



Durrington High School Child Protection Policy 2020-2021

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Designated Member of Staff for Child Protection (DMS)

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1. 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.

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 and actively promote to all adults (including temporary staff, agency staff, volunteers and governors) that they as individuals 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, through their training, advised to maintain an attitude of 'it could happen to a child we know' where safeguarding is concerned. When concerned about the welfare of a child, staff members should always act in the interests of the child. This includes staff raising concerns about another member of staff (or visitor) whose behaviour may present a risk to a child.

Key definitions – groups of people

Staff: 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: this term relates to adults who are related to the organisation and who work on our site/with our students. They are also covered by this policy (examples include cleaning and catering staff who work in the school)

2. Our approach

Durrington High School's key actions and approach to child protection mean that we will keep up to date with, and keep safeguarding central, to all that we do. This includes*:

With students: Teaching them about safeguarding, including staying safe online, through various forums which will include: assemblies, workshops, group and one-to-one sessions and part of a broad and balanced curriculum.

- Support their development in ways that will foster security, confidence and independence.
- Systematically 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
- 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 anything.

With parents

- Support parents with practical guidance on how to keep their children safe on line.
- Communicate with them if/when we have worries about their child (and it is appropriate to do so).
- Share with parents/carers places they can access support outside of school (for example* from other professionals, agencies and the charitable sector)

With staff

- Emphasise the need for good levels of communication between all members of staff and between the school and other agencies.
- Have in place and regularly review a clear, structured procedures within the school which are followed by all members in the case of suspected abuse.
- Train them regularly (with groups of staff receiving further specialist training) to ensure their knowledge and understanding in relation to safeguarding and child protection remain both up to date and in line with their statutory responsibilities.
- 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).

With external agencies

- Develop and promote effective working relationships with other agencies, especially the Police and Children's Services.
- Being clear and using escalation procedures in a timely way where we feel that the needs of the child (of family) are not being adequately assessed, supported or addressed.

The above actions/our approach will be consistent and in line with statutory guidance and frameworks which include*

- Keeping Children Safe in Education (DfE 2020)
[Keeping children safe in education: for schools and colleges](#)
- Working Together to Safeguard Children (2018)
[Working together to safeguard children](#)
- [The Children Act 1989](#) (and [2004 amendment](#)), which provides a framework for the care and protection of children
- Section 5B(11) of the Female Genital Mutilation Act 2003, as inserted by section 74 of the [Serious Crime Act 2015](#), which places a statutory duty on teachers to report to the police where they discover that female genital mutilation (FGM) appears to have been carried out on a girl under 18
- [Statutory guidance on FGM](#), which sets out responsibilities with regards to safeguarding and supporting girls affected by FGM
- [The Rehabilitation of Offenders Act 1974](#), which outlines when people with criminal convictions can work with children
- Schedule 4 of the [Safeguarding Vulnerable Groups Act 2006](#), which defines what 'regulated activity' is in relation to children
- [Statutory guidance on the Prevent duty](#), which explains schools' duties under the Counter-Terrorism and Security Act 2015 with respect to protecting people from the risk of radicalisation and extremism

3. Responsibilities

All staff have a responsibility to keep up-to-date in their knowledge and understanding of Child Protection. Key responsibilities include*:

- Every member of staff will be directed to read (and signed to say that they have read) Keeping Children Safe in Education (2020) Part 1 and Annex 1.
- Every member of staff will also be directed to complete the Edu Care KCSIE updated Child Protection training in September 2020.

All staff should also be aware of (and necessary follow):

- The signs of abuse and whom they should report any concerns or suspicions to.
- Who the key members of the safeguarding team are in school and how to contact them. In addition (or in exceptional circumstances, such as in emergency or a genuine concern that appropriate action has not been taken) staff members should also be aware that they can speak directly to children's social care.
- The procedures 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.

- The Pan-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>

Staff with more specialist roles within child protection and safeguarding (for example Pastoral team members, SLT leads of pastoral care) will also*:

- Undertake more specialist training in areas of child protection (examples being Child Exploitation, County lines, Fabricated illness, Contextual safeguarding*) so as to deepen their understanding of how to recognise and what to do if a child/children present with more specific safeguarding concerns.
- The Designated Members of Staff for Child Protection (and members of the wider safeguarding leadership team) must also undergo formal child protection training every two years alongside being expected to regularly update themselves on
 - key safeguarding updates, and
 - new guidance information from a range of outside agencies/specialists.
- The head teacher and all members of staff are provided with regular updated child protection training in line with advice from the West Sussex Safeguarding Children Partnership (currently every two years).

External users of the school site

External groups working with children may use the school site outside of the school day, through the lettings process. These groups working with children, as part of the letting agreement, are required to have an up to date safeguarding policy which is held centrally with the lettings team. The school does not have the responsibility to check individual DBS – this lies with the external group running the activity.

Responsibilities of the school 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.

Durrington has a named governor for child protection: **Jane Squires**

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. The relevant policy should, amongst other things, include coverage of staff/students' relationships and communications, and staff 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 in response to hanging guidance or updates on best practice.
- 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.

- Ensuring the school has a named Designated Member of Staff for child protection and that this person undergoes refresher child protection training at a maximum interval of 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) 2020).
- Ensuring that at least one member of each staff appointment panel has attended safer recruitment training.
- Be aware of the document sexual violence and sexual harassment between children in schools and colleges (May 2018) – specifically parts of KCSIE Sept 2020.
- 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. the ICT and social media policy, the behaviour policy (inc. anti bullying), and the 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.

School inspections and Child Protection

The governing body recognises that from September 2019 Ofsted's inspection of early years, schools and post-16 provision will be carried out under the inspection framework – www.gov.uk/government/publications/educationinspection-framework

It is recognised that inspectors will always report on whether or not arrangements for safeguarding and learners are effective. The governing body will ensure that they are familiar with the new inspection framework and inspecting safeguarding and how the associated documents can be used to monitor the safeguarding framework within the school.

The Designated Member of Staff (DMS) for child protection

The Designated Member of Staff for Child Protection in this school is: Lindsey Tunbridge-Adams. A number of staff are available (and trained) to provide operational support to the DMS.

These include:

- Claire Hatchard
- Sarah Dedman (AHT)
- John Fuller (DHT)
- Chris Woodcock (Former DMS and Head of School)

4. School Procedures

- If any member of staff is concerned about a child/children he or she must inform the Designated Member of Staff for Child Protection or one of the operational deputies. If any of the named staff are unavailable a further member of the child protection team or member of wider safeguarding team or SLT.
- 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 child's company team and other staff as relevant of trends in behaviour that may affect child welfare. If necessary, training will be arranged.
- The Designated Member of Staff is responsible for making the child's company team and other staff as relevant 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 and consider using the West Sussex Escalation Policy.

- 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.

5. 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.

6. Safeguarding and Mental Health:

Keeping Children Safe in Education 2020 makes a clear link between mental health and safeguarding. This definition is clearly outlined in KCSiE 2020 (Para 4).

Staff have a vital role in detecting potential mental health issues with children and supporting good mental wellbeing. Promoting the welfare of children includes preventing the impairment of children's mental health (as well as physical) health and development and all staff should be aware that mental health problems can be an indication of abuse, neglect of exploitation (KCSiE para's 34 to 38).

Staff must be aware of how adverse experiences, like abuse and neglect, can have a lasting impact on a child's mental health, behaviour and education.

Whilst only professionals should diagnose mental health problems, staff are well placed to identify at an early stage behaviour which may indicate a child is experiencing mental health problems or at risk of developing one.

Staff should immediately raise any mental health concerns with one of the Designated Safeguarding Leads. Concerns will be assessed as to whether this constitutes an onward referral to external agencies or can be managed in partnership with parents/carers/other agencies internally via our existing systems of support (for example pastoral input, mentoring or complex case panel).

7. 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)/child criminal exploitation (CCE) - see also Appendix 1 page 26
- serious violence
- 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
- upskirting
- 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](#)

8. 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: advice 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 have a professional responsibility to share information with other agencies in order to safeguard children. 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. A Data Protection Toolkit for schools is provided in Keeping Children Safe in Education 2020 Para's 84 - 86

9. Dealing with a disclosure(s)

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.
- Staff with CPOM's access must record and scan/upload original notes electronically as soon as possible

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 specialist staff and/or services including access to a free, 24/7 and confidential counselling service.

10. Allegations against staff

An allegation is any information which indicates that a member of staff, agency staff member or 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
- Behaved or may have behaved in a way that indicates they may not be suitable to work with children

This applies to any child the member of staff/volunteer has contact with at any time be this within school or outside of school hours in the wider community.

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 Executive Headteacher[^], Head of School[^] or Director of Safeguarding and Wellbeing.

[^]Where there are concerns about the Executive Head Teacher or Head of School 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: **Dr Brian Marsh**. In the absence of the Chair of Governors, the Vice Chair should be contacted. The Vice Chair in this school is: **Roy Barraclough**

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 LADO (see Appendix F of this document for contact details)

Upon receipt of an allegation:

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 four criteria set out at the start of this section, contact should always be made with the Local Authority Designated Officer without delay and a formal referral should be submitted within one working day. 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 allegation's 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/or 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.

Staff can contact the NSPCC whistleblowing helpline on 0800 028 0285.

11. Staff physical intervention between/with a student(s)

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. Any staff physical intervention will follow the DFE guidance on use of reasonable force in schools.

Such events should be communicated to the Headteacher/deputy Headteacher who will direct any next steps.

Physical intervention of a nature which is adjudged to have been unnecessary in the circumstances and/or causes injury or distress to a child may be considered under child protection, allegations management (KCSIE 2020) and/ or disciplinary procedures.

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.

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.

Reviewed and updated September 2020. Next review July 2021 or before if legislation changes.

APPENDIX 1 – Further Details: Indicators of harm

The following pages of appendix 1 set out in more depth signs/symptoms of different types of abuse. This appendix will be updated as/when updated guidance/best practice is released.

A) 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 in relation to Burns and Scalds:

- 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

A child's emotional/behavioural presentation may also give rise to concerns relating to physical abuse. This could include the child*

- 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

Possible indicators* of physical abuse 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

B) 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.

Possible 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

Possible 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

C) NEGLECT

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health

or development. Neglect may occur during pregnancy as a result of maternal substance abuse.

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

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

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

Possible 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

Developmental presentation*

- 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

Possible 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

Possible 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

D) 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.

Possible 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

Possible 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

Possible 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

Possible 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.

APPENDIX B: Children Missing in Education

Durrington High School follows the policy and guidance for West Sussex Schools. We will always notify the Local Authority when a child is removed from or added to roll (for whatever reason) at a non-standard transition point and keep our own records of this.

The nominated person for Children Missing Education in West Sussex is; Sarah Hughes, Senior Investigating Officer: 0330 222 2059 Sara.Hughes@westsussex.gov.uk

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 others safeguarding issues, including the criminal exploitation of children.

We monitor attendance very carefully and at multiple points during the school day. We address poor or irregular attendance without delay and 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 (2020) the school has:

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

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

APPENDIX C: Further information on Child Exploitation (Sexual and criminal), Serious Violence, Female Genital Mutilation, Preventing Radicalisation, Honour Based Abuse, Sexting, Upskirting and Peer on Peer abuse

A: 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.

B: 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 noncontact 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.

C: Child Criminal Exploitation

Child Criminal Exploitation (CCE) is a growing issue where groups target vulnerable children to get them to carry out criminal activity. CCE occurs in all sectors of society.

Children who have been exploited and/or trafficked should be treated as victims rather than suspects and usual reporting procedures for children at risk of harm should be followed.

Staff should be aware of possible indicators of exploitation as above.

D: Serious Violence

All staff in our school will be aware of the indicators which may signal that children are at risk from, or involved with serious violent crime. Staff will be aware of indicators such as;

- increased absence
- change of friendships and/or friendships with older individuals or groups
- significant decline in performance
- signs of self-harm or significant change in wellbeing
- signs of assault or injuries
- unexplained gifts or new possessions

It is understood that such cases may be difficult to identify. The school will do everything they can to hear the voice of the child, enabling children to share concerns and worries and feel enabled to ask for help.

If there are concerns that a child is at risk of serious violence, an referral will be submitted to MASH for consideration.

Recent developments in developing a contextual safeguarding network can significantly increase the support for young people at risk of exploitation. Networks look at different aspects of potential abuse outside of the home and rely on effective partnership working within the local community.

E: 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.

F: The 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

G: Honour Based Abuse (HBA).

If staff gave a concern regarding a child that might be at risk from HBA or has suffered HBA 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.

The change in terminology from Honour Based Violence to Honour Based Abuse recognises the importance that non-violent forms of abuse can be as damaging for children and young people and should not be taken any less seriously.

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.

H: 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'.

I: Upskirting

The school recognises that upskirting is a criminal offence and will take any allegations of such behaviour very seriously.

- Upskirting typically involves taking a picture up or under a person's clothing without them knowing. The picture is taken with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm.
- When an allegation is brought to the school's attention, the response will be in line with any other disclosure of potential abuse.
- The school will follow the principles of responding to reports of sexual violence and will take advice from MASH and the police on how to progress any allegation of upskirting.
- Where any suspect for a case of upskirting is identified as being a pupil within the school, the school will initially be guided by MASH/Police but will also seek to support and consider risk to that pupil as well as the alleged victim.

J: Peer on peer abuse

Staff should be aware that safeguarding issues can manifest themselves via peer on peer abuse which can happen both within and outside of school. This is most likely to include, but not limited to:

- bullying (including cyberbullying). The school policy in relation to all forms of bullying is set out within the behaviour policy. This includes preventative actions we take and sanctions we may use.
- physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm;
- sexual violence and sexual harassment (verbally or by inappropriate touching);
- gender-based violence
- sexting (also known as youth produced sexual imagery); and • initiation-type violence and rituals.
- Racially motivated incidents: the school policy on this is set out within the school behaviour policy.

The importance of 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.






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 grown up and learn in a safe environment. Children should be free from harm by adults in the school and their peers/other children.

The following documentation, policies and professionals provide guidance that is used to decide on the actions taken in response to individual cases of peer on peer abuse.

- The DFE documentation including
 - Sexual violence and sexual harassment between children in schools and colleges,
 -
- MASH/Police guidance documents
- Durrington High School behaviour policy
- The Brooks scale

APPENDIX D – Key staff – safeguarding and child protection poster for display in all areas of the school

<h2><u>Durrington High School</u></h2>	
<h3><u>Safeguarding and Child Protection – Key staff</u></h3>	
<p>Remember, it is always better to pass on any concerns or worries so they can be checked out and any issues arising addressed</p>	
	<p>Mrs Lindsey Tunbridge-Adams – Child protection and designated safeguarding lead ltunbridgeadams@durring.com Extension 244 Office Location – 2nd Floor – SME area</p>
	<p>Mrs Claire Hatchard – Deputy Child Protection and well-being team chatchard@durring.com Extension 223 Office Location – 2nd Floor – MFL area</p>
	<p>Mrs Sarah Dedman – Assistant Headteacher and additional safeguarding support sdedman1@durring.com Extension 248 Office Location – 1st Floor – Next door to F09T</p>
	<p>Mr John Fuller – Deputy Headteacher, additional safeguarding support and leader for prevent jfuller@durring.com Extension 264 Office Location – 1st Floor – By the staff stairs</p>
	<p>Mrs Jane Squires – Governor Safeguarding Lead jsquires@durring.com</p>
<p>Child protection policy and safeguarding policy and further information can be found on the T Drive at T:\HR and Finance for staff\Policies and guidelines\Child protection T:\HR and Finance for staff\Policies and guidelines\Safeguarding</p>	

APPENDIX E – The role of the Designated Member of Staff

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

a. Managing referrals and concerns regarding individual children:

- Referring all cases of suspected abuse to the MASH (MASH) (Multi Agency Safeguarding Hub) MASH@westsussex.gov.uk and, in cases where it is alleged or there is potential that a crime may have been committed, to the police.
- 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 headteacher to inform them of issues especially new or ongoing 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 an appropriate 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 specific 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.

b. Training

The Designated Member of Staff for Child Protection (and deputies) will undertake regular professional development and training which will include the WSCC initial designated member of staff training and subsequent refresher courses every two years. This will support them to ensure they:

- 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.
- Are 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.
- Are alert to the specific needs of children in need, those with special educational needs and young carers.
- Are able to keep detailed, accurate, secure written records of concerns and referrals.
- Obtain access to up-to-date resources and attend any relevant or refresher training courses.
- Organising and deliver up-to-date child protection training for all staff every two years. In addition to this the DMS or a deputy will deliver additional training and updates to staff as/when key update delivering.
- Are linked with the West Sussex Safeguarding Children Partnership (WSSCP) to make sure staff are aware of training opportunities and the latest local policies on safeguarding.
- In any protection measures taken, encourage a staff culture of listening to children, to take account of their wishes and feelings.

From 25.06.2019 the West Sussex Safeguarding Children Board was replaced by the West Sussex Safeguarding Children Partnership where three lead agencies; health partnership, Police and the Local Authority will work together as joint and equal partners to shape bespoke arrangements for the needs of children in West Sussex. Durrington High School's governing body are committed to working with the Partnership and will enable governors and safeguarding leads to attend events and briefings on how the new partnership will support our children.

c. In addition to the above the DMS will ensure:

- 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 is made available to all staff in their induction packs.
- 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.
- 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 in this.

APPENDIX F: Key contacts

The following list of staff (and their contact details) are the named key staff responsible for the enactment of Durrington High School's child protection policy.

Designated Member of Staff for Child Protection (DMS)	Lindsey Tunbridge-Adams ltunbridge@durring.com Mobile: 07932 089176, Land line: 01903 705 670 or 01903 244957- ext 244 or
Other key staff with designated leader training	Claire Hatchard (Deputy DMS) chatchard@durring.com John Fuller (DHT) fuller@durring.com Tel: 01903 705629 or 07539 606098 Sarah Dedman (AHT) sdedman1@durring.com Tel: 01903 705613 Chris Woodcock (Head of School) cwoodcock@durring.com All also available via 01903 244957
Lead Governor for Child Protection:	Jane Squires Email: jsquires@durring.com (or via admin@durring.com)
MASH: MASH (Multi Agency Safeguarding Hub)	Tel: 01403 229900 (out of hours 03302 226664) Fax: 01403 754205 MASH@westsussex.gov.uk
Local Authority Designated Officer (LADO):	Miriam Williams & Donna Tomlinson (LADOs) Sally Arbuckle (Deputy LADO) LADO@westsussex.gov.uk 01403 229900 or 03302226450 (9-5)
Local Authority Safeguarding in Education Manager	Jez Prior Tel: 03302 227618 Email: Jez.Prior@westsussex.gov.uk WSCC safeguarding enquiry line: 03303 224030
Community Safety Lead Officer:	Beverley Knight: Tel: 0330 222 4223 Email: Safeguarding.education@westsussex.gov.uk
Prevent Duty Leader	John Fuller Tel: 01903 705629 or 07539 606098

	Email: jfuller@durring.com
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