE DESIGNATED SAFEGUARDING LEAD PERSON

Local Governing Bodies are to ensure that the school designates an appropriate senior member of staff to take lead responsibility for child protection. This person should have the status and authority within the school to carry out the duties of the post including committing resources and, where appropriate, supporting and directing other staff.

During term time the Designated Safeguarding Lead Person (DSL) and or a deputy/deputies will always be available (during school or college hours) for staff in the school or college to discuss any safeguarding concerns and individual arrangement for out of hours/out of term activities will be: that all safeguarding leads have mobile phones and are contactable by the MASH in school holidays and out of hours. DSLs and Deputy DSLs will consider each individual concern (with the support of relevant staff) on a case by case basis and take into account the context of each incident/report. This is known as contextual safeguarding where by wider environmental factors present in a child's life will be considered when looking into their safety, welfare and any immediate threats. This information will be provided as part of any referrals to social care to aid their assessments.

The Designated Safeguarding Lead Persons for Child Protection in this school is:

NAME: Mrs Meena Gabbi – Principal – 01536 418844 (ex 107)
Mr Jon Berridge – Assistant Vice Principal – 01536 418844 (ex 105)

There should be a Deputy Designated Safeguarding Lead Person (DDSLP) in the absence of the lead DSLP.

The Deputy Designated Safeguarding Lead/s for Child Protection in this school is:

NAME: Mrs Laura Coulson – Pastoral Support Mentor – 01536 418844 (ex150)

The broad areas of responsibility for the Designated Safeguarding Lead Person are found in Annex B of “Keeping Children Safe in Education” 2018. They are:

➤ **Managing referrals and cases**

- Refer all cases of suspected abuse or neglect to the Multi Agency Safeguarding Hub (MASH), Police (cases where a crime may have been committed) and to the Channel programme where there is a radicalisation concern. **Safeguarding Referrals must be made in one of the following ways:**
 - By telephone contact to the Multi-Agency Safeguarding Hub (MASH): **0300 126 1000**
 - By e-mail to: MASH@northamptonshire.gcsx.gov.uk
 - By using the online referral form found at <http://www.northamptonshirescb.org.uk/more/borough-and-district-councils/how-to-make-an-online-referral/>
 - In an emergency outside office hours, contact children's social care out of hours team on 01604 626938 or the Police
 - **If a child is in immediate danger at any time, left alone or missing, you should contact the police directly and/or an ambulance using 999.**

Multi-Agency Safeguarding Hub (M.A.S.H)

The Multi-Agency Safeguarding Hub (MASH) deals with referrals from professionals and members of the public who may have concerns about a child's welfare following contact with the helpline that is now also based in the Multi-Agency Safeguarding Hub. It makes the process of dealing with referrals quicker and more effective by improving the way county council: Children's social care, Northamptonshire Fire and Rescue Service (NFRS), Youth Offending Service (YOS) and education, work alongside other partner agency colleagues including Northamptonshire police, Northamptonshire health partners, National Probation Service, and the East Midlands Ambulance Service (EMAS) to share information.

- Liaise with the Designated Safeguarding Lead or Deputy Designated Safeguarding Lead to inform him/her of issues - especially ongoing enquiries under Section 47 of the Children Act 1989 and police investigations.
- Act as a source of support, advice and expertise to staff on matters of safety and safeguarding and when deciding whether to make a referral by liaising with relevant agencies.
- Support staff who make referrals.
- Share information with appropriate staff in relation to a child's looked after (CLA) legal status (whether they are looked after under voluntary arrangements with consent of parents or on

an Interim Care Order or Care Order) and contact arrangements with birth parents or those with parental responsibility.

- Ensure they have details of the CLA's social worker and the name of the virtual school Head Teacher in the authority that looks after the child.

➤ **Training**

The Designated Safeguarding Lead Person and Deputy's should undergo formal training every two years. The DSLP should also undertake Prevent awareness training. In addition to this training, their knowledge and skills should be refreshed, (for example via e-bulletins, meeting other DSLPs, or taking time to read and digest safeguarding developments), at least annually to:

1. 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
2. Have a working knowledge of how local authorities conduct 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
3. Ensure each member of staff has access to and understands the school's or college's safeguarding and child protection policy and procedures, especially new and part time staff
4. Ensure that all staff:
 - understand what 'early help' is
 - understand what this looks like in their school
 - understand how to identify children in need of 'early help'
 - understand the difference between a 'concern' and 'immediate danger or at risk of harm'
 - Undergo Child Protection updates regularly and formal training annually.
5. Ensure that the school keeps a record of the children who are in receipt of Early Help
6. Be alert to the specific needs of children in need, those with special educational needs and young carers
7. Understand and support the school or college with regards to the requirements of the Prevent duty and are able to provide advice and support to staff on protecting children from the risk of radicalisation
8. Be able to keep detailed, accurate, secure written records of concerns and referrals
9. Obtain access to resources and attend any relevant or refresher training courses
10. Encourage a culture of listening to children and taking account of their wishes and feelings, among all staff, in any measures the school or college may put in place to protect them.

➤ **Raising Awareness**

- The Designated Safeguarding Lead Person (DSLSP) should ensure the school's policies are known, understood and used appropriately.

- Ensure the school's safeguarding and child protection policy is reviewed annually and the procedures and implementation are updated and reviewed regularly, and work with governing bodies or proprietors regarding this.
- Ensure the safeguarding and child protection policy is available publicly and parents/carers are aware of the fact that referrals about suspected abuse or neglect may be made and the role of the school in this.
- Link with the Local Safeguarding Children's Board (LSCB) to make sure staff are aware of training opportunities and the latest local policies on safeguarding.
- Where children leave the school, the Designated Safeguarding Lead should ensure the file for safeguarding and any child protection information is sent to any new school as soon as possible but transferred separately from the main pupil file.
- Schools should obtain proof that the new school/education setting has received the safeguarding file for any child transferring and then destroy any information held on the child in line with data protection guidelines.
- Where appropriate Designated Safeguarding Leads should contact the receiving school prior to them starting of any safeguarding concerns so that appropriate support can be put in place when the child/children arrive.

4. THE LOCAL GOVERNING BODY

Local Governing Bodies must ensure that they comply with their duties under legislation. They must also have regard to this guidance to ensure that the policies, procedures and training in their schools or colleges are effective and comply with the law at all times.

The nominated governor for child protection is:

NAME Mr Jonathan Gardner; contact via Mary Campbell, Clerk to Governors 01536 418844

The responsibilities placed on governing bodies include:

- their contribution to inter-agency working, which includes providing a coordinated offer of early help when additional needs of children are identified
- ensuring that an effective child protection policy is in place, together with a staff behaviour policy/staff code of conduct
- ensuring staff and governors are provided with Part One of Keeping Children Safe in Education (DfE 2018) and Annex A and are aware of specific safeguarding issues
- ensuring that staff induction is in place with regards to child protection and safeguarding
- appointing an appropriate senior member of staff to act as the Designated Safeguarding Lead Person. It is a matter for individual schools and colleges as to whether they choose to have one or more Deputy Designated Safeguarding Lead Person(s)

- ensuring that all of the Designated Safeguarding Persons should undergo formal child protection training every two years (in line with LCSB guidance) and receive regular (annual) safeguarding refreshers (for example via e-bulletins, meeting other DSLPs, or taking time to read and digest safeguarding developments)
- prioritising the welfare of children and young people and creating a culture where staff are confident to challenge senior leaders over any safeguarding concerns
- ensuring that children are taught about safeguarding in an age appropriate way
- ensuring appropriate filters and appropriate monitoring systems are in place to safeguard children from potentially harmful and inappropriate online material (additional information to support governing bodies and proprietors is provided in Annex C of **Keeping Children Safe in Education (DfE 2018)**)
- having a senior board level lead to take leadership responsibility for the organisation's safeguarding arrangements.

5. WHEN TO BE CONCERNED

A child centred and coordinated approach to safeguarding:

Safeguarding and promoting the welfare of children is **everyone's responsibility**. In order to fulfil this responsibility effectively, all professionals should make sure their approach is **child centred**. This means that they should consider, at all times, what is in the best interests of the child.

Schools and their staff form part of the wider safeguarding system for children. This system is based on the principle of providing help for families to stay together where it is safe for the children to do so, and looking at alternatives where it is not, whilst acting in the **best interests** of the child at all times.

Children who may require early help:

All staff should be aware of the **early help process**, and understand their role in identifying emerging problems, sharing information with other professionals to support early identification and assessment of a child's needs. It is important for children to receive the right help at the right time to address risks and prevent issues escalating. This also includes staff monitoring the situation and feeding back to the Designated Safeguarding Lead Person any ongoing/escalating concerns so that consideration can be given to a referral to Children's Services if the child's situation does not appear to be improving.

Early Help Links:

- Follow this link: www.northamptonshirescb.org.uk/social-care/early-help/ to access Northamptonshire's information and support for professionals regarding Early Help.
- Early Help Co-ordinator: www.northamptonshire.gov.uk/earlyhelp

Staff and volunteers working within the school should be alert to the potential need for early help for children also who are more vulnerable. For example:

- **Children with a disability and/or specific additional needs.**

- Children with special educational needs.
- Children who are acting as a young carer.
- Children who are showing signs of engaging in anti-social or criminal behaviour.
- Children who frequently go missing.
- Children who could be at risk of modern slavery, trafficking or exploitation or at risk of being radicalised.
- Children in private fostering situation or who have returned to the family home after being in care.
- Children whose family circumstances present challenges, such as substance abuse, adult mental health or learning disability, domestic violence, homelessness, parent in prison.
- Children who are showing early signs of abuse and/or neglect.

School staff members should be aware of the main categories of maltreatment: **physical abuse, emotional abuse, sexual abuse and neglect**. They should also be aware of the indicators of maltreatment and **specific safeguarding issues** so that they are able to identify cases of children who may be in need of help or protection.

See Appendix 4 of this policy for information on indicators of abuse and Appendix 1 for specific safeguarding issues.

Children with special educational needs and disabilities:

Additional barriers can exist when recognising abuse and neglect in this group of children.

This can include:

- Assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's impairment without further exploration;
- Assumptions that children with SEN and disabilities can be disproportionately impacted by things like bullying - without outwardly showing any signs;
- Communication barriers and difficulties;
- Reluctance to challenge carers, (professionals may over empathise with carers because of the perceived stress of caring for a disabled child);
- Disabled children often rely on a wide network of carers to meet their basic needs and therefore the potential risk of exposure to abusive behaviour can be increased;
- A disabled child's understanding of abuse;
- Lack of choice/participation;
- Isolation.

Directory Of Services for Children With Disabilities:

<http://www3.northamptonshire.gov.uk/councilservices/children-families-education/SEND/local-offer/local-government-department/2607-disabled-childrens-service-ncc>

Northamptonshire's Local Offer:

<http://www3.northamptonshire.gov.uk/councilservices/children-families-education/SEND/local-offer>

Peer on peer abuse

Education settings are an important part of the inter-agency framework not only in terms of evaluating and referring concerns to Children's Services and the Police, but also in the assessment and management of risk that the child or young person may pose to themselves and others in the education setting.

If one child or young person causes harm to another, this should not necessarily be dealt with as abuse. When considering whether behaviour is abusive, it is important to consider:

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

Peer on peer abuse can manifest itself in many ways and different gender issues can be prevalent. Severe harm may be caused to children by abusive and bullying behaviour of other children, which may be physical such as hitting, kicking, shaking, biting, hair pulling, sexual or emotional and can include gender based violence/sexual assaults, sexting, teenage relationship abuse, peer-on-peer exploitation, serious youth violence, initiation/hazing type violence and rituals sexual bullying or harmful sexual behaviour, sexual violence of sexual harassment.

Guidance on responding to and managing sexting incidents as well as other information on E-Safety can be found at:

<http://www.northamptonshirescb.org.uk/health-professionals/safeguarding-topics/esafety/>

This includes a link to the document: *Sexting in Schools and Colleges: Responding to Incidents and Safeguarding Young People UK Council for Child Internet Safety*

In order to minimise the risk of peer on peer abuse the school:

- Provides a developmentally appropriate PSHE curriculum which develops students understanding of acceptable behaviour and keeping themselves safe.
- Have systems in place for any student to raise concerns with staff, knowing that they will be listened to, believed and valued.
- Develop robust risk assessments where appropriate.
- Have relevant policies in place (e.g. behaviour policy).

Staff should recognise that children are capable of abusing their peers and should not be tolerated or passed off as "banter" "Just having a laugh" or "part of growing up".

Child on child sexual violence and sexual harassment

Governing bodies and proprietors should be aware that the department has published detailed advice to support schools and colleges. The advice is available here:

<https://www.gov.uk/government/publications/sexual-violence-and-sexual-harassment-between-children-in-schools-and-colleges> and includes, what sexual violence and sexual harassment look like, important context to be aware of, related legal responsibilities for schools and colleges and advice on a whole school or college approach to preventing child on child sexual violence and sexual harassment.

Reports of sexual violence and sexual harassment are likely to be complex and require difficult professional decisions to be made, often quickly and under pressure. Pre-planning, effective

training and effective policies will provide schools and colleges with the foundation for a calm, considered and appropriate response to any reports.

The school or college's initial response to a report from a child is important. It is essential that **all** victims are reassured that they are being taken seriously and that they will be supported and kept safe. A victim should never be given the impression that they are creating a problem by reporting sexual violence or sexual harassment. Nor should a victim ever be made to feel ashamed for making a report.

When there has been a report of sexual violence, the designated safeguarding lead (or a deputy) should make an immediate risk and needs assessment. Where there has been a report of sexual harassment, the need for a risk assessment should be considered on a case-by-case basis. The risk and needs assessment should consider:

- the victim, especially their protection and support;
- the alleged perpetrator; and
- all the other children (and, if appropriate, adult students and staff) at the school or college, especially any actions that are appropriate to protect them;

The designated safeguarding lead (or a deputy) should ensure they are engaging with children's social care and specialist services as required. Where there has been a report of sexual violence, it is likely that professional risk assessments by social workers and or sexual violence specialists will be required.

It is important that schools and colleges consider every report on a case-by-case basis as per paragraph 246. When to inform the alleged perpetrator will be a decision that should be carefully considered. Where a report is going to be made to children's social care and/or the police, then, as a general rule, the school or college should speak to the relevant agency and discuss next steps and how the alleged perpetrator will be informed of the allegations. Schools and colleges need to consider whether an allegation can be managed internally, through early help interventions or children's social care.

6. DEALING WITH A DISCLOSURE

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

- Listen to what is being said without displaying shock or disbelief
- Accept what is being said
- Allow the child to talk freely
- Reassure the child, but not make promises which it might not be possible to keep
- Never promise a child that they will not tell anyone - as this may ultimately not be in the best interests of the child.
- Reassure him or her that what has happened is not his or her fault

- Stress that it was the right thing to tell
- Listen, only asking questions when necessary to clarify
- Not criticise the alleged perpetrator
- Explain what has to be done next and who has to be told
- Make a written record (see Record Keeping)
- Pass the information to the Designated Senior Person without delay.

Support for pupils

MCLP schools recognise that children who are abused or who witness violence may find it difficult to develop a sense of self-worth and view the world in a positive way. For such children school may be one of the few stable, secure and predictable aspects of their lives. Other children may be vulnerable because, for instance, they have a disability, are in care, or are experiencing some form of neglect. We will actively seek to provide such children with the necessary support and to build their self-esteem and confidence. The child's wishes and feelings should be taken into account and considered carefully where possible.

Our school's recognise that children sometimes display abusive behaviour and that such incidents must be referred on for appropriate support and intervention.

Complaints or concerns raised by pupils will be taken seriously and followed up in accordance with the trust's complaints process.

Support for Staff/ adults

Dealing with a disclosure from a child, and safeguarding issues can be stressful. The member of staff/volunteer should, therefore, consider seeking support for him/herself and discuss this with the Designated Safeguarding Lead Person.

If a school staff member receives a disclosure about potential harm caused by another staff member, they should see section 11 of this policy – *Allegations involving school staff/volunteers.*

For referrals regarding adults in education and other information on the role of the Designated Officer (formerly LADO) follow the link below:

<http://www.northamptonshirescb.org.uk/about-northamptonshire-safeguarding-children-board/who-is-who/designated-officer/>

7. RECORD KEEPING

All concerns, discussions and decisions made and the reasons for those decisions should be recorded in writing, either by paper or electronic means. If in doubt about recording requirements staff should discuss with the Designated Safeguarding Lead Person.

When a child has made a disclosure, the member of staff/volunteer should:

- Record as soon as possible after the conversation. Use the school record of concern sheet wherever possible. **These forms can be found in the staff room, Student Support Office, DSLP Office and within department areas.**
- Do not destroy the original notes in case they are needed by a court
- Record the date, time, place and any noticeable non-verbal behaviour and the words used by the child
- Draw or indicate on a diagram the position of any injuries
- Record statements and observations rather than interpretations or assumptions

All records need to be given to a Designated Safeguarding Person promptly. No copies should be retained by the member of staff or volunteer.

A Designated Safeguarding Person will ensure that all safeguarding records are managed in accordance with the Education (Pupil Information) (England) Regulations 2005.

If a pupil who is/or has been the subject of a child protection plan changes school, a Designated Safeguarding Person will inform the social worker responsible for the case and transfer the appropriate records to a Designated Safeguarding Person at the receiving school, in a secure manner, and separate from the child's academic file.

8. CONFIDENTIALITY

Safeguarding children raises issues of confidentiality that must be clearly understood by all staff/volunteers in schools.

- All staff in schools, both teaching and non-teaching staff, have a responsibility to share relevant information about the protection of children with other professionals, particularly the investigative agencies (Children's Services and the Police).
- If a child confides in a member of staff/volunteer and requests that the information is kept secret, it is important that the member of staff/volunteer tell the child in a manner appropriate to the child's age/stage of development that they cannot promise complete confidentiality – instead they must explain that they may need to pass information to other professionals to help keep the child or other children safe. This may ultimately not be in the best interests of the child.
- Staff/volunteers who receive information about children and their families in the course of their work should share that information only within appropriate professional contexts.

9. SCHOOL PROCEDURES

Please see Appendix 3: What to do if you are worried a child is being abused flowchart.

If any member of staff is concerned about a child he or she must inform a Designated Safeguarding Person. A Designated Safeguarding Person will decide whether the concerns should be referred to Children's Services. If it is decided to make a referral to Children's Services this will be discussed with the parents, unless to do so would place the child at further risk of harm.

Whilst it is the DSPs role to make referrals, **any staff member** can make a referral to Children's Services. If a child is in immediate danger or is at risk of harm (e.g. concern that a family might have plans to carry out FGM), a referral should be made to Children's Services and/or the Police immediately. Where referrals are not made by the DSLP, the DSLP should be informed as soon as possible.

If a **teacher** (persons employed or engaged to carry out teaching work at schools and other institutions in England), in the course of their work in the profession, discovers that an act of Female Genital Mutilation (FGM) appears to have been carried out on a girl under the age of 18 **the teacher must report** this to the police after informing the Designated Safeguarding Lead Person. **This is a mandatory reporting duty.** See Appendix 1- Keeping Children Safe in Education (DfE 2018): Annex A page 80 for further details.

The member of staff must record information regarding the concerns on the same day. The recording must be a clear, precise, factual account of the observations. 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.

If a pupil who is/or has been the subject of a child protection plan changes school, the Designated Safeguarding Lead Person will inform the social worker responsible for the case and transfer the appropriate records to the Designated Safeguarding Lead Person at the receiving school, in a secure manner, and separate from the child's academic file.

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

10. COMMUNICATION WITH PARENTS/CARERS

Schools within MCLP will ensure the Child Protection Policy is available publicly either via the school website or by other means.

Parents/carers should be informed prior to referral, unless it is considered to do so might place the child at increased risk of significant harm by:

- The behavioural response it prompts e.g. a child being subjected to abuse, maltreatment or threats/forced to remain silent if alleged abuser informed;
- Leading to an unreasonable delay;
- Leading to the risk of loss of evidential material.

(The school may also consider not informing parent(s) where it would place a member of staff at risk).

Ensure that parents have an understanding of the responsibilities placed on the school and staff for safeguarding children.

11. ALLEGATIONS INVOLVING SCHOOL STAFF/VOLUNTEERS

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 she/he would pose a risk of harm if they work regularly or closely with children

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

What school staff should do if they have concerns about safeguarding practices within the school:

- All staff and volunteers should feel able to raise concerns about poor or unsafe practice and potential failures in the school or education setting's safeguarding arrangements.
- Appropriate whistle blowing procedures, which are suitably reflected in staff training and staff behaviour policies, should be in place for such concerns to be raised with the school or college's senior leadership team.

If staff members have concerns about another staff member then this should be referred to the Head Teacher/Principal, in his/her absence the Deputy Head Teacher/ Vice-Principal. Where there are concerns about the Head Teacher/Principal, this should be referred to the Chair of Governors.

The Chair of Governors in this school is:

NAME: Jill Moore – via Mary Campbell, Clerk to Governors on 01536 418844

In the absence of the Chair of Governors, the Vice Chair should be contacted. The Vice Chair in this school is:

NAME: Jonathan Gardner – via Mary Campbell, Clerk to Governors on 01536 418844

In the event of allegations of abuse being made against the Head Teacher, or where a staff member feels unable to raise an issue with their employer or feels that their genuine concerns are not being addressed, allegations should be reported directly to the Designated Officer (formerly LADO). Staff may consider discussing any concerns with the Designated Safeguarding Lead Person if appropriate make any referral via them. (See Keeping Children Safe in Education: Part Four, DfE 2018, for further information).

The person to whom an allegation is first reported should take the matter seriously and keep an open mind. She/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.

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 Head Teacher. 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/Chair of Governors will not investigate the allegation itself, or take written or detailed statements, but will assess whether it is necessary to refer the concern to the Designated Officer (formerly LADO):

Multi-Agency Safeguarding Hub: **0300 126 1000**

Designated Officers (formerly LADO): doreferral@northamptonshire.gov.uk

For referrals regarding adults in education and other information on the role of the Designated Officer (formerly LADO) follow the link below:

<http://www.northamptonshirescb.org.uk/about-northamptonshire-safeguarding-children-board/who-is-who/designated-officer/>

If the allegation meets any of the three criteria set out at the start of this section, contact should always be made with the Designated Officer (formerly LADO) without delay.

If it is decided that the allegation does not meet the threshold for safeguarding, it will be handed back to the employer for consideration via the school's internal procedures.

The Head Teacher should, as soon as possible, **following briefing** from the Designated Officer inform the subject of the allegation.

Where a staff member feels unable to raise an issue with their employer/through the whistle blowing procedure or feels that their genuine concerns are not being addressed, other whistle blowing channels may be open to them:

- Multi-Agency Safeguarding Hub: **0300 126 1000**
- NSPCC whistle blowing helpline is available for staff who do not feel able to raise concerns regarding child protection failures internally. Staff can call: **0800 028 0285** – line is available from 8:00 AM to 8:00 PM, Monday to Friday and Email: help@nspcc.org.uk

Safer working practice

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/staff behaviour policy and Safer Recruitment Consortium document ***Guidance for safer working practice for those working with children and young people in education settings (September 2015)***.

The document seeks to ensure that the responsibilities of school leaders towards children and staff are discharged by raising awareness of illegal, unsafe, unprofessional and unwise behaviour. This includes guidelines for staff on positive behaviour management in line with the ban on corporal punishment (School Standards and Framework Act 1998). Please see the school/college's behaviour management policy for more information.

Useful Links:

NSCB

<http://www.northamptonshirescb.org.uk/>

NSCB Schools

<http://www.northamptonshirescb.org.uk/schools/>

National Society for Prevention of Cruelty to Children (NSPCC):

<http://www.nspcc.org.uk/>

0808 800 5000

Childline:

<https://www.childline.org.uk/>

0800 1111

Child Exploitation and Online Protection (CEOP):

<http://ceop.police.uk/>

0870 000 3344

Threshold and Pathways:

<http://www.northamptonshirescb.org.uk/>

Early Help – Request for Services Early Help

Co-ordinator

www.northamptonshire.gov.uk/earlyhelp

Multi-agency referral form download at:

<http://www.northamptonshirescb.org.uk/>

Further information on the following can be found at:

<http://www.northamptonshirescb.org.uk/>

Bullying and Cyber-Bullying - see the definitions, links to NSCB policies and procedures, ICT acceptable use policies and NSPCC resources.

Children Missing Education - the relationship between CSE and children missing from school, short and longer term risks, together with related policies and procedures.

Domestic Abuse Notification Scheme - see details and briefings on the Domestic Abuse Notification Scheme for Schools. Also includes frequently asked questions about the scheme.

Online Safety - How safe are you and your children online? Information on how to protect yourself online.

Female Genital Mutilation (FGM) - the definition and update on the Serious Crime Act 2015.

Gangs - the definition, risks and indicators of young people entering gangs are included in the policy: Children Affected by Gang Activity and Serious Youth Violence.

Head lice and nits - guidance for schools about tackling head lice and how persistent failure to treat a child for head lice could indicate other welfare issues.

Mental health - schools can use the MindEd online learning tool and the Ask Normen information resources to support students/pupils that may be suffering mental health issues.

Neglect - the definition of neglect, link to the NSCB Neglect Policies and Procedures.

Private Fostering - definition and action to be taken when a child/young person is living with someone who is not a close family member.

Radicalisation and Violent Extremism - vulnerabilities, indicators of involvement and online safety are included in the policy 'Supporting Young People Vulnerable to Violent Extremism and Radicalisation'.

Resistant Families / Disguised Compliance - information for professional experiencing resistant families or working with disguised compliance.

Young Carers Needs Assessment - new regulations and how to notify about Young Carers

The Northamptonshire Safeguarding Children Board website:
<http://www.northamptonshirescb.org.uk/> provides further information on

Honour Based Violence (HBV)
Child Sexual Exploitation (CSE)
Inter Personal Violence (IPV)
Forced Marriage (FM)

Keeping children safe in education

APPENDIX 1: KEEPING CHILDREN SAFE IN EDUCATION (DfE 2018)
Part One: Information for all school and college staff
Annex A: Further information

May 2016: For information only

Guidance will commence: 5 September 2016

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Protection

All staff should be aware of systems within their school or college which support safeguarding and these should be explained to them as part of staff induction. This should include:

- the child protection policy;
- the behaviour policy;
- the staff behaviour policy (sometimes called a code of conduct);
- the safeguarding response to children who go missing from education; and
- the role of the designated safeguarding lead (including the identity of the designated safeguarding lead and any deputies).

The DfE have published guidance on Children Missing from Education September 2016: <https://www.gov.uk/government/publications/children-missing-education>

It is **essential** that **all** staff have access to this online document and read Part 1 and Annex, which provides further information on:

- Children and the court system
- Children missing from education
- Children with family members in prison
- Child sexual exploitation
- Child criminal exploitation: county lines
- Domestic abuse
- Homelessness
- So-called 'honour-based' violence
- Preventing radicalisation
- Peer on peer abuse
- Sexual violence and sexual harassment between children in schools and colleges
- Additional advice and support

This is to assist staff to understand and discharge their role and responsibilities as set out in this guidance.

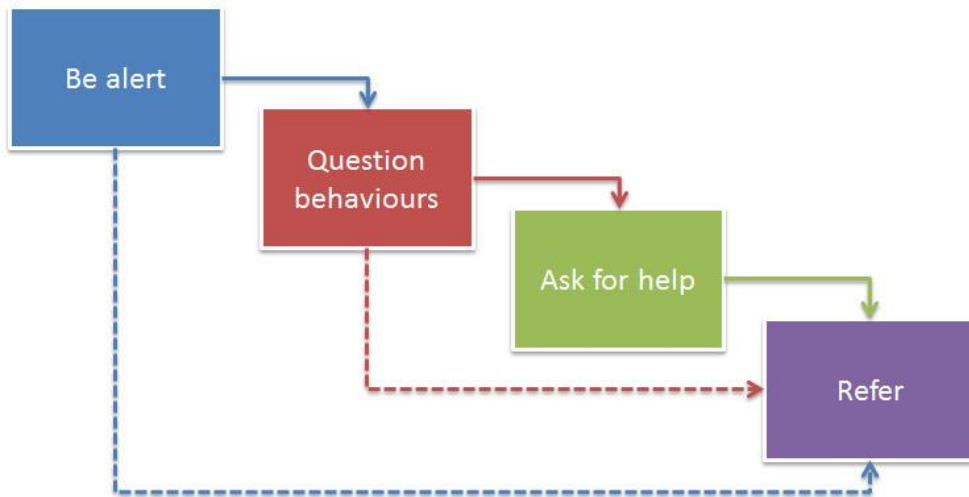
Staff will be asked to sign to say they have read these sections (please see Appendix 2) and will subsequently be re-directed to these online documents again should any changes occur.

The Headteacher/Principal is responsible for retaining evidence that confirms staff understanding of part one and the bullet points above.

Link to Keeping Children Safe in Education:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/707688/Keeping_Children_Safe_in_Education_-_Part_1_-_September_2018.pdf

**APPENDIX 2: WHAT TO DO IF YOU ARE WORRIED A CHILD IS BEING ABUSED: ADVICE FOR PRACTITIONERS (DfE 2015 Pg 12)
Flowchart**



Be alert

- Be aware of the signs of abuse and neglect
- Identify concerns early to prevent escalation.
- Know what systems the school have in place regarding support for safeguarding e.g. induction training, staff behaviour policy / code of conduct and the role of the Designated Safeguarding Lead (DSP).

Question behaviours

- Talk and listen to the views of children, be non-judgemental.
- Observe any change in behaviours and question any unexplained marks / injuries
- To raise concerns about poor or unsafe practice, refer to the HT or principal, if the concerns is about the HT or Principal, report to Chair of Governors. Utilise whistleblowing procedure.

Ask for help

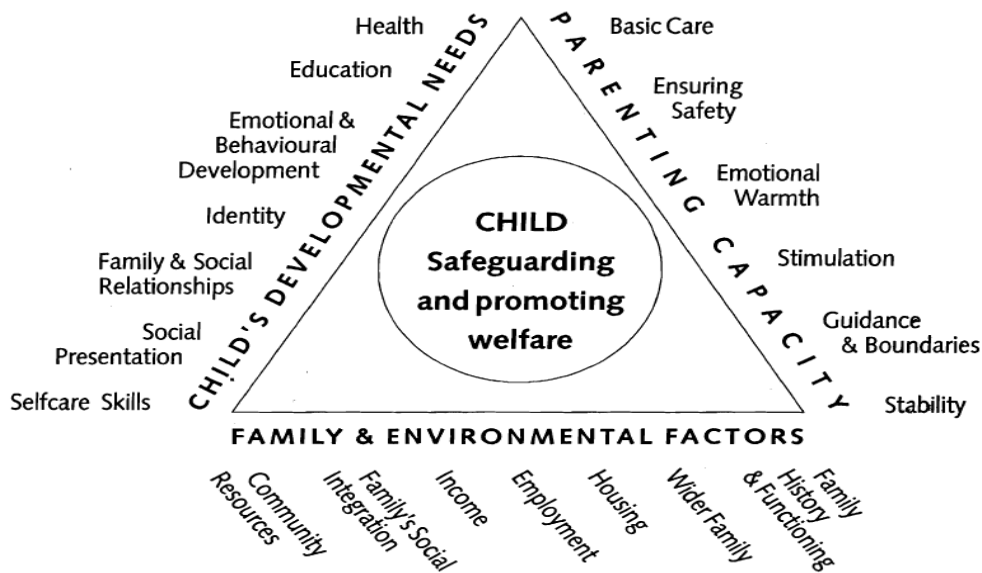
- Record and share information appropriately with regard to confidentiality.
- If staff members have concerns, raise these with the school's or college's Designated Safeguarding Lead (DSP)
- Responsibility to take appropriate action, do not delay.

Refer

- DSP will make referrals to children services but in an emergency or a genuine concern that appropriate action has not been taken, staff members can speak directly to MASH on 0300 126 1000.

**APPENDIX 3: INDICATORS OF ABUSE AND NEGLECT
APPENDIX 2: DECLARATION FOR STAFF**

The framework for understanding children's needs:



Working Together to Safeguard Children (DFE, 2018 Pg 28)

Physical abuse
<i>Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child.</i>
Child

Bruises – shape, grouping, site, repeat or multiple	Withdrawal from physical contact
Bite-marks – site and size Burns and Scalds – shape, definition, size, depth, scars	Aggression towards others, emotional and behaviour problems
Improbable, conflicting explanations for injuries or unexplained injuries	Frequently absent from school
Untreated injuries	Admission of punishment which appears excessive
Injuries on parts of body where accidental injury is unlikely	Fractures
Repeated or multiple injuries	Fabricated or induced illness
Parent	Family/environment
Parent with injuries	History of mental health, alcohol or drug misuse or domestic violence.
Evasive or aggressive towards child or others	Past history in the family of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault
Explanation inconsistent with injury	Marginalised or isolated by the community.
Fear of medical help / parents not seeking medical help	Physical or sexual assault or a culture of physical chastisement.
Over chastisement of child	

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, not giving the child opportunities to express their views, 'making fun' of what they say or how they communicate - hearing the ill-treatment of another and serious bullying (including cyber bullying).

Child

Self-harm	Over-reaction to mistakes / Inappropriate emotional responses
Chronic running away	Abnormal or indiscriminate attachment
Drug/solvent abuse	Low self-esteem
Compulsive stealing	Extremes of passivity or aggression
Makes a disclosure	Social isolation – withdrawn, a 'loner' Frozen watchfulness particularly pre school
Developmental delay	Depression
Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)	Desperate attention-seeking behaviour
Parent	Family/environment
Observed to be aggressive towards child or others	Marginalised or isolated by the community.
Intensely involved with their children, never allowing anyone else to undertake their child's care.	History of mental health, alcohol or drug misuse or domestic violence.
Previous domestic violence	History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
History of abuse or mental health problems	Past history in the care of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault
Mental health, drug or alcohol difficulties	Wider parenting difficulties
Cold and unresponsive to the child's emotional needs	Physical or sexual assault or a culture of physical chastisement.
Overly critical of the child	Lack of support from family or social network.

Neglect	
<i>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.</i>	
Child	
Failure to thrive - underweight, small stature	Low self-esteem
Dirty and unkempt condition	Inadequate social skills and poor socialisation
Inadequately clothed	Frequent lateness or non-attendance at school
Dry sparse hair	Abnormal voracious appetite at school or nursery
Untreated medical problems	Self-harming behaviour
Red/purple mottled skin, particularly on the hands and feet, seen in the winter due to cold	Constant tiredness
Swollen limbs with sores that are slow to heal, usually associated with cold injury	Disturbed peer relationships
Parent	Family/environment
Failure to meet the child's basic essential needs including health needs	Marginalised or isolated by the community.
Leaving a child alone	History of mental health, alcohol or drug misuse or domestic violence.
Failure to provide adequate caretakers	History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
Keeping an unhygienic dangerous or hazardous home environment	Past history in the family of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault
Unkempt presentation	Lack of opportunities for child to play and learn
Unable to meet child's emotional needs	Dangerous or hazardous home environment including failure to use home safety equipment; risk from animals
Mental health, alcohol or drug difficulties	

Sexual abuse	
<i>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 or non-contact activities, such as involving children in looking at sexual images or being groomed on line / child exploitation.</i>	
Child	
Self-harm - eating disorders, self-mutilation and suicide attempts	Poor self-image, self-harm, self-hatred
Running away from home	Inappropriate sexualised conduct
Reluctant to undress for PE	Withdrawal, isolation or excessive worrying
Pregnancy	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	Poor attention/concentration (world of their own)
Pain, bleeding, bruising or itching in genital and /or anal area	Sudden changes in school work habits, become truant
Sexually exploited or indiscriminate choice of sexual partners	
Parent	Family/environment
History of sexual abuse	Marginalised or isolated by the community
Excessively interested in the child	History of mental health, alcohol or drug misuse or domestic violence
Parent displays inappropriate behaviour towards the child or other children	History of unexplained death, illness or multiple surgery in parents and/or siblings of the family

Conviction for sexual offences	Past history in the care of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault
Comments made by the parent/carer about the child	Grooming behaviour
Lack of sexual boundaries	Physical or sexual assault or a culture of physical chastisement.

Definitions of Abuse (from ‘Keeping Children Safe in Education’ 2018 Pg14)

What is Child 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. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g via the internet) They may be abused by an adult or adults or another child or children.”

Physical Abuse

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

Emotional Abuse

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 cyber-bullying) causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of Emotional Abuse is involved in all types of maltreatment of a child, though it may occur alone.

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 (e.g. rape or oral sex) or non-penetrative acts such as masturbation, rubbing or 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, or 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 commit sexual abuse, as can other children.

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse.

Once a child is born Neglect may involve a parent or carer failing to:

- provide adequate food and clothing, 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 takers); or
- ensure access to appropriate medical care or treatment.

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

Support for assessing, monitoring and measuring changes with a family can be made using the Northamptonshire SCB Neglect Toolkit:

<http://www.northamptonshirescb.org.uk/about-northamptonshire-safeguarding-children-board/publications/neglect-toolkit/>

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

If an act appears to have been inappropriate, there may still be a need for some form of behaviour management or intervention. For some children, educative inputs may be enough to address the behaviour.

Abusive sexual activity included any behaviour involving coercion, threats, aggression together with secrecy, or where one participant relies on an unequal power base.

Assessment

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

- **Equality** – consider differentials of physical, cognitive and emotional development, power and control and authority, passive and assertive tendencies
- **Consent** – agreement including all the following:
 - 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.

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 unresponsive 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

APPENDIX 4: CONTEXTUAL SAFEGUARDING EXPLAINED

Contextual Safeguarding is an approach to understanding, and responding to, young people’s experiences of significant harm beyond their families. It recognises that the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse. Parents and carers have little influence over these contexts, and young people’s experiences of extra-familial abuse can undermine parent-child relationships.

Therefore children’s social care practitioners need to engage with individuals and sectors who do have influence over/within extra-familial contexts, and recognise that assessment of, and intervention with, these spaces are a critical part of safeguarding practices. Contextual Safeguarding, therefore, expands the objectives of child protection systems in recognition that young people are vulnerable to abuse in a range of social contexts.

More information can be found at: <https://contextualsafeguarding.org.uk/about/what-is-contextual-safeguarding>

APPENDIX 5: PEER ON PEER ABUSE

Peer on Peer Abuse

All staff should be aware safeguarding issues can manifest themselves via peer on peer abuse. This is most likely to include, but not limited to: bullying (including cyber bullying), gender based violence/sexual assaults and sexting. If you feel that the issue falls within the scope of bullying please follow school procedures for managing bullying as described in the school's anti-bullying policy. If you feel that the issues fall under a child protection need please record on a child protection cause for concern form. The school has worry boxes or worry eaters located around the school for children to report concerns in addition to identified key staff to report any concerns that children may have. Regular assemblies are delivered across the academic year to raise how to share any worries children may have. Aspects of Peer on Peer abuse are also addressed through protective behavior and PHSE sessions

APPENDIX 6: CHILD CRIMINAL EXPLOITATION: 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 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;
- 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; and
- 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.

APPENDIX 7: SEXUAL VIOLENCE AND SEXUAL HARASSMENT

Sexual violence and sexual harassment between children in schools and colleges

Context

Sexual violence and sexual harassment can occur between two children of **any** age and sex. It can also occur through a group of children sexually assaulting or sexually harassing a single child or group of children.

Children who are victims of sexual violence and sexual harassment will likely find the experience stressful and distressing. This will, in all likelihood, adversely affect their educational attainment. Sexual violence and sexual harassment exist on a continuum and may overlap, they can occur online and offline (both physical and verbal) and are never acceptable. It is important that **all** victims are taken seriously and offered appropriate support. Staff should be aware that some groups are potentially more at risk. Evidence shows girls, children with SEND and LGBT children are at greater risk.

Staff should be aware of the importance of:

- making clear that sexual violence and sexual harassment is not acceptable, will never be tolerated and is not an inevitable part of growing up;
- not tolerating or dismissing sexual violence or sexual harassment as “banter”, “part of growing up”, “just having a laugh” or “boys being boys”; and
- challenging behaviours (potentially criminal in nature), such as grabbing bottoms, breasts and genitalia, flicking bras and lifting up skirts. Dismissing or tolerating such behaviours risks normalising them.

What is Sexual violence and sexual harassment?

Sexual violence

It is important that school and college staff are aware of sexual violence and the fact children can, and sometimes do, abuse their peers in this way. When referring to sexual violence we are referring to sexual offences under the Sexual Offences Act 2003¹⁹ as described below:

[Legislation.gov.uk](http://legislation.gov.uk)

It is important school and college staff (and especially designated safeguarding leads and their deputies) understand consent. This will be especially important if a child is reporting they have been raped. More information: See next section about consent.

PSHE Teaching about consent from the PSHE association provides advice and lesson plans to teach consent at Key stage 3 and 4.

Rape: A person (A) commits an offence of rape if: he intentionally penetrates the vagina, anus or mouth of another person (B) with his penis, B does not consent to the penetration and A does not reasonably believe that B consents.

Assault by Penetration: A person (A) commits an offence if: s/he intentionally penetrates the vagina or anus of another person (B) with a part of her/his body or anything else, the penetration is sexual, B does not consent to the penetration and A does not reasonably believe that B consents.

Sexual Assault: A person (A) commits an offence of sexual assault if: s/he intentionally touches another person (B), the touching is sexual, B does not consent to the touching and A does not reasonably believe that B consents.

What is consent? Consent is about having the freedom and capacity to choose. Consent to sexual activity may be given to one sort of sexual activity but not another, e.g. to vaginal but not anal sex or penetration with conditions, such as wearing a condom. Consent can be withdrawn at any time during sexual activity and each time activity occurs. Someone consents to vaginal, anal or oral penetration only if s/he agrees by choice to that penetration and has the freedom and capacity to make that choice.

Sexual harassment

When referring to sexual harassment we mean 'unwanted conduct of a sexual nature' that can occur online and offline. When we reference sexual harassment, we do so in the context of child on child sexual harassment. Sexual harassment is likely to: violate a child's dignity, and/or make them feel intimidated, degraded or humiliated and/or create a hostile, offensive or sexualised environment. Whilst not intended to be an exhaustive list, sexual harassment can include:

- sexual comments, such as: telling sexual stories, making lewd comments, making sexual remarks about clothes and appearance and calling someone sexualised names;
- sexual "jokes" or taunting;
- physical behaviour, such as: deliberately brushing against someone, interfering with someone's clothes (schools and colleges should be considering when any of this crosses a line into sexual violence - it is important to talk to and consider the experience of the victim) and displaying pictures, photos or drawings of a sexual nature; and
- online sexual harassment. This may be standalone, or part of a wider pattern of sexual harassment and/or sexual violence.

It may include:

- non-consensual sharing of sexual images and videos;
- sexualised online bullying;
- unwanted sexual comments and messages, including, on social media; and
- sexual exploitation; coercion and threats

The response to a report of sexual violence or sexual harassment

The initial response to a report from a child is important. It is essential that all victims are reassured that they are being taken seriously and that they will be supported and kept safe. A victim should never be given the impression that they are creating a problem by reporting sexual violence or sexual harassment. Nor should a victim ever be made to feel ashamed for making a report.

If staff have a concern about a child or a child makes a report to them, they should follow the referral process as set out from paragraph 23 in Part 1 of this guidance. As is always the case, if staff are in any doubt as to what to do they should speak to the designated safeguarding lead (or a deputy).

APPENDIX 8: CHILD SEXUAL EXPLOITATION

Northamptonshire Safeguarding Children Board defines CSE as: *“The sexual exploitation of children and young people is a form of child sexual abuse. Sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive ‘something’ (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities. Child sexual exploitation can occur through the use of technology without the child’s immediate recognition; for example being persuaded to post sexual images on the internet/mobile phones without immediate payment or gain. In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person’s limited availability of choice resulting from their social/economic and/or emotional vulnerability”*

The school is aware that pupils with the following vulnerabilities are more at risk of being sexually exploited:

- Children who have been excluded
- Children recorded as Missing Education
- Children with Special Educational Needs
- Children in Care of the Local Authority
- Poverty and deprivation
- Previous sexual, physical and/or emotional abuse
- Familial and community offending patterns
- Prevalence of undiagnosed mental health problems/ Family History of Mental Health Difficulties.
- Family History of Abuse or Neglect
- Family History of Domestic Abuse
- Family History of Substance Misuse
- Breakdown of Family Relationships
- Low Self-Esteem
- Children frequently missing from home

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.

Physical Signs include:

- Physical/unexplained injuries
- Substance misuse
- Self-harm/attempted suicide
- Chronic alcohol abuse
- Repeat miscarriage/pregnancy
- Rapid change in appearance
- Pelvic inflammatory disease and/or repeat STI's/testing

Psychological Signs include:

- Sleep
- disorders/nightmares
- Self harm and/or overdose
- Eating disorder
- Disassociation Depression/anxiety
- Suicidal ideation Post-Traumatic Stress Disorder
- May trigger a psychotic episode

Behavioural warning signs:

- Non or low school attendance or excluded due to behaviour
- Staying out overnight with no explanation
- Breakdown of residential placement due to behaviour
- Accepting money or gifts, including mobile phone credit, Drugs and alcohol
- Gang member or association town to town
- Offering to have sex for money or goods then running before sex takes place
- Receiving money or goods as reward for recruiting peers into CSE
- Disclosure of physical sexual assault and then refusing to make or withdrawing complaint
- Reports of being involved in CSE through being seen in hotspots
- Child under 16 meeting different adults and exchanging/selling sexual activity
- Regularly coming home late or going missing
- Abduction or forced imprisonment Being taken into pubs/clubs by adults and engaging in sexual activity
- Sexualised risk taking including on internet
- Association with unknown adults or other sexually exploited young people
- Reduced contact with family and friends/support networks
- Getting into cars with unknown adults or associating with known CSE perpetrators.

Further guidance can be found in the CSE toolkit resource on

<http://www.northamptonshirescb.org.uk/schools/cse-professionals/tackling-cse-toolkit-schools/>

APPENDIX 9: DOMESTIC VIOLENCE AND ABUSE

New definition taken from gov.uk (March 2015)

The cross-government definition of domestic violence and abuse is:

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

- A. psychological
- B. physical
- C. sexual
- D. financial
- E. emotional

Controlling behaviour

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

Coercive behaviour

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

This is not a legal definition.

Domestic violence indicators in children

It is important to note that children may respond to domestic violence in different ways, even children within the same family. Some children may be profoundly affected by witnessing domestic violence whereas others may appear to be relatively unaffected. It is therefore important to remember that the behaviour listed below may have other causes.

Children's coping strategies and reactions to domestic violence may also be similar to those for other forms of abuse. Learning to recognise domestic violence can therefore be useful in protecting children from all forms of abuse.

What signs should we be looking out for?

(From Reader to the Framework for the Assessment of Children in Need and their Families 2000)

0 – 5 years

- Violence to the mother during pregnancy may result in neurological and physical damage.
- Physical and emotional neglect may result in basic needs for food and warmth not being met.
- Under-stimulation and neglect may result in cognitive delay.
- Witnessing unpredictable and frightening behaviour may result in symptoms similar to post traumatic stress disorder.
- Parental unhappiness, tension, irritability or lack of commitment may lead to faulty attachments.
- Babies and toddlers have difficulty in communicating distress.

5 – 9 years

- The risk of physical injury may lead to symptoms of extreme anxiety and fear. The child may be subject to abuse.
- School behaviour and academic attainment may be impaired.
- Children may blame themselves for parental behaviour. Self-blame may result in low self-esteem.
- Unplanned separations may cause distress and disrupt education and friendship patterns.
- Embarrassment and fear of unpredictable parental behaviour may result in curtailed friendships.
- Children may take on too much responsibility for self, parents and younger children.

10 – 14 years and older

- Coping with puberty without support.
- Denying own needs and feelings.
- An increased risk of psychological problems, behavioural disorders, suicidal behaviours and offending.
- Low self-esteem.
- Poor school attainment due to difficulties in concentrating.
- Poor school attainment due to absence in order to protect parent or younger children.
- Unacceptable behaviour resulting in a pattern of school exclusion.
- Isolation caused by reluctance to disclose for fear of family disruption.

Other related research indicates:

- Stress related illnesses
- Confused and torn loyalties
- Lack of trust
- Unnaturally good behaviour
- Taking on the parenting role
- Acceptance of abuse as normal

(Jaffe et al 1991, Debbonaire, NCH 1994)

Young people often fail to disclose abuse because:

- They are protecting the mother
- They are protecting the abusing parent
- They are fearful of the consequences of disclosure
- They fear they will not be taken seriously

APPENDIX 10: FEMALE GENITAL MUTILATION (FGM)

So-called 'honour-based' violence (HBV) encompasses crimes which have been committed to protect or defend the honour of the family and/or the community, including Female Genital Mutilation (FGM), forced marriage, and practices such as breast ironing. All forms of so called HBV are abuse (regardless of the motivation) and should be handled and escalated as such. If in any doubt staff should speak to the designated safeguarding lead.

It is essential that staff are aware of FGM practices and the need to look for signs, symptoms and other indicators of FGM. Teaching staff have a mandatory duty under Section 5 of the Female Genital Mutilation Act 2003 to report to the police where they discovered (either through disclosure by the victim or visual evidence) that FGM appears to have been carried out on a girl under 18. Teaching staff must liaise with the DSL in addition to their concerns.

A new screen tool to support identification is available on the NSCB website

http://northamptonshirescb.proceduresonline.com/client_supplied/fgm_screening_tool.docx

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 are:

- 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** and call the Contact centre

APPENDIX 11: FORCED MARRIAGE

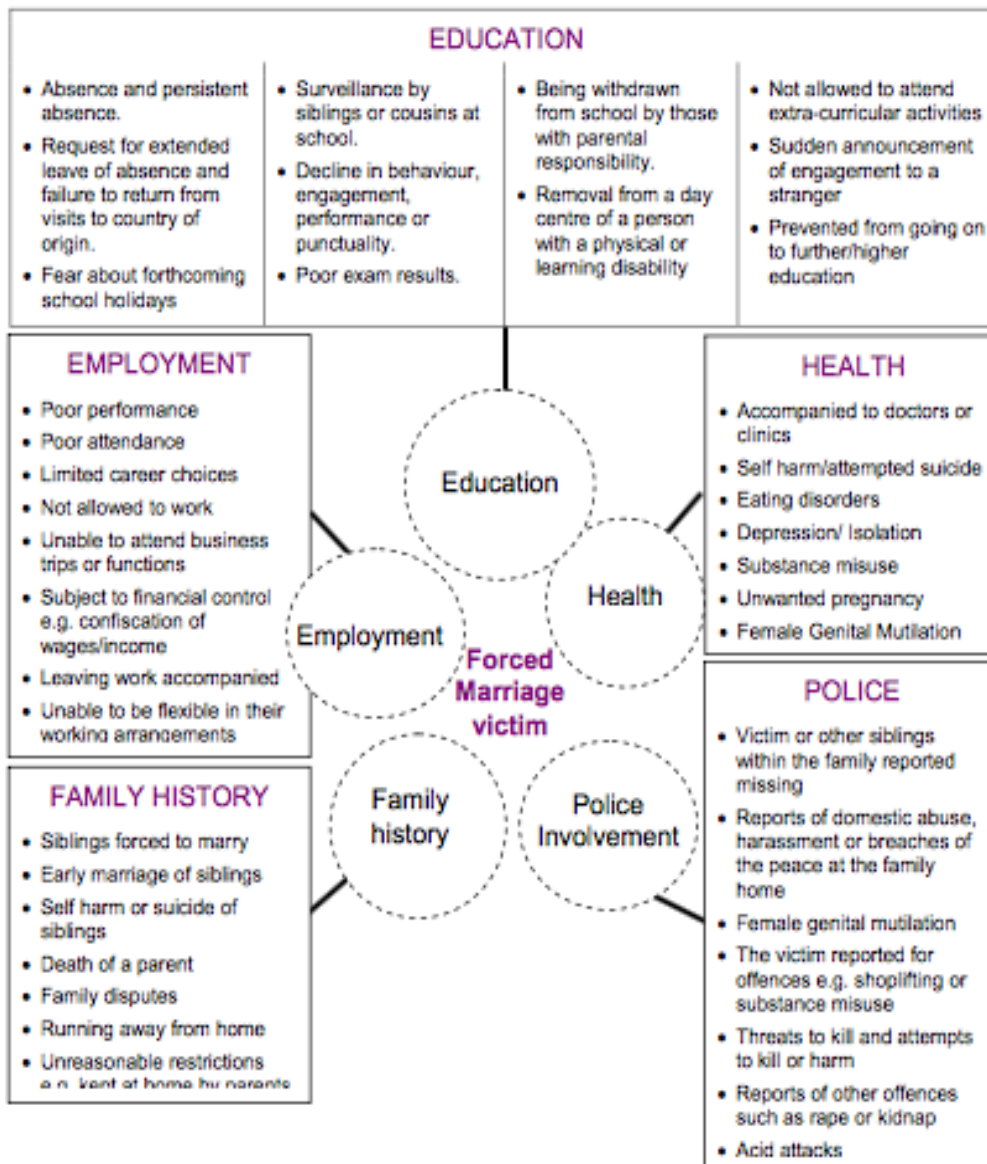
This is an entirely separate issue from arranged marriage. It is a human rights abuse and falls within the Crown Prosecution Service definition of domestic violence. Young men and women can be at risk in affected ethnic groups. Whistle-blowing may come from younger siblings. Other indicators may be detected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

Forced Marriage indicators taken from:

The Right to Choose: Multi-agency statutory guidance for dealing with forced marriage (June 2014)

CHART OF POTENTIAL WARNING SIGNS OR INDICATORS

These indicators are not intended to be an exhaustive list.



APPENDIX 12: SUBSTANCE ABUSE INDICATORS

There are many reasons why adults take drugs or drink alcohol. If doing so has negative consequences then it may be regarded as misuse. Some people may be at greater risk than others, but anyone can have a problem with drugs or alcohol.

To be healthy and to develop normally, children must have their basic needs met. If a parent is more concerned with funding an addiction, or is under the influence of drugs or alcohol, it may reduce their ability to meet their children's needs.

A disorganised lifestyle is a frequent consequence of substance misuse. Parents may fail to shop, cook, wash, clean, pay bills, attend appointments etc. This can lead to an inadequate home environment for children.

Children need conversation and play to stimulate their mental development, but substance misuse may affect a parent's ability to engage with their child. It may also affect a parent's ability to control their emotions. Severe mood swings and angry outbursts may confuse and frighten a child, hindering healthy development and control of their own emotions. Such parents may even become dependent on their own child for support. This can put stress on a child and mean they miss out on the experiences of a normal childhood.

Other consequences of substance misuse – lost jobs, unsafe homes (littered with half empty bottles or discarded syringes), broken marriages, severed family ties and friendships, and disruption of efforts made by a local authority to help – are also likely to negatively affect a child.

There are several signs which may indicate that someone has a problem. Adults who misuse drugs or alcohol may:

- become confused or violent
- drink alone
- drink everyday
- get 'the shakes' when they have not had a drink
- miss work or social activities
- neglect their own health, appearance and homes
- not be able to stop their drug taking or drinking
- try to hide or deny their problem.

The signs that may indicate that a child is being neglected – perhaps as a result of their parent's drug or alcohol misuse – include:

- poor appearance
- delayed development
- a child who is caring for a parent.

APPENDIX 13: PREVENTING RADICALISATION

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

Definition taken from Keeping Children Safe in Education-September 2016

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

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

Across the whole school curriculum we work to ensure we actively promote life in Modern Britain and as a result have developed our own British value statement (available on www.loatlandsprimary.net) of how we ensure our children are aware of individual liberty, democracy, mutual respect and tolerance of those with different faiths and beliefs and finally rule of law.

Concerns about the views of a child expressed in school should be recorded on a cause for concern pink form and return to the Designated Safeguarding Lead. The DSL on receipt of concerns will contact the Northamptonshire MASH for advice and log concerns with the Preventing extremism in schools and children's services helpline

Email

counter.extremism@education.gsi.gov.uk

Telephone

020 7340 7264

APPENDIX 14: MENTAL HEALTH ISSUES

Based on Mental health and behaviour in schools DfE guidance (March 2015)

Children who are mentally healthy have the ability to:

- develop psychologically, emotionally, intellectually and spiritually;
- initiate, develop and sustain mutually satisfying personal relationships;
- use and enjoy solitude;
- become aware of others and empathise with them;
- play and learn;
- develop a sense of right and wrong; and
- resolve (face) problems and setbacks and learn from them.

Class teachers see their pupils day in, day out. They know them well and are well placed to spot changes in behaviour that might indicate a problem. The balance between the risk and protective factors set out above is most likely to be disrupted when difficult events happen in pupils' lives.

These include:

- loss or separation – resulting from death, parental separation, divorce, hospitalisation, loss of friendships (especially in adolescence), family conflict or breakdown that results in the child having to live elsewhere, being taken into care or adopted;
- life changes – such as the birth of a sibling, moving house or changing schools or during transition from primary to secondary school, or secondary school to sixth form; and
- traumatic events such as abuse, domestic violence, bullying, violence, accidents, injuries or natural disaster.

Some children experience a range of emotional and behavioural problems that are outside the normal range for their age or gender. These children and young people could be described as experiencing mental health problems or disorders.

Mental health professionals have defined these as:

- emotional disorders, e.g. phobias, anxiety states and depression;
- conduct disorders, e.g. stealing, defiance, fire-setting, aggression and anti-social behaviour;
- hyperkinetic disorders e.g. disturbance of activity and attention;
- developmental disorders e.g. delay in acquiring certain skills such as speech, social ability or bladder control, primarily affecting children with autism and those with pervasive developmental disorders;
- attachment disorders, e.g. children who are markedly distressed or socially impaired as a result of an extremely abnormal pattern of attachment to parents or major care givers; and
- other mental health problems include eating disorders, habit disorders, post-traumatic stress syndromes; somatic disorders; and psychotic disorders e.g. schizophrenia and manic depressive disorder.

Many of these problems will be experienced as mild and transitory challenges for the child and their family, whereas others will have serious and longer lasting effects. When a problem is particularly severe or persistent over time, or when a number of these difficulties are experienced at the same time, children are often described as having mental health disorders.

APPENDIX 15: REPORT OF CONCERN FORM

Monsaye Record of concern

Child's Name :	
Male/Female :	
Date and time of concern :	
Your account of the concern: <i>use additional sheet of paper if necessary.</i> (what was said, observed, reported and by whom)	
Additional information : (your opinion, context of concern/disclosure)	
Your response : (what did you do/say following the concern)	
Your name :	Your signature :
Your position in school :	Date and time of this recording :
Name of DSL reported to:	
Action and response of DSL	
Feedback given to member of staff reporting concern:	

Information shared with any other staff? If so, what information was shared and what was the rationale for this?	Outcome of action taken by DSP (e.g. what was parental response? outcome of professional consultation/referral? etc.)
Name: Date:.....	

Checklist for DSP (to be printed on back of record of concern form)

- ✓ Child clearly identified?
- ✓ Name, designation and signature of the person completing the record populated?
- ✓ Date and time of any incidents or when a concern was observed?
- ✓ Date and time of written record?
- ✓ Distinguish between fact, opinion and hearsay
- ✓ Concern described in sufficient detail, i.e. no further clarification necessary?
- ✓ Child's own words used? (Swear words, insults, or intimate vocabulary should be written down verbatim.)
- ✓ Record free of jargon?
- ✓ Written in a professional manner without stereotyping or discrimination?
- ✓ Record of concern passed to DSP in a timely manner?
- ✓ The record includes an attached completed body map (if relevant) to show any visible injuries (body map available at www.thegrid.org.uk/info/welfare/child_protection/proformas/index.shtml)
- ✓ DSP has completed their sections in full-action taken and outcome, feedback to staff and information sharing?

Audit date:		Audited completed by:	
Overall RAG rating (see key below)			
Action needed	Timescale	Name and position of person responsible	Date action completed