



Durrington High School Child Protection Policy 2018 - 2019

| Key Contacts: | |
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INTRODUCTION

- ◆ At Durrington High School we are committed to safeguarding children and young people and expect everyone who works in our school to share this commitment. The purpose of this policy is to inform staff, parents/carers, volunteers and governors about the school's responsibilities for safeguarding children and to enable everyone to have a clear understanding of how these responsibilities should be carried out. Where the word staff is used, it applies to all employees, it also applies to anyone training, consultants, contractors, agency staff, casual staff and volunteers. They will be collectively referred to as staff in this policy. Third parties related to us and who work on our site/with our students are also covered by this policy (e.g. cleaning and catering staff who work in the school)
- ◆ The Governing body takes seriously its responsibility to safeguard and promote the welfare of children in its care; and to work together with other agencies to ensure adequate arrangements within our school to identify, assess, and support children who are, or who may be, suffering harm.
- ◆ We recognise that all adults, including temporary staff, volunteers and governors, have a full and active part to play in protecting children from harm, and that the child's welfare is our paramount concern. Adults in our school take all welfare concerns seriously and encourage children and young people to talk to them about anything that worries them.
- ◆ All staff members believe that our school should provide a caring, positive safe and stimulating environment that promotes the social, physical and moral development of the individual child.
- ◆ Staff members working with children are advised to maintain an attitude of 'it could happen to a child we know' where safeguarding is concerned. When concerned about the welfare of a child, staff members should always act in the interests of the child.

Durrington High School will:

- ◆ Teach pupils about safeguarding, including online, through various teaching and learning opportunities as part of a broad and balanced curriculum.
- ◆ Support parents with practical guidance on how to keep their children safe on line.
- ◆ Support the child's development in ways that will foster security, confidence and independence.

- ◆ Provide an environment in which children and young people feel safe, secure, valued and respected, and feel confident, and know how, to approach adults if they may be worried about being listened to.
- ◆ Provide a systematic means of monitoring children known or thought to be at risk of harm, and ensure we, the school, contribute to assessments of need and support packages for those children.
- ◆ Emphasise the need for good levels of communication between all members of staff and between the school and other agencies.
- ◆ Have and regularly review a structured procedure within the school which will be followed by all members of the school community in cases of suspected abuse.
- ◆ Develop and promote effective working relationships with other agencies, especially the Police and Children's Services.
- ◆ Ensure that all adults within our school who have substantial access to children have been recruited and checked as to their suitability in accordance with Part Three of Keeping Children Safe in Education (DfE 2018).

STATUTORY FRAMEWORK

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

- The Children Act 1989
- The Children Act 2004
- Education Act 2002
- Keeping Children Safe in Education (DfE 2018)
[Keeping children safe in education: for schools and colleges](#)
- Working Together to Safeguard Children (2018)
[Working together to safeguard children](#)
- The Counter-Terrorism and Security Act 2015 s. 26
- Information sharing – July 2018

RESPONSIBILITIES

General school staff responsibilities:

- ◆ Schools should be aware of and follow the Sussex Child Protection & Safeguarding Procedures, produced by West Sussex, East Sussex, and Brighton & Hove and available as an electronic copy at <http://pansussexscb.proceduresonline.com/index.htm>
- ◆ All staff should read Keeping Children Safe in Education (2018) Part 1 and Annex 1.

- ◆ All staff should be alert to signs of abuse and know to whom they should report any concerns or suspicions. If staff members are uncertain they should always speak to the Designated Member of Staff for Child Protection. In exceptional circumstances, such as in emergency or a genuine concern that appropriate action has not been taken, staff members can speak directly to children's social care.
- ◆ Schools should have procedures (of which all staff are aware) for handling suspected cases of abuse of children, including procedures to be followed if a child harms another child or a member of staff is accused of abuse, or suspected of abuse.
- ◆ Designated Members of Staff for Child Protection undergo updated child protection training every two years. The head teacher and all members of staff are provided with regular updated child protection training in line with advice from the West Sussex LSCB (currently every two years).
- ◆ The school's lettings policy will ensure the suitability of adults working with children on school premises at any time. Those authorised by the school to work with children on school premises should enter into a formal commitment to comply with the school's child safeguarding responsibilities. Community users organising activities for children will be made aware of the school's child protection guidelines and procedures and will confirm their commitment to abide by them.

Responsibilities of the Governing Body:

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

The nominated governor for child protection in this school is:

Name: Joanne Lee

The responsibilities placed on governing bodies and proprietors include:

- ◆ Ensuring that an effective child protection policy is in place and reviewed annually, together with a staff safeguarding and ICT acceptable use policy which should, amongst other things, include staff/students relationships and communications, including the use of social media. These policies are provided to all staff – including temporary staff and volunteers – on induction and that staff are kept up to date with changes.
- ◆ Contributing to inter-agency working, which includes providing a coordinated offer of early help when additional needs of children are identified. This includes allowing access for children's social care from the

host local authority and, where appropriate, from a placing local authority, for that authority to conduct, or to consider whether to conduct, a section 17 or a section 47 assessment.

- ◆ Appointing a designated member of staff for child protection who should undergo refresher child protection training every two years.
- ◆ Ensuring that schools and colleges create a culture of safe recruitment and, as part of that, adopt recruitment procedures that help deter, reject or identify people who might abuse children (Part Three: Safer Recruitment. Keeping Children Safe in Education (KCSIE) 2018).
- ◆ Be aware of the document sexual violence and sexual harassment between children in schools and colleges (May 2018) – specifically parts of KCSIE Sept 2018.
- ◆ Ensuring that at least one member of an appointing panel will have attended safer recruitment training.
- ◆ Ensuring that the school keeps an up to date single central record of all staff and volunteers and the dates of all appropriate safeguarding checks.
- ◆ Monitoring the adequacy of resources committed to child protection, and the staff and governor training profile.
- ◆ Recognising that neither it, nor individual governors, have a role in pursuing or managing the processes associated with individual cases of child protection, nor a right to know details of such cases, except when exercising their disciplinary functions in respect of allegations against staff
- ◆ Making sure that the child protection policy is available to parents on request.
- ◆ Ensuring that this policy and practice complements other policies e.g. anti-bullying, including cyber bullying and health and safety, to ensure safeguarding.
- ◆ Prioritising the welfare of children and young people and creating a culture where staff are confident to challenge senior leaders over any safeguarding concerns.
- ◆ Giving consideration as to how children may be taught about safeguarding, including online, through teaching and learning opportunities, as part of providing a broad and balanced curriculum.

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

THE DESIGNATED MEMBER OF STAFF (DMS) FOR CHILD PROTECTION

The Designated Member of Staff for Child Protection in this school is:

NAME: _____Chris Woodcock_____ Date: __18.03.2018_____

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

The Deputy Designated Member of Staff for Child Protection in this school is:

NAME: __Claire Hatchard_____ Date: ____21.09.2018_____

The broad areas of responsibility for the Designated Member of Staff are:

Managing referrals and concerns regarding individual children:

Referring all cases of suspected abuse to the MASH (MASH) (Multi Agency Safeguarding Hub) MASH@westsussex.gcsx.gov.uk

- ◆ and to the Police (cases where a crime may have been committed).
- ◆ Sending a written record of the referral to the MASH by the end of the working day the referral is made.
- ◆ Keeping written records of concerns about a child even if there is no need to make an immediate referral, (the 'child protection file')
- ◆ Ensuring that all such records are kept confidentially and securely and are separate from child records, and if these are stored electronically, that they are differently password protected from the child's other files, and accessible only by the head teacher/designated leads.
- ◆ Ensuring that an indication of further record-keeping is marked on the child's records.
- ◆ Liaise with the head teacher to inform her of issues especially new or on-going child protection investigation enquiries and police investigations.
- ◆ Act as a source of support, advice and expertise to staff on matters of safety and safeguarding and when deciding whether to make a referral by liaising with relevant agencies.
- ◆ Ensuring that a member of staff attends Child Protection Conferences, core groups, or other multi-agency planning meetings, contributes to assessments, and provides a report which will normally have been shared with the parents. (In some circumstances it may not be appropriate to share the report to

conference with parents. If the DMS is uncertain on this point advice can be obtained from the allocated social worker).

- ◆ Ensuring that any child who is subject to a child protection plan and who is absent without explanation for two days or more is referred to their key worker's Social Care Team. In some cases any absence may be a cause for concern and warrant immediate reporting.
- ◆ Where children leave the school, ensure their child protection file is copied for any new school or college as soon as possible but transferred separately from the main child file. (The original child protection files being retained by the former school or college).
- ◆ Where a child has been part of a private fostering arrangement for more than 28 days a referral must be made to MASH. Private Fostering is when a young person under 16 years old (or 18 if they are registered disabled) is cared for and provided accommodation for by someone who is not a close relative.

Training

The Designated Member of Staff for Child Protection should undertake the initial designated member of staff training and subsequent refresher courses every two years in order to:

- ◆ Understand the assessment process for providing early help and intervention, for example through locally agreed common and shared assessment processes such as early help assessments.
- ◆ Be alert to those children within the school who are at risk of: domestic violence; female genital mutilation; being missing from education; child trafficking; radicalisation; bullying (which includes race/hate or homophobic behaviour).
- ◆ Have a working knowledge of how the local authority conducts a child protection case conference and a child protection review conference and be able to attend and contribute to these effectively when required to do so.
- ◆ Be alert to the specific needs of children in need, those with special educational needs and young carers.
- ◆ Be able to keep detailed, accurate, secure written records of concerns and referrals.
- ◆ Obtain access to resources and attend any relevant or refresher training courses.
- ◆ In any protection measures taken, encourage a staff culture of listening to children, to take account of their wishes and feelings

- ◆ Link with the West Sussex Local Safeguarding Children Board (LSCB) to make sure staff are aware of training opportunities and the latest local policies on safeguarding.
- ◆ Organising child protection training for all staff every two years.

Raising Awareness and other duties

- ◆ All staff receive Child Protection training during their staff induction and all school policies and guidelines are made available to all staff and governors on the common drive. All information with appropriate links are made available to all staff in their induction packs.
- ◆ Ensure the child protection policy is reviewed annually, the procedures and implementation are updated and reviewed regularly, and work with governing bodies or proprietors regarding this.
- ◆ Ensure that the child protection policy is available publicly and that parents are aware that referrals about suspected abuse or neglect may be made and the role of the school or college in this.

PROCEDURES

- ◆ If any member of staff is concerned about a child he or she must inform the Designated Member of Staff for Child Protection. If any of the named staff are unavailable a member of SLT should be informed.
- ◆ 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. Do not add comments or opinion although observations about a child's demeanour or emotional state may be recorded.
- ◆ The Designated Member of Staff will decide whether the concerns should be referred to MASH (Multi Agency Safeguarding Hub). If it is decided to make a referral to the MASH this will be discussed with the parents, unless to do so would place the child at further risk of harm. (The MASH is able to provide advice on this question).
- ◆ 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 Member of Staff will inform the social worker responsible for the case and transfer the appropriate records to the Designated Member of Staff at the receiving school, in a secure manner, and separate from the child's academic file.

- ◆ The Designated Member of Staff is responsible for making the senior leadership team aware of trends in behaviour that may affect child welfare. If necessary, training will be arranged.
- ◆ Staff have a duty to refer safeguarding concerns to the Designated Member of Staff 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 should speak to the DMS or Headteacher in their school and/or contact a manager in the MASH.
- ◆ If, at any point there is a risk of immediate serious harm to a child, a referral should be made to MASH immediately. Anybody can make a referral. If the child's situation does not appear to be improving the staff member with concerns should press for re-consideration. Concerns should always lead to help for the child at some point.
- ◆ If the allegations concern harm perpetrated by children in the school then staff should follow section 8.7 of the West Sussex Child Protection and Safeguarding Procedures - Children who Harm Other Children.

WHEN TO BE CONCERNED

All school and college staff should be aware that abuse, neglect and safeguarding issues are rarely standalone events that can be covered by one definition or label. In most cases, multiple issues will overlap with one another. All staff and volunteers should be aware of the main categories of abuse:

Abuse: a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. They may be abused by an adult or adults or by another child or children.

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

Emotional abuse: the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of

what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability as well as overprotection and limitation of exploration and learning, or preventing the child from participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

Sexual abuse: involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving 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. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children. The sexual abuse of children by other children is a specific safeguarding issue in education (see paragraph 50).

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

For further details of these categories please see Appendix 1.

Other aspects of risk requiring special attention

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

- child sexual exploitation (CSE) - see also Appendix 1 page 26
- bullying including cyber bullying
- children with SEND
- domestic violence
- drugs
- fabricated or induced illness
- faith abuse
- female genital mutilation (FGM) – see also Appendix 1 page 27
- forced marriage

- gangs and youth violence
- gender-based violence/violence against women and girls (VAWG)
- mental health
- private fostering
- preventing radicalisation - see also Appendix 1 page 25
- sexting
- teenage relationship abuse
- trafficking
- self-harm
- peer on peer abuse
- poor attendance/children missing in education (CME) see also appendix 1 page 25

Links to many of these topics can be found in Keeping Children Safe in Education [Keeping children safe in education: for schools and colleges](#)

CONFIDENTIALITY

- ◆ As a general principle all matters relating to child protection are confidential and should only be shared on a 'need-to-know' basis.
- ◆ Information sharing is based on the guidance document Information Sharing: advise for practitioners providing safeguarding services (2018)
- ◆ The Headteacher or DMS will disclose any child protection related information about a child to other members of staff on a need to know basis only.
- ◆ All staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard children.
- ◆ All staff must be aware that they cannot promise a child to keep secrets if doing so might compromise the child's safety or wellbeing.
- ◆ The intention to refer a child to Children's Services will be shared with parents /carers unless to do so could put the child at greater risk of harm, or impede a criminal investigation. If in doubt, the Duty Manager at the Assessment Team at Children's Services will be consulted.

DEALING WITH A DISCLOSURE

- ◆ If a child discloses that he or she has been abused in some way the member of staff or volunteer should:
 - accept what the child says.
 - stay calm, the pace should be dictated by the child without them being pressed for detail by asking leading questions such as "did x touch you there?" It is our role to listen - not to investigate.

- use open questions such as “Is there anything else you want to tell me?” or “yes?” or “and?”
- be careful not to burden the child with guilt by asking questions like “Why didn’t you tell me before?” but you could ask ‘Have you spoken to anyone else about this?’
- acknowledge how hard it was for the child to tell you.
- do not criticise the perpetrator, the child might have a relationship with them.
- do not promise confidentiality, but reassure the child that they have done the right thing, explain whom you will have to tell (the designated lead) and why; and, depending on the child’s age, what the next stage will be. It is important that you avoid making promises that you cannot keep such as “I’ll stay with you all the time.” or “It will be all right now.”
- ◆ when recording information:
 - Make some brief notes at the time or immediately afterwards; record the date, time, place and context of disclosure or concern. Record facts and what is said but not your assumption or interpretation.
 - If it is observation of bruising or an injury try to record detail, e.g. “right arm above elbow”. Do not take photographs!
 - Note the non-verbal behaviour and the key words in the language used by the child (try not to translate into ‘proper terms’).
 - It is important to keep these original notes and pass them on to the designated member of staff who may ask you to write a referral.
- ◆ It is recognised that staff working in a school who have become involved with a child who has suffered harm, or appears to be likely to suffer harm may find the situation stressful and upsetting. The school will support such staff by providing an opportunity to talk through their anxieties with the DMS and to seek further support as appropriate. WSCC school staff have access to a free, 24/7 and confidential counselling service.

ALLEGATIONS AGAINST STAFF

- ◆ 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 with in their personal, professional or community life.

- ◆ 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.
- ◆ If staff members have concerns about another staff member then this should be referred to the headteacher. Where there are concerns about the headteacher or principal this should be referred to the chair of governors, chair of the management committee or proprietor of an independent school as appropriate. The Chair of Governors in this school is:

NAME: _____ Brian Marsh

Date: _____ 01.07.2017 _____

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

NAME: Roy Barraclough _____ Date: _____ 30.09.2015 _____

Contact with the Chair or the Vice Chair of Governors can be made through the school office. If for any reason this causes a delay (for example the office is closed) then the concerns should be referred to the Children's Access Point.

- ◆ The recipient of an allegation must **not** unilaterally determine its validity, and failure to report it in accordance with procedures is a potential disciplinary matter. The Head Teacher or Chair will not investigate the allegation itself, or take written or detailed statements, but will assess whether it is necessary to refer the concern to the Local Authority Designated Officer on 0330 222 3339.
- ◆ If the allegation meets any of the three criteria set out at the start of this section, contact should always be made with the Local Authority Designated Officer without delay. If it is decided that the allegation meets the threshold for safeguarding, the next steps will take place in accordance with section 8.2 of the Sussex Child Protection and Safeguarding Children Procedures.
- ◆ If, at the completion of the allegations management process, the school dismisses an individual (or would have, had the person not left first) because the person poses a risk of harm to children, the school must make a referral to the Disclosure and Barring Service. This is a legal duty and failure to refer when the criteria are met is a criminal offence.

- ◆ If it is decided that the allegation does not meet the threshold for safeguarding, it will be handed back to the employer for consideration, (or to the Chair of Governors where the allegation made is against the headteacher) via the school's internal procedures.

WHISTLEBLOWING (CONFIDENTIAL REPORTING)

Staff members and volunteers are encouraged to raise any concerns that they may have regarding poor or unsafe practice directly with the schools' leadership team. The School has a Whistleblowing Policy. This enables any member of staff or volunteers to make complaints about conduct within the school to a person outside the school on a confidential basis and without fear that their confidentiality will be breached. This policy will rarely be applicable where a referral of abuse or risk to a child needs to be reported unless that abuse or risk arises within the school itself. Referrals in such cases should be made to the headteacher or as indicated in this policy. Where the circumstances are such that a member of staff believes that a complaint can only safely be made to person outside the school then reference should be made to the school's Confidential Reporting Policy.

PHYSICAL INTERVENTION

- ◆ Physical intervention by staff is set out separately, (see staff handbook and behaviour policy) and acknowledges that staff must only ever use physical intervention as a last resort, when a child is endangering him/herself or others, and that at all times it must be the minimal force necessary to prevent injury to another person.
- ◆ Such events should be communicated to the Headteacher/deputy Headteacher.
- ◆ We understand that physical intervention of a nature which causes injury or distress to a child may be considered under child protection or disciplinary procedures.

BULLYING

Our policy on bullying (this includes homophobic and gender related bullying) is set out in our behaviour policy.

RACIST INCIDENTS

Our policy on racist incidents is set out in our behaviour policy.

PREVENTION

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

The school community will therefore:

- Establish and maintain an ethos where children feel secure and are encouraged to talk and are always listened to.
- Ensure that all children know there is an adult in the school whom they can approach if they are worried or in difficulty.
- Include across the curriculum, particularly in social and moral education, opportunities which equip children with the skills they need to stay safe from harm and to know to whom they should turn for help.

HEALTH & SAFETY

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

West Sussex would like to acknowledge the assistance of Hertfordshire County Council and Shropshire County Council whose documentation was referred to during the preparation of this model policy.

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
- Petechial 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/carer

May have injuries themselves that suggest domestic violence

Not seeking medical help/unexplained delay in seeking treatment

Reluctant to give information or mention previous injuries

Absent without good reason when their child is presented for treatment

Disinterested or undisturbed by accident or injury

Aggressive towards child or others

Unauthorised attempts to administer medication

Tries to draw the child into their own illness

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

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

Observed to be intensely involved with their children, never taking a much needed break nor allowing anyone else to undertake their child's care
May appear unusually concerned about the results of investigations which may indicate physical illness in the child
Wider parenting difficulties may (or may not) be associated with this form of abuse.
Parent / carer has convictions for violent crimes

Indicators in the family/environment

Marginalised or isolated by the community
History of mental health, alcohol or drug misuse or domestic violence
History of unexplained death, illness or multiple surgeries 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 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.

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 /carer

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 health, alcohol or drug misuse or domestic violence
History of unexplained death, illness or multiple surgeries 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/carer

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, and hygiene
Failure to meet the child's health and medical needs e.g. poor dental health; failure to attend or keep appointments with health visitor, GP or hospital; lack of GP registration; failure to seek or comply with appropriate medical treatment; failure to address parental substance misuse during pregnancy
Child left with adults who are intoxicated or violent
Child abandoned or left alone for excessive periods
Wider parenting difficulties may (or may not) be associated with this form of abuse

Indicators in the family/environment

History of neglect in the family
Family marginalised or isolated by the community.

Family has history of mental health, alcohol or drug misuse or domestic violence.
History of unexplained death, illness or multiple surgeries in parents and/or siblings of the family

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

Dangerous or hazardous home environment including failure to use home safety equipment; risk from animals

Poor state of home environment e.g. unhygienic facilities, lack of appropriate sleeping arrangements, inadequate ventilation (including passive smoking) and lack of adequate heating

Lack of opportunities for child to play and learn

SEXUAL ABUSE

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

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

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

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

Indicators in the child

Physical presentation

Urinary infections, bleeding or soreness in the genital or anal areas

Recurrent pain on passing urine or faeces

Blood on underclothes

Sexually transmitted infections

Vaginal soreness or bleeding

Pregnancy in a younger girl where the identity of the father is not disclosed and/or there is secrecy or vagueness about the identity of the father

Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina,

anus, external genitalia or clothing

Emotional / behavioural presentation

Makes a disclosure

Demonstrates sexual knowledge or behaviour inappropriate to age/stage of development, or that is unusually explicit

Inexplicable changes in behaviour, such as becoming aggressive or withdrawn

Self-harm - eating disorders, self-mutilation and suicide attempts

Poor self-image, self-harm, self-hatred

Reluctant to undress for PE

Running away from home

Poor attention / concentration (world of their own)

Sudden changes in school work habits, become truant

Withdrawal, isolation or excessive worrying

Inappropriate sexualised conduct

Sexually exploited or indiscriminate choice of sexual partners

Wetting or other regressive behaviours e.g. thumb sucking

Draws sexually explicit pictures

Depression

Indicators in the parents

Comments made by the parent/carer about the child.

Lack of sexual boundaries

Wider parenting difficulties or vulnerabilities

Grooming behaviour

Parent is a sex offender

Indicators in the family/environment

Marginalised or isolated by the community.

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

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

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

Family member is a sex offender

Specific Safeguarding Issues:

Please see page 10 of this policy for a list of specific issues relating to safeguarding and details of links to government web-sites with more information regarding these issues.

In addition the following information is from Keeping Children Safe in Education 2018.

Children missing from education

All staff should be aware that children going missing, particularly repeatedly, can act as a vital warning sign of a range of safeguarding possibilities. This may include abuse and neglect, which may include sexual abuse or exploitation and child criminal exploitation. It may indicate mental health problems, risk of substance abuse, risk of travelling to conflict zones, risk of female genital mutilation or risk of forced marriage. Early intervention is necessary to identify the existence of any underlying safeguarding risk and to help prevent the risks of a child going missing in future. Staff should be aware of their school or college's unauthorised absence and children missing from education procedures.

Knowing where children are during school hours is an extremely important aspect of Safeguarding. Missing school can be an indicator of abuse and neglect and may also raise concerns about other safeguarding issues, including the criminal exploitation of children.

We monitor attendance carefully and address poor or irregular attendance without delay. We will always follow up with parents/carers when pupils are not at school. This means we need to have a least two up to date contacts numbers for parents/carers. Parents should remember to update the school as soon as possible if the numbers change.

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

1. Staff who understand what to do when children do not attend regularly
2. Appropriate policies, procedures and responses for pupils who go missing from education (especially on repeat occasions).
3. Staff who know the signs and triggers for travelling to conflict zones, FGM and forced marriage.
4. Procedures to inform the local authority when we plan to take pupils off-roll when they:
 - a. leave school to be home educated
 - b. move away from the school's location
 - c. remain medically unfit beyond compulsory school age
 - d. are in custody for four months or more (and will not return to school afterwards); or
 - e. are permanently excluded

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

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

Further information on Child Sexual Exploitation, Female Genital Mutilation and Preventing Radicalisation

Children with family members in prison

Approximately 200,000 children have a parent sent to prison each year. These children are at risk of poor outcomes including poverty, stigma, isolation and poor mental health. NICCO provides information designed to support professionals working with offenders and their children, to help mitigate negative consequences for those children.

Child sexual exploitation

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. Like all forms of child sex abuse, child sexual exploitation:
- can affect any child or young person (male or female) under the age of 18 years, including 16 and 17 year olds who can legally consent to have sex;
- can still be abuse even if the sexual activity appears consensual;
- can include both contact (penetrative and non-penetrative acts) and non-contact sexual activity;
- can take place in person or via technology, or a combination of both;
- can involve force and/or enticement-based methods of compliance and may, or may not, be accompanied by violence or threats of violence;
- may occur without the child or young person's immediate knowledge (e.g. through others copying videos or images they have created and posted on social media);
- can be perpetrated by individuals or groups, males or females, and children or adults. The abuse can be a one-off occurrence or a series of incidents over time, and range from opportunistic to complex organised abuse; and
- is typified by some form of power imbalance in favour of those perpetrating the abuse. Whilst age may be the most obvious, this power imbalance can

also be due to a range of other factors including gender, sexual identity, cognitive ability, physical strength, status, and access to economic or other resources.

Some of the following signs may be indicators of child sexual exploitation:

- children who appear with unexplained gifts or new possessions;
- children who associate with other young people involved in exploitation;
- children who have older boyfriends or girlfriends;
- children who suffer from sexually transmitted infections or become pregnant;
- children who suffer from changes in emotional well-being;
- children who misuse drugs and alcohol;
- children who go missing for periods of time or regularly come home late; and
- children who regularly miss school or education or do not take part in education.

Female Genital Mutilation (FGM): professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a girl being at risk of FGM, or already having suffered FGM. There is a range of potential indicators that a child or young person may be at risk of FGM, which individually may not indicate risk but if there are two or more indicators present this could signal a risk to the child or young person. Victims of FGM are likely to come from a community that is known to practise FGM. Professionals should note that girls at risk of FGM may not yet be aware of the practice or that it may be conducted on them, so sensitivity should always be shown when approaching the subject. Warning signs that FGM may be about to take place, or may have already taken place, can be found on pages 11-12 of the Multi-Agency Practice Guidelines referred to above. Staff should activate local safeguarding procedures, using existing national and local protocols for multi-agency liaison with police and children's social care. There is a mandatory duty on teachers to report disclosures on FGM about a female under 18 to the police.

Signs and Symptoms of FGM

Immediate effects

- severe pain
- shock

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

FGM can sometimes cause death.

Prevent Duty

As part of the Counter Terrorism and Security Act 2015, schools have a duty to 'prevent people being drawn into terrorism'. This has become known as the 'Prevent Duty'.

Where staff are concerned that children and young people are developing extremist views or show signs of becoming radicalized, they should discuss this with the Designated Safeguarding Lead.

The Designated Safeguarding Lead has received training about the Prevent Duty and tackling extremism and is able to support staff with any concerns they may have.

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

Recognising Extremism

Early indicators of radicalisation or extremism may include:

- showing sympathy for extremist causes
- glorifying violence, especially to other faiths or cultures
- making remarks or comments about being at extremist events or rallies outside school
- evidence of possessing illegal or extremist literature
- advocating messages similar to illegal organisations or other extremist groups
- out of character changes in dress, behaviour and peer relationships (but

there are also very powerful narratives, programmes and networks that young people can come across online so involvement with particular groups may not be apparent.)

- secretive behaviour
- online searches or sharing extremist messages or social profiles
- intolerance of difference, including faith, culture, gender, race or sexuality
- graffiti, art work or writing that displays extremist themes
- attempts to impose extremist views or practices on others
- verbalising anti-Western or anti-British views
- advocating violence towards others

Honour based violence.

If staff gave a concern regarding a child that might be at risk from BBV or has suffered HBV should speak to the DSL.

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

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

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

At Durrington High School we believe that all children have a right to attend school and learn in a safe environment. Children should be free from harm by adults in the school and other students.

We recognise that some students will sometimes negatively affect the learning and wellbeing of others and their behaviour will be dealt with under the school’s

Behaviour Policy.

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

The allegation:

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

Sexting

In cases of 'sexting' we follow guidance given to schools and colleges by the UK Council for Child Internet Safety (UKCCIS) published in 2017: 'Sexting in schools and colleges, responding to incidents, and safeguarding young people'.

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At Durrington High School we all support the victims of peer on peer abuse.

Reviewed and updated July 2018

Next review September 2019 or before if legislation changes.