BAYLIS COURT NURSERY SCHOOL

SAFEGUARDING:

Child Protection Policy

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 Safer Recruitment Policy, Behaviour Policy, Physical Intervention Policy, Anti-Bullying Policy, E-Safety Policy and Mobile Phone Usage Policy.

Purpose of a Child Protection Policy	To inform staff, parents, 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.
Slough Local Safeguarding Children Board Inter-agency Child Protection Procedures	The school follows the procedures established by the Berkshire Local Safeguarding Children Board Child Protection Procedures.
School Staff & Volunteers	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 school staff will receive appropriate safeguarding children training (which is updated regularly), so 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. It is good practice for the Designated Safeguarding Lead to deliver an annual update. Temporary staff and volunteers will be made aware of the safeguarding policies and procedures by the Designated Safeguarding Lead.
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 been abused will be supported in line with a child protection plan, where deemed necessary.

Include opportunities in the PSED curriculum for children to develop the skills they need to recognise and stay safe from abuse.

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

Vulnerability to radicalisation or extreme view points

The school recognises its duty to protect our children from indoctrination into any form of extreme ideology which may lead to the harm of self or others. This is particularly important because of the open access to electronic information through the internet. The nursery school aims to safeguard young people through providing information to parents/carers on the appropriate use of social media and the dangers of downloading and sharing inappropriate material which is illegal under the Counter-Terrorism Act.

The nursery school vets all visitors carefully and will take firm action if any individual or group is perceived to be attempting to influence members of our school community, either physically or electronically.

Our definition of radical or extreme ideology is 'a set of ideas which could justify vilification or violence against individuals, groups or self.'

Staff are trained to be vigilant for spotting signs of extremist view and behaviours and to always report anything which may suggest a child is expressing opinions which may cause concern. Our core mission of diversity permeates all we do. We place a strong emphasis on the common values that all communities share such as self-respect, tolerance and the sanctity of life. We work hard to broaden our students' experience, to prepare them for life and work in contemporary Britain. We teach them to respect and value the diversity around them as well as understanding how to make safe, well-considered decisions.

Implementation, Monitoring and Review of the Child Protection Policy

The policy will be reviewed annually by the 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 and through staff performance measures.

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)
- Berkshire Local Safeguarding Children Board Child Protection Procedures (online)
- Keeping Children Safe in Education. Statutory guidance for schools and colleges (DfE September 2018)
- Working Together to Safeguard Children (DfE July 2018)
- The Education (Pupil Information) (England) Regulations 2005

Schools are also expected to ensure that they have appropriate procedures in place for responding to situations in which they believe that a child has been abused or are at risk of abuse - these procedures should also cover circumstances in which a member of staff is accused of, or suspected of, abuse. Refer to our 'Allegations of Abuse Against Staff' policy.

Keeping Children Safe in Education (September 2018) places the following responsibilities on all schools:

- Schools should be aware of and follow the procedures established by the Slough Safeguarding Children Board

- Staff should be alert to signs of abuse and know to whom they should report any concerns or suspicions

- Schools should have procedures (of which all staff are aware) for handling suspected cases of abuse of pupils, including procedures to be followed if a member of staff is accused of abuse, or suspected of abuse

- A Designated Senior Person (referred to in 'Keeping Children Safe in Education (September 2018) as Designated Safeguarding Lead should have responsibility for co-ordinating action within the school and liaising with other agencies

- Staff with the designated safeguarding lead should undergo updated child protection training every two years

Keeping Children Safe in Education (September 2018) Part Two pages 15 - 21 clearly states the responsibility of governing body for the management of safeguarding.

3. THE DESIGNATED SAFEGUARDING LEAD

The Designated Safeguarding Lead in this school is:

NAME: Philip Gregory (Head Teacher)

A Deputy Designated Safeguarding Lead should be appointed to act in the absence/unavailability of the DSL.

The Deputy Designated Safeguarding Lead in this school is:

NAME: Sarah O'Brien

It is the role of the Designated Safeguarding Lead to:

- Ensure that he/she receives refresher training at two yearly intervals to keep his or her knowledge and skills up to date
- Ensure that the head teacher and all staff members receive appropriate child protection training which is regularly updated.
- Ensure that new staff receive a safeguarding children induction within 7 working days of commencement of their contract
- Ensure that temporary staff and volunteers are made aware of the school's arrangements for safeguarding children within 7 working days of their commencement of work.
- Ensure that the school operates within the legislative framework and recommended guidance
- Ensure that all staff and volunteers are aware of the Slough Local Safeguarding Board Child Protection Procedures and any other relevant local guidance e.g. safe drop off/collection of children guidance
- Ensure that the head teacher is kept fully informed of any concerns
- Develop effective working relationships with other agencies and services
- Decide upon the appropriate level of response to specific concerns about a child e.g. discuss with parents, offer an assessment under the Early Help Assessment or refer to Children, Schools and Families social care.
- Liaise and work with Children's Services, Safeguarding and Specialist Services over suspected cases of child abuse
- Ensure that accurate safeguarding records relating to individual children are kept separate from the academic file in a secure place, marked 'Strictly Confidential' and are passed securely should the child transfer to a new provision
- Submit reports, ensure the school's attendance at child protection conferences and contribute to decision making and delivery of actions planned to safeguard the child
- Ensure that the school effectively monitors children about whom there are concerns, including notifying Children's Services: Safeguarding and Specialist Services when there is an unexplained absence of more than two days for a child who is the subject of a child protection plan
- Provide guidance to parents, children and staff about obtaining suitable support
- Discuss with new parents the role of the DSL and the role of safeguarding in the school. Make parents aware of the safeguarding procedures used and how to access the child protection policy.

4. THE GOVERNING BODY

The Governing Body has overall responsibility for ensuring that there are sufficient measures in place to safeguard the children in their establishment. It is recommended that a nominated governor for child protection is appointed to take lead responsibility.

The nominated governor for safeguarding and Prevent is:

NAME: Valerie Oliver (Chair)

In particular the Governing Body must ensure:

- Child protection policy and procedures
- Safer recruitment procedures
- Appointment of a Designated Safeguarding Lead who is a senior member of school leadership team
- Relevant safeguarding children training for school staff is attended
- Safe management of allegations
- Deficiencies or weaknesses in safeguarding arrangements are remedied without delay
- A member of the Governing Body (usually the Chair) is nominated to liaise with the local authority and/or partner agencies on issues of child protection and in the vent of allegations of abuse made against the head teacher
- Safeguarding policies and procedures are reviewed annually

5. SCHOOL PROCEDURES - STAFF RESPONSIBILITIES

If any member of staff is concerned about a child he or she must inform the Designated Safeguarding Lead.

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.

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

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

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

As a person who works with children, staff have a duty to refer safeguarding concerns to the Designated Safeguarding Lead for child protection. However if:

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

Then staff refer to procedures in the Whistleblowing Policy or directly contact Slough Children's Services on 01753 875362.

6. WHEN TO BE CONCERNED

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

- Physical abuse
- Emotional abuse
- Sexual abuse
- Neglect

All staff and volunteers should be concerned about a child if he/she presents with indicators of possible significant harm – **see Appendix 1 for details**.

Generally, in an abusive relationship the child may:

- Appear frightened of the parent/s or other household members e.g. siblings or others outside of the home

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

- Display insufficient sense of 'boundaries', lack stranger awareness

- Appear wary of adults and display 'frozen watchfulness'

Children with Special Educational Needs and Disabilities
Children with SEND can face additional safeguarding challenges. The governing body recognises that additional barriers can exist when recognising abuse and neglect in this group of children. These can include:

- Assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration;
- The potential for children with SEND being disproportionally impacted by behaviours such as bullying, without outwardly showing any signs;
- Communication barriers and difficulties in overcoming these barriers;
- 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.

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, sexual or emotional and can include gender based violence/ sexual assaults, sexting, teenage relationship abuse, peer-on-peer exploitation, serious youth violence, sexual bullying or harmful sexual behaviour.

Staff should recognise that children are capable of abusing their peers and should not be tolerated or passed off as “banter” or “part of growing up”.

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

- Provides a developmentally appropriate personal social and emotional development curriculum which supports children’s understanding of acceptable behaviour and keeping themselves safe.
- Have systems in place for any child to raise concerns with staff, knowing that they will be listened to, believed and valued.
- Develop robust risk assessments where appropriate (e.g. Using the Risk Assessment Management Plan and Safety and Support Plan tools).
- Have relevant policies in place (behaviour policy, anti-bullying policy).

Procedure For Peer on Peer abuse:-

- When an allegation is made by a pupil against another student, members of staff should consider whether the complaint raises a safeguarding concern. If there is a safeguarding concern the Designated Safeguarding Lead (DSL) should be informed.
- A factual record should be made of the allegation, but no attempt at this stage should be made to investigate the circumstances.
- The DSL will seek advice form the duty social worker and make a referral where appropriate.
- If the allegation indicates that a potential criminal offence has taken place, the DSL will refer the case to the multi-agency agency safeguarding hub where the police will become involved.
- Parents, of both the child being complained about and the alleged victim, should be informed and kept updated on the progress of the referral.
- The DSL will make a record of the concern, the discussion and any outcome and keep a copy in the files of both pupils’ files.
- It may be appropriate to exclude the pupil being complained about for a period of time according to the school’s behaviour policy and procedures.

- Where neither social services nor the police accept the complaint, a thorough school investigation should take place into the matter.
- In situations where the school considers a safeguarding risk is present, a risk assessment should be prepared along with a preventative, supervision plan.
- The plan should be monitored and a date set for a follow-up evaluation with everyone concerned.

Sexual Violence and Sexual Harassment between Children (with particular reference to Keeping Children Safe in Education September 2018, pages 83-86)

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, genitalia, and lifting up skirts. Dismissing or tolerating such behaviours risks normalising them.

Here at Baylis Court Nursery School, we refer to The Sexual Behaviours Traffic Light Tool by the Brook Advisory Service to help us as professionals; assess and respond appropriately to sexualised behaviour. The traffic light tool can be found at www.brook.org.uk/our-work/the-sexual-behaviours-traffic-light-tool. Staff also have access to hard copies of the traffic light tool.

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 in section 5 of this policy. 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 designated safeguarding lead).

If you discover that Female Genital Mutilation (FGM) has taken place or a pupil is at risk of FGM
The Department for Education's Keeping Children Safe in Education explains that FGM comprises "all procedures involving partial or total removal of the external female genitalia, or other injury to the female genital organs".

FGM is illegal in the UK and a form of child abuse with long-lasting, harmful consequences. It is also known as 'female genital cutting', 'circumcision' or 'initiation'.

Possible indicators that a pupil has already been subjected to FGM, and factors that suggest a pupil may be at risk, are set out in appendix 3.

Any teacher who discovers that an act of FGM appears to have been carried out on a **pupil under 18** must immediately report this to the police, personally. This is a statutory duty, and teachers will face disciplinary sanctions for failing to meet it.

The duty above does not apply in cases where a pupil is *at risk* of FGM or FGM is suspected but is not known to have been carried out. Staff should not examine pupils.

Any other member of staff who discovers that an act of FGM appears to have been carried out on a **pupil under 18** must speak to the DSL and follow our local safeguarding procedures.

Any member of staff who suspects a pupil is *at risk* of FGM must speak to the DSL and follow our local safeguarding procedures.

Child Sexual Exploitation

The definition of child sexual exploitation is as follows:

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

Possible indicators that a pupil has already been subjected to CSE, and factors that suggest a pupil may be at risk, are set out in appendix 3.

Where a staff member suspects CSE, the DSL will complete the Berkshire LSCB Child protection Procedures CSE indicator Tool **(**http://berks.proceduresonline.com/slough/p_ch_sexual_exploit.html**)** and submit this along with a multi agency referral form (MARF) to Slough Children's Services. The indicator tool aims to help practitioners focus on the specific CSE indicators and determine whether further investigations are needed by Children's Social Care and Thames Valley Police. This tool therefore informs both assessment of need and referrals to Children's Social Care.

7. 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
- Not promise confidentiality – it might be necessary to refer to Children's Social Care
- 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 Safeguarding Lead without delay

Support

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.

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 Social Care 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.
- 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. COMMUNICATION WITH PARENTS

Baylis Court Nursery School will:

Undertake appropriate discussion with parents prior to involvement of another agency unless to do so would place the child at further risk of harm.

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

10. RECORD KEEPING

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

- Make brief notes as soon as possible after the conversation. Use the school record of concern sheet wherever possible.
- 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 a diagram to indicate the position of any injuries
- Record statements and observations rather than interpretations or assumptions

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

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

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 s/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.

To reduce the risk of allegations, all staff should be aware of safer working practice and should be familiar with the guidance contained in the staff handbook, school code of conduct or Government document 'Keeping Children Safe in Education September 2018 – Part Four'.

The person to whom an allegation is first reported should take the matter seriously and keep an open mind. S/he should not investigate or ask leading questions if seeking clarification; it is important not to make assumptions. Confidentiality should not be promised and the person should be advised that the concern will be shared on a 'need to know' basis only.

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 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 Local Authority Designated Officer (LADO).

If the concerns are about the head teacher, then the Chair of Governors should be contacted. The Chair of Governors in this school is:

NAME:	**CONTACT NUMBER:**
Valerie Oliver	**01753 521917**

In the absence of the Chair of Governors, staff should make a referral to the Local Authority Designated Officer (LADO).

NAME:	**CONTACT NUMBER:**
Local Authority Designated Officer	**Nicola Johnstone: 01753 474053, mobile 0788 5828 387**
	Email: nicola.johnstone@scstrust.co.uk

Staff can also make contact with the NSPCC if they have concerns about suspected child abuse internally:

NSPCC can be contacted in the following ways:

Telephone: 0800 028 0285 – line is available from 8:00 AM to 8:00 PM, Monday to Friday

Email: help@nspcc.org.uk

Post: National Society for the Prevention of Cruelty to Children (NSPCC), Weston House, 42 Curtain Road, London EC2A 3NH

For further information see:

Berkshire Local Safeguarding Children Board Child Protection Procedures (online Chapter 31 Allegations Against Staff, Carers and Volunteers)

APPENDIX 1 - INDICATORS OF HARM

PHYSICAL ABUSE

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

Indicators in the child

Bruising

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

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

Fractures

Fractures may cause pain, swelling and discolouration over a bone or joint. It is unlikely that a child will have had a fracture without the carers being aware of the child's distress.

If the child is not using a limb, has pain on movement and/or swelling of the limb, there may be a fracture. There are grounds for concern if:

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

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

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

Mouth Injuries

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

Poisoning

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

Fabricated or Induced Illness

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

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

Bite Marks

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

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

Burns and Scalds

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

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

Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate

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

The following points are also worth remembering:

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

Scars

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

Emotional/behavioural presentation

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

Indicators in the parent

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

May appear unusually concerned about the results of investigations which may indicate physical illness in the child
Wider parenting difficulties may (or may not) be associated with this form of abuse.
Parent/carer has convictions for violent crimes.

Indicators in the family/environment

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

EMOTIONAL ABUSE

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

It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.

It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction.

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

Indicators in the child

Developmental delay
Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or no attachment
Aggressive behaviour towards others
Child scapegoated within the family
Frozen watchfulness, particularly in pre-school children
Low self esteem and lack of confidence

Withdrawn or seen as a 'loner' - difficulty relating to others
Over-reaction to mistakes
Fear of new situations
Inappropriate emotional responses to painful situations
Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)
Self harm
Fear of parents being contacted
Extremes of passivity or aggression
Drug/solvent abuse
Chronic running away
Compulsive stealing
Low self-esteem
Air of detachment – 'don't care' attitude
Social isolation – does not join in and has few friends
Depression, withdrawal
Behavioural problems e.g. aggression, attention seeking, hyperactivity, poor attention
Low self esteem, lack of confidence, fearful, distressed, anxious
Poor peer relationships including withdrawn or isolated behaviour

Indicators in the parent

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

Indicators of in the family/environment

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

NEGLECT

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

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

- ***provide adequate food, clothing and shelter (including exclusion from home or abandonment);***
- ***protect a child from physical and emotional harm or danger;***
- ***ensure adequate supervision (including the use of inadequate care-givers); or***
- ***ensure access to appropriate medical care or treatment.***

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

Indicators in the child

Physical presentation

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

Development

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

Emotional/behavioural presentation

Attachment disorders
Absence of normal social responsiveness
Indiscriminate behaviour in relationships with adults
Emotionally needy
Compulsive stealing
Constant tiredness
Frequently absent or late at school
Poor self esteem

Destructive tendencies
Thrives away from home environment
Aggressive and impulsive behaviour
Disturbed peer relationships
Self harming behaviour

Indicators in the parent

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

Indicators in the family/environment

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

SEXUAL ABUSE

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

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

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

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

Indicators in the child

Physical presentation

Urinary infections, bleeding or soreness in the genital or anal areas
Recurrent pain on passing urine or faeces
Blood on underclothes
Sexually transmitted infections
Vaginal soreness or bleeding
Pregnancy in a younger girl where the identity of the father is not disclosed and/or there is secrecy or vagueness about the identity of the father
Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing

Emotional/behavioural presentation

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

Indicators in the parents

Comments made by the parent/carer about the child.

Lack of sexual boundaries
Wider parenting difficulties or vulnerabilities
Grooming behaviour
Parent is a sex offender

Indicators in the family/environment

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

APPENDIX 2

Taken from Slough Local Safeguarding Children Board online procedures:

CHAPTER 37: Supporting Children and Young People Vulnerable to Violent Extremism (NEW JULY 2013)

SCOPE OF THIS CHAPTER

This chapter is based on and summarises the document '**Prevent and Safeguarding Guidance: Supporting Individuals Vulnerable to Violent Extremism**', which has been issued by the Association of Chief Police Officers (ACPO).

The guidance provides advice on how to manage and respond to concerns of children and young people identified as being vulnerable to and affected by the radicalisation of others.

AMENDMENT

This chapter was the subject of prior consultation and was added to these procedures in July 2013**.**
Contents

1. **Introduction**
2. **National Guidance and Strategies**
3. **Referral and Intervention Processes**
4. **Local Support**
5. **Understanding and Recognising Risks and Vulnerabilities of Radicalisation**

1. Introduction

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

There is no obvious profile of a person likely to become involved in extremism or a single indicator of when a person might move to adopt violence in support of extremist ideas. The process of radicalisation is different for every individual and can take place over an extended period or within a very short time frame.

Three main areas of concern have been identified for initial attention in developing the awareness and understanding of how to recognise and respond to the increasing threat of children/young people being radicalised:

- Increasing understanding of radicalisation and the various forms it might take, thereby enhancing the skills and abilities to recognise signs and indicators amongst all staff working with children and **young people;**
- Identifying a range of interventions - universal, targeted and specialist - and the expertise to apply these proportionately and appropriately;
- Taking appropriate measures to safeguard the wellbeing of children living with or in direct contact with known extremists.

2. National Guidance and Strategies

The following are part of the government's counter terrorist strategy, referred to as CONTEST.

The Prevent Strategy: A Guide for Local Partners in England. Stopping people becoming or supporting terrorists and violent extremists.

The expectation is that within all local authority areas a Prevent multi-agency partnership board is established to plan and manage responses. Children's Services should be involved and participate in the Area Partnership Board for Prevent and kept informed of the particular risks in their area.

Reference to the Prevent Strategy 2011.

Learning together to be safe: A toolkit to help schools contribute to the prevention of violent extremism

This provides guidance and advice on the importance of schools developing approaches to prevent violent extremism in children and young people within their existing work.

Recognising and Responding to Radicalisation: Considerations for policy and practice through the eyes of street level workers

View RecoRa website

Channel: Protecting vulnerable people from being drawn into terrorism - A guide for local partnerships (October 2012)

The Channel programme is an initiative led by the Police and operates in areas identified as having higher levels of risk, to provide support to those at risk of being drawn into violent extremism. The guidance identifies as good practice the importance of having:

- A clear referral process incorporating a multi-agency panel;

- An identified co-ordinator or location of expertise for advice, guidance and support;
- Information sharing protocols.

3. Referral and Intervention Processes

The ACPO guidance provides a model referral process for children and young people who are vulnerable to radicalisation and/or who may be at risk through living with or being in direct contact with known extremists.

Click here to view Model Flowchart for referral of Children and Young People for Concerns of Radicalisation in Children's Services

Staff working with children should use this model to assist them in identifying and responding to concerns about children who may be vulnerable to being drawn into violent extremist activity.

Any member of staff who identifies such concerns, for example as a result of observed behaviour or reports of conversations to suggest the child supports terrorism and/or violent extremism, must report these concerns to the named or designated safeguarding professional in their organisation or agency, who will consider what further action is required. See also **Section 5, Understanding and Recognising Risks and Vulnerabilities of Radicalisation**.

As set out in the flowchart, the named or designated professional must discuss any such concerns with the local police. After consultation with the police and in light of any further information gathered about the child and the family, if it is considered there are grounds for further involvement, a multi agency assessment meeting (usually involving the child, parents and relevant professionals) should be convened to determine the appropriate response and how this should be delivered.

The aim is to ensure an early identification of children's vulnerabilities and promote a coordinated response, wherever possible within universal provision (Tier 1) or through targeted interventions (Tier 2) and the **CAF** process. The emphasis should be on *supporting vulnerable children and young people*, rather than informing on or "spotting" those with radical or extreme views.

The attached table, **'Appropriate, proportionate responses and interventions'** (which has been reproduced from the ACPO Guidance) gives examples of the range of responses where concerns of radicalisation have been identified.

In exceptional cases, it may be considered that a child or young person is involved or potentially involved in supporting or pursuing extremist behaviour. This may be, for example, where the child is part of a family with known extremists (e.g. people who are currently subject to criminal proceedings or who have been convicted of terrorism related offences.) Where this is the case, a referral must be made to Children's

Social Care Services under the **Referral and Assessment Procedure** and the police must be informed. Further investigation by the police will be required, prior to other assessments and interventions.

While the nature of the risk may raise security issues, the process should not be seen as different from dealing with the likelihood of **Significant Harm** or vulnerability due to the exposure to other influences.

Consideration should be given to the possibility that sharing information about the concerns with the parents may increase the risk to the child and therefore may not be appropriate at the referral stage - see **Information Sharing & Confidentiality Procedure**.

Consideration should also be given to the need for an emergency response - this will be extremely rare but examples are where there is information that a violent act is imminent or where weapons or other materials may be in the possession of a young person or member of his or her family. In this situation a 999 call must be made.

Where there is involvement as a result of the concerns, any provision of services should be subject to regular reviews until it is deemed appropriate to end the agreed response.

4. Local Support

Locally, the following organisations are able to provide additional advice and guidance in relation to safeguarding individuals vulnerable to radicalisation and children who may be at risk through living with or being in direct contact with known extremists:

5. Understanding and Recognising Risks and Vulnerabilities of Radicalisation

Children and young people can be drawn into violence or they can be exposed to the messages of extremist groups by many means.

These can include through the influence of family members or friends and/or direct contact with extremist groups and organisations or, increasingly, through the internet. This can put a young person at risk of being drawn into criminal activity and has the potential to cause **Significant Harm**.

The risk of radicalisation is the product of a number of factors and identifying this risk requires that staff exercise their professional judgement, seeking further advice as necessary. It may be combined with other vulnerabilities or may be the only risk identified.

Potential indicators include:

- Use of inappropriate language;

- Possession of violent extremist literature;
- Behavioural changes;
- The expression of extremist views;
- Advocating violent actions and means;
- Association with known extremists;
- Seeking to recruit others to an extremist ideology.

APPENDIX 3

SPECIFIC SAFEGUARDING ISSUES

Further information on specific forms of abuse and safeguarding can be found in Annex A of Keeping Children Safe in Education (September 2018). All staff have received, read and understood Annex A along with Part One of KCSIE.

Children Missing from Education

A child going missing from education is a potential indicator of abuse or neglect, and such children are at risk of being victims of harm, exploitation or radicalisation.

There are many circumstances where a child may become missing from education, but some children are particularly at risk. These include children who:

- Are at risk of harm or neglect
- Come from Gypsy, Roma, or Traveller families
- Come from the families of service personnel
- Go missing or run away from home or care
- Are supervised by the youth justice system
- Cease to attend a school
- Come from new migrant families

We will follow our procedures for unauthorised absence and for dealing with children who go missing from education, particularly on repeat occasions, to help identify the risk of abuse and neglect, including sexual exploitation, and to help prevent the risks of going missing in future. This includes informing the local authority if a child leaves the school without a new school being named, and adhering to requirements with respect to sharing information with the local authority, when applicable, when removing a child's name from the admission register at non-standard transition points.

Staff will be trained in signs to look out for and the individual triggers to be aware of when considering the risks of potential safeguarding concerns which may be related to being missing, such as travelling to conflict zones, FGM and forced marriage.

If a staff member suspects that a child is suffering from harm or neglect, we will follow local child protection procedures, including with respect to making reasonable enquiries. We will make an immediate referral to the local authority children's social care team, and the police, if the child is in immediate danger or at risk of harm.

Child Sexual Exploitation

Child sexual exploitation (CSE) is a form of sexual abuse where children are sexually exploited for money, power or status.

This can involve violent, humiliating and degrading sexual assaults, but does not always involve physical contact and can happen online. For example, young people may be persuaded or forced to share sexually explicit images of themselves, have sexual conversations by text, or take part in sexual activities using a webcam.

Children or young people who are being sexually exploited may not understand that they are being abused. They often trust their abuser and may be tricked into believing they are in a loving, consensual relationship.

If a member of staff suspects CSE, they will discuss this with the DSL. The DSL will trigger the local safeguarding procedures, including a referral to the local authority's children's social care team and the police, if appropriate.

Indicators of sexual exploitation can include a child:

- Appearing with unexplained gifts or new possessions
- Associating with other young people involved in exploitation
- Having older boyfriends or girlfriends
- Suffering from sexually transmitted infections or becoming pregnant
- Displaying inappropriate sexualised behaviour
- Suffering from changes in emotional wellbeing
- Misusing drugs and/or alcohol
- Going missing for periods of time, or regularly coming home late
- Regularly missing school or education, or not taking part in education

Female Genital Mutilation - FGM

The DSL will make sure that staff have access to appropriate training to equip them to be alert to children affected by FGM or at risk of FGM.

Section 7.3 of this policy sets out the procedures to be followed if a staff member discovers that an act of FGM appears to have been carried out or suspects that a pupil is at risk of FGM.
Indicators that FGM has already occurred include:

- A pupil confiding in a professional that FGM has taken place
- A mother/family member disclosing that FGM has been carried out
- A family/pupil already being known to social services in relation to other safeguarding issues

A girl:

1. Having difficulty walking, sitting or standing, or looking uncomfortable
2. Finding it hard to sit still for long periods of time (where this was not a problem previously)
3. Spending longer than normal in the bathroom or toilet due to difficulties urinating
4. Having frequent urinary, menstrual or stomach problems
5. Avoiding physical exercise or missing PE
6. Being repeatedly absent from school, or absent for a prolonged period
7. Demonstrating increased emotional and psychological needs – for example, withdrawal or depression, or significant change in behaviour
8. Being reluctant to undergo any medical examinations
9. Asking for help, but not being explicit about the problem
10. Talking about pain or discomfort between her legs

Potential signs that a pupil may be at risk of FGM include:

- The girl's family having a history of practising FGM (this is the biggest risk factor to consider)
- FGM being known to be practised in the girl's community or country of origin
- A parent or family member expressing concern that FGM may be carried out
- A family not engaging with professionals (health, education or other) or already being known to social care in relation to other safeguarding issues

A girl:

11. Having a mother, older sibling or cousin who has undergone FGM
12. Having limited level of integration within UK society
13. Confiding to a professional that she is to have a “special procedure” or to attend a special occasion to “become a woman”
14. Talking about a long holiday to her country of origin or another country where the practice is prevalent, or parents stating that they or a relative will take the girl out of the country for a prolonged period
15. Requesting help from a teacher or another adult because she is aware or suspects that she is at immediate risk of FGM
16. Talking about FGM in conversation – for example, a girl may tell other children about it (although it is important to take into account the context of the discussion)
17. Being unexpectedly absent from school
18. Having sections missing from her ‘red book’ (child health record) and/or attending a travel clinic or equivalent for vaccinations/anti-malarial medication

The above indicators and risk factors are not intended to be exhaustive.

Forced Marriage

Forcing a person into marriage is a crime. A forced marriage is one entered into without the full and free consent of one or both parties and where violence, threats, or any other form of coercion is used to cause a person to enter into a marriage. Threats can be physical or emotional and psychological.

Staff will receive training around forced marriage and the presenting symptoms. We are aware of the ‘one chance’ rule, i.e. we may only have one chance to speak to the potential victim and only one chance to save them.

If a member of staff suspects that a pupil is being forced into marriage, they will speak to the pupil about their concerns in a secure and private place. They will then report this to the DSL.

The DSL will:

- Speak to the pupil about the concerns in a secure and private place
- Activate the local safeguarding procedures and refer the case to the local authority’s designated officer
- Seek advice from the Forced Marriage Unit on 020 7008 0151 or fmu@fco.gov.uk
- Refer the pupil to an education welfare officer, pastoral tutor, learning mentor, or school counsellor, as appropriate

Policy Review

This policy will be reviewed in full by the Governing Body on an annual basis.

Agreed by Governing Body: 22nd June 2018

Review Date: June 2019

Chair of Governing Body signature:…….

Head Teacher signature:……..