



Durrington High School

Child Protection Policy 2022-2023

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to face-to-face education in school).

The Designated Member of Staff for Child Protection (DMS):

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1. Introduction

Definitions

Safeguarding is defined as:

- Protecting children from maltreatment.
- Preventing impairment of children's mental and physical health or development.
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care.
- Taking action to enable all children to have the best outcomes.

Child Protection is defined in the Children Act 1989 (s.47) as when a child is suffering or is likely to suffer significant harm.

Under statutory guidance and legislation action must be taken to safeguard and promote the child's welfare.

At Durrington High School we are committed to safeguarding every child/young person and expect everyone who works in, and visits our school to work with our students, to share this commitment.

The purpose of this policy is to inform all stakeholders about both the school's responsibility to safeguard and protect children but also how we will take a child centred and coordinated approach to keep all children safe. The governing body and staff of Durrington take their responsibility to safeguard and promote the welfare of all children in their care very seriously. We are committed to working within school (and with all other professionals and outside agencies) to ensure strong systems and processes are in place to identify, assess, and support children who are, or who may be, suffering harm.

We actively promote and expect all adults (including temporary staff, agency staff, volunteers, governors and trustees) to understand and play an active role in safeguarding children. Adults in our school will take all safeguarding and child protection 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 expected 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 will always make decisions in the best interests of the child. This includes staff raising concerns about another member of staff (or visitor) if/when their behaviour causes a low-level concern or they believe more directly presents 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 (including governors and trustees). 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, catering and peripatetic staff who work in the school). Please see information later in section 2 in relation to external hirers of the school facilities.

2. Our approach

Durrington High School's key actions and approach to safeguarding and protecting children is central to all that we do. This includes*:

With students

Teaching them about safeguarding (including staying safe online, appropriate relationships and risk-taking behaviour*) through various forums. These include*: assemblies, workshops, group and one-to-one sessions, period 1 activities, dedicated SME lessons and part of a wider broad and balanced curriculum. We also:

- support children's development in ways that will foster security, confidence and independence
- systematically monitoring children thought or known to be at risk of harm, ensuring we contribute to assessments of need and support packages for those children
- work to create a culture across the school in which every child feels safe, secure, valued, respected and feels confident in speaking to a trusted member of staff (adult) if they are worried about anything.

With parents/carers

We:

- support parents with practical guidance on how to keep their children safe online and a range of other relevant safeguarding issues*
- are proactive in communicating with parents/carers in situations 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) positively encouraging them to engage with the support on offer (both statutory and charity based).

With staff

We:

- make it a priority to train & update staff regularly to ensure that safeguarding remains at the forefront of what we do and all statutory responsibilities are consistently met
- emphasise the need for timely and high-quality communication between all members of staff and between the school and other agencies

- have in place and regularly review clear, structured procedures within the school which are followed by all staff in the case of every situation where it is suspected a child may be at risk of harm
- ensure that more specialist staff (for example those in pastoral roles* and any others who wish to) receive more specialist safeguarding training focused around
 - Emerging safeguarding concerns within our student population
 - Contextual safeguarding issues from within the community
 - Wider issues/concerns that are emerging nationally
 - Any other issue/topic that could lead to a child/children being at increased risk.
- have in place a secure system (CPOMS) in place for logging all safeguarding and child protection concerns. This system being actively used by all and audited regularly for effectiveness
- ensure that all staff (and adults who have regular access to children as part of their role visiting school) have been recruited and checked as to their suitability in accordance with Part Three of Keeping Children Safe in Education
- have in place a staff code of conduct which details exactly what is expected in terms of staff behaviour in a number of areas.

With external agencies

We:

- purposefully develop and secure effective working relationships with key partner organisations involved in safeguarding for example* Police, Health and Children's Services
- have a detailed understanding and are robust in the use of escalation procedures in cases where the needs of the child (or family) are not being adequately assessed, planned for or met.

When recruiting staff

Ensuring:

- at each stage of the recruitment process there is clear and direct reference to safeguarding checks that will be undertaken
- the recruitment process is completed in full with those responsible for appointments being trained and following the processes of safer recruitment
- that every employee has a completed range of checks before commencing work in school.

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

- Keeping Children Safe in Education (DfE 2022) [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. Key responsibilities

All staff have a responsibility to keep up-to-date in their knowledge and understanding of both Safeguarding and Child Protection.

Key responsibilities include*:

- Every member of staff who has front-facing interaction with students on a daily basis will be directed to read (and be asked to sign to say that they have read) Keeping Children Safe in Education (2022) Part 1. Those staff who have non-front facing roles will be expected to read Annex 1.
- Every member of staff will also be directed (and tracked) in completing the EduCare KCSIE updated Child Protection refresher training. This will be at the start of the academic year with staff joining later in the year being expected (and tracked) to complete the same training to ensure they are fully up-to-date regarding Child Protection and school processes in relation to this.
- All new staff will have a one-to-one safeguarding session with the DSL to gain a greater understanding of the 'local picture' of safeguarding and to be clear on internal reporting procedures.

All staff should also be aware of (and as 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 an 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 frequent, specialist training in areas related to both safeguarding and 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.

- Be encouraged to sign up for, and then regularly use, a range of learning materials (including e-bulletins) so as to continually update their professional learning and refresh their core knowledge.
- Designated Members of Staff (and identified members of the wider safeguarding team) will complete formalised child protection training every two years alongside being expected to regularly update themselves on
 - key safeguarding updates
 - new guidance information from a range of outside agencies/ specialists
 - updated child protection advice and guidance from West Sussex Safeguarding Children Partnership.

Responsibilities of the school Governing Body:

Statutory expectations state that 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 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 an effective child protection policy (this document) is in place, delivered and reviewed annually, together with the staff code of conduct and ICT acceptable use policy.
- 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) 2022).
- Ensure that the policies include all statutory information, that policies are available to staff and wider stakeholders (including temporary staff and volunteers).
- Ensure that staff, when they commence work within the school are inducted and trained in accordance with child protection & safeguarding expectations; this being done by ensuring the DMS keeps an up-to-date training completion log.
- 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 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 (September 2021) and areas of KCSIE Sept 2022 relating to this.

- 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.
- Ensuring that the child protection policy is consistent (and supported) by other policies e.g. the ICT and Social Media policy, the Behaviour Policy (inc. anti-bullying), and the Health and Safety policy, to ensure the coverage of safeguarding in all contexts is comprehensive.
- 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.

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.

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 TunbridgeAdams.

A number of staff are available (and trained) to provide operational support to the DMS including:

- Claire Hatchard (Deputy DSL)

- Sarah Dedman (AHT)
- John Fuller (DHT)
- Chris Woodcock (Co-Headteacher)

4. School specific procedures

If any member of staff is concerned about a child / children they 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.
- record (using the centralised CPOMS system) information regarding the concerns ensuring that the necessary staff alerts are part of the report. Staff have been trained (and directed) to ensure that recordings are clear, precise and factual accounts of the observations. Opinions will be avoided, however factual observations about a child's presentation, demeanour or emotional state may be recorded. All recording and alerting must take place on the same day as the concern.

The Designated Member of Staff/Deputy DSL (or other DSL trained member of staff listed above) will decide whether the concerns should be referred to the Integrated Front Door (IFD). If it is decided to make a referral to the IFD this will be discussed with the parents, unless to do so would place the child at further risk of harm. (The IFD will provide advice on this question if there is a concern here). Particular attention will be paid to:

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

The DMS will also

- inform the child's social worker (if one is already allocated)
- inform the child's company team of what are deemed relevant details (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 Co-Headteacher and/or contact a manager in the IFD and consider using the West Sussex Escalation Policy. In addition, there are systems in place to escalate concerns via and outside the termly conversation process held between the DSL and service leads at West Sussex Children's Services.

If, at any point there is a risk of immediate serious harm to a child, a referral should be made to the IFD 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 reconsideration. 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. Guidance on 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 2022 makes a clear link between mental health and safeguarding. This definition is clearly outlined in KCSiE 2022 (Para 4).

Staff have a vital role in identifying potential mental health concerns within 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 or exploitation (KCSiE para's 34 to 38).

Staff will be given training to understand 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 them.

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 areas of risk requiring particular 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, staff are guided on how to understand and act accordingly where there is concern* about:

- child sexual exploitation (CSE)/child criminal exploitation (CE/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 30
- sexting
- upskirting
- teenage relationship abuse
- trafficking
- self-harm
- child on child abuse
- poor attendance/children missing in education (CME) see also appendix 1 page 26

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.

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, a Practice Manager at the Integrated Front Door will be consulted. A Data Protection Toolkit for schools is provided in Keeping Children Safe in Education 2022 Para's 84 - 86

9. Staff management of disclosure(s)

If a child discloses that they have been abused in some way the member of staff (or volunteer) will:

- 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 must alert one of the DSL’s immediately if they have a concern about imminent risk of harm to a child. Any concern relating to a child must be recorded on CPOM’s (clear guidance has been issued to all staff) by the end of the same school day.

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.

Record Keeping;

All records regarding a concern about a child must;

- Be recorded on CPOMS by the end of the same school day.

- Be a clear and comprehensive summary.
- Detail how the concerns were followed up and resolved/referred on and by whom.
- Note the actions taken, decisions reached and the outcome.
- Any original written notes/record should be passed hand-to-hand to one of the DSLs who will be responsible for scanning them and saving them on the linked CPOMS record.

The school will provide as much information as possible to help Children's Services and in particular, provide a context outside of the home and this will be done in a timely manner.

10. Allegations against staff

An allegation is any information which indicates that a member of staff, agency staff member or volunteer may have:

1. Behaved in a way that has, or may have harmed a child.
2. Possibly committed a criminal offence against/related to a child.
3. Behaved towards a child or children in a way which indicates she/he would pose a risk of harm if they work regularly or closely with children.
4. 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 or home setting.

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

Actions to be taken include*:

Making an immediate written record of the allegation using the informant's words - including time, date and place where the alleged incident took place, brief details of what happened, what was said and who was present. This record should be signed, dated and immediately passed on to one of the Co-Headteachers^.

^Concerns about either of the Co-Headteacher's of the school 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: **Kerry Jones**. 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.

A Co-Headteacher (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 **LADO@westsussex.gov.uk (secure) Phone: 0330 222 6450**

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 will make a referral to the Disclosure and Barring Service as per the legal requirement to do so.

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.

If it is deemed that an allegation/concern does not meet threshold criteria to refer to the LADO at the outset, this can be managed under school procedures as a 'low level concern' and this will be dealt with via staff conduct procedures (note the LADO may still be consulted to discuss thresholds).

Low level concerns threshold/action:

Low level concerns will be treated seriously.

The school will always promote a culture of and create an environment whereby staff feel able to self-refer to the DSL or another member of leadership staff if they believe their conduct has fallen below expected professional standards. Staff will be made aware of this process through training.

Equally, it is a clear expectation that if any member of staff notes a concern (whether one-off or cumulatively) relating to the conduct of another member of staff (regardless of their role within the school) this must be reported (and followed up in writing) to Chris Woodcock or Shaun Allison immediately.

A low-level concern is any concern that an adult has acted in a way that;

- Is inconsistent with the staff Code of Conduct, including inappropriate conduct outside of work
- Does not meet the threshold for referral to the LADO, this being determined by the Director of Safeguarding, Co-Headteachers.

Examples include*;

- Being overly friendly with a child or having a favourite/favourites
- Taking photographs of a child on a personal mobile device
- Engaging in 1:1 activity in a secluded area or behind a closed door
- Using sexually inappropriate, intimidating or offensive language in the presence of a child.

(KCSIE 2022)

Record keeping will follow the same process in recording the exact details of the lower level concern and the actions taken. This will enable the school to establish whether there are any patterns of concern that will need further follow up and support, or a consideration for referral to the LADO.

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 one of the co-headteachers or deputy headteachers 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 2022) 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 Sep 2022 (CWo & LTu)

Next review July 2023 or before if legislation changes.

APPENDIX A – 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.

It is important to remember that harm can include ill-treatment that is not physical as well as the impact of witnessing ill-treatment of others. This can be particularly relevant, for example, in relation to the impact on children of all forms of domestic abuse. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others.

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)*
- *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

Although many children have a positive experience of Elective Home Education (EHE), for some this may mean they are less visible to services which may be able to support them.

If a parent/carer expresses their intent to home educate a child, the school will always work in partnership with the Local Authority and relevant agencies and coordinate a meeting involving the parent/carer. It will remain the aim of the school to keep the child on roll in school and in full time education. This is particularly important if a child has special educational needs (SEND), disabilities and/or has a Social Worker.

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

C: Child Criminal Exploitation

Child Criminal Exploitation (CCE/CE) is a growing issue where groups target vulnerable children to get them to carry out criminal activity. CCE/CE 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;

- Being male
- Having experienced maltreatment in earlier childhood
- Increased absence from school and emerging patterns of exclusion within and from school
- Change of friendships and/or friendships with older individuals or groups
- Significant decline in performance in school
- Signs of self-harm or significant change in emotional wellbeing
- Signs of assault or injuries
- Unexplained gifts or new possessions
- Involvement in offending behaviour within the wider community

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, a 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 child on child 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 child on child 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. This includes:

- 'Sexting' in schools and colleges, responding to incidents, and safeguarding young people' (UK Council for Child Internet Safety (UKCCIS) published in 2017)
- Sharing nudes and semi-nudes; advice for education settings working with children and 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: Child on Child abuse

The school recognises that all children have a right to grown up and learn in a safe environment. Children should be free from harm both from adults and their peers/other children. We understand that child on child abuse can be a serious (and often complex) matter and as such disclosures/reports relating to this are managed carefully by specialist staff.

Child on child abuse can occur across multiple settings/environments both within and outside of school.

Definition

Child on child abuse includes areas such as*

- physical and sexual abuse
- sexual harassment and violence
- emotional harm
- on and offline bullying
- teenage relationship abuse
- gender-based abuse

It can even include children grooming other children for sexual and/or criminal exploitation. (Ofsted)

Key actions the school takes with the aim of preventing (where possible) child on child abuse*

We recognise that the school plays a significant part in the prevention of harm to our children by providing them with supportive lines of communication and trusted adults with whom children can approach easily.

The school will:

- Keeping an open mind and view that “it could happen here” in our approach to our day-to-day work
- As a whole school approach, staff will at all times model positive behaviour whilst treating each other with empathy and respect
- Ensure staff challenge derogatory and offensive behaviour and act to address this as relevant (for example homophobic slants, comments relating to physical presentation). Any statement that is, on the balance of probabilities intended to cause harm or upset is included within this and should be taken seriously
- Establish and maintain an ethos where children feel secure and are encouraged to talk and listened to. This includes ensuring 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 (both individuals and organisations) they can turn for help.
- Work with all stakeholders to ensure that our school-wide culture continues to be strengthened. Specifically, everyone understands that abuse (in any format) is never tolerated or passed off as “banter” or “part of growing up”.
- Working closely with statutory agencies and specialists within the private and charity sectors to engage with specialist guidance and identify areas of potential areas of risk
- Continue to invest in staff development to ensure that we remain up-to-date in our knowledge and understanding of best practice in relation to child on child abuse (prevention and response)
- Regularly review our approach (with staff, using data, in respect of updated publications) to ensure it remains “best practice”

Management of reports of child on child abuse

Staff will recognise that not all children and young people will feel confident in verbalising concerns. Staff will be aware of non-verbal signs and behaviours and conversations that they may overhear, which may indicate there is a concern or issue that needs following up.

The staff member leading on the concern will work with parents/carers and external agencies to consider potential health needs that may arise from an alleged assault, including mental health support.

Key pastoral leaders receive additional training in areas child on child abuse (both leading on preventative strategies within the school and community and also on how to best manage school-based responses). It is recognised and understood that child on child abuse is often a complex area of work.

A DSL trained member of staff will normally lead in investigating reports of child on child abuse, liaising as necessary with outside agencies to manage risk and ensure that support is available for all involved.

Further reference documentation

The following specific documentation and professionally produced guidance is used to guide the school's response to individual cases of child on child abuse. The DFE documentation including

- Sexual violence and sexual harassment between children in schools and colleges (Sept 2021)
- Sharing nudes and semi-nudes; advice for education settings working with children and young people
- Behaviour in schools: advice for headteachers and school staff 2022
- Searching, screening and confiscation

Other useful reference documentation includes:

The Brooks scale

- MASH/Police guidance documents
- Durrington High School behaviour policy

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

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 INTEGRATED FRONT DOOR (IFD) 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 IFD 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 the IFD. 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.
- CPOMS is a robust, used, effective & regularly audited system in school where all concerns relating to safeguarding & child protection are recorded.

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.

<p>Designated Member of Staff for Child Protection (DMS)</p>	<p>Lindsey Tunbridge-Adams ltunbridge@durring.com Mobile: 07932 089176, Land line: 01903 705 670 or 01903 244957- ext 244 or</p>
<p>Other key staff with designated leader training</p>	<p>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 (Co-Headteacher) cwoodcock@durring.com All also available via 01903 244957</p>

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 wschildrensservices@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	Tel: 03302 227618 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

APPENDIX G: Covid 19 specific update

We are mindful (as of September 2021) that schools have fully reopened with reduced Covid-specific measures in place. This guidance will remain as an appendix to the main policy for 2021-2 and lead staff will be minded and reference this if and when the local/national situation changes.

1. Context

From 05.01.21 government guidance requires all schools (once again) to partially close for the period of interim COVID 19 arrangements. Further to this on 07.01.21 The Department for Education issued 'restricting attendance during the national lockdown: guidance for all schools in England';
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/950510/School_national_restrictions_guidance.pdf

The guidance indicates that schools should review their Child Protection policies to reflect the move to remote education for pupils who are not attending school.

This annex does not cover all the other areas in the restricted guidance. Schools should review the guidance and ensure it is adapted to meet the needs of the particular setting. The annex covers the period of lockdown 2021 only and all schools must continue to have regards for the statutory guidance 'Keeping Children Safe in Education 2020';

<https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>

The annex of the Durrington High School Safeguarding and Child Protection policy will take effect as of the start of the spring term 2021 and will reviewed as government guidance and policy changes.

2. Key contacts – quick reference

Role	Name	Contact number	Email
Director of Safeguarding and Wellbeing	Lindsey Tunbridge-Adams	X 244	ltunbridge@durring.com
Deputy Designated Safeguarding Lead (DSL)	Claire Hatchard	X 223	chatchard@durring.com
Additional DSL and Head of School	Chris Woodcock	X 240	cwoodcock@durring.com
Additional DSL	John Fuller	X 264	jfuller@durring.com
Additional DSL	Sarah Dedman	X 248	sdedman@durring.com
Local Authority Designated Officer	Miriam Williams Donna Tomlinson Sally Arbuckle	0330 222 6450	LADO@WestSussex.gov.uk
Safeguarding in Education team (WSCC)	Ali Hannant	03302 228364	safeguarding.education@westsussex.gov.uk
Safeguarding Governor	Jane Squires	01903 244957	jsquires@durring.com
IFD via WSCC SCP		01403 229900 & Out of Hours 0330 222 66664	WSChildrenservices@westsussex.gov.uk

3. Staff resilience – School safeguarding team

The school will have a designated safeguarding lead (DSL) on site at all times. It is recognised that there may be operational challenges to this and in such circumstances arising, there will be DSL available by phone/video call. If this option is not available, responsibility for overseeing safeguarding will sit with the member of staff in charge of overall operations for the school and further advice will be sought from the WSCC Safeguarding in Education team.

A number of DSLs are timetabled into school (during this lockdown) every day. All regular duties of the Child Protection and Wellbeing team will remain the same during this period of lockdown in order to protect all children, whether they are attending school or accessing work remotely. However, communication will be rechecked (as necessary strengthened) to ensure that multiple members of the safeguarding team are always accessible to respond to any concerns that arise. We will also ensure that*:

- Staff are given further remote-learning specific safeguarding guidance
- Staff are regularly reminded and updated as to who/how/when to report any safeguarding concerns or worries they may observe/have.
- The speed of response of the safeguarding teams remains strong
- Child protection/safeguarding records remain accessible and up to date
- The review of students to identify those who are vulnerable (new and existing cases) is regular and prompt action taken when there are concerns
- Safeguarding provision is coordinated across the wider staff and increased numbers of “doorstep visits/checks” are enacted.
- External agencies and individual workers are both responded to promptly (if they request information) and challenged robustly to ensure that they fulfil their wider community-based roles and responsibilities to safeguarding & protect children.

4. Safeguarding training and induction

Keeping Children Safe in Education 2021 states:

72. *The designated safeguarding lead and any deputies should undergo training to provide them with the knowledge and skills required to carry out this role. The training should be updated every two years.*
73. *In addition to their formal training set out above, their knowledge and skills should be updated (for example via e-bulletins, meeting other designated safeguarding leads or taking time to read and digest safeguarding developments) at regular intervals and at least annually to keep up with any developments relevant to their role.*

Our school recognises that both DSL induction and refresher courses have been made available by WSCC as on-line courses which can be booked via the West Sussex Service for Schools site: <https://schools.westsussex.gov.uk/>

We will ensure all our DSL's are trained within the two-year cycle. Additionally, we will consider if we need to train additional DSL's to mitigate the risk of the majority of the DSL team being away from site and not contactable.

In addition to specific DSL training we will ensure that there remains a strong culture of CPD for all staff involved in the safeguarding and protection of children. We will continue to promote our on-line training via EduCare to ensure staff are confident and update with both safeguarding and interventions to support our whole student cohort and our more vulnerable students. Staff with greater roles in student support will be supported in accessing more advanced and need-specific training.

We will also direct staff to the West Sussex Service for School pages and digital library.

All existing school staff have had safeguarding training and have read Part 1 of 'Keeping Children Safe in Education 2021'.

All staff are aware of the key contacts in school and how to contact them if they have a concern about a child.

All new staff, including volunteers, who join the school will be receive full safeguarding training.

5. Vulnerable children

The Department for Education have currently identified vulnerable children as those who:

1. Are assessed as being in need under Section 17 of the Children Act 1989, including children and young people who have a child in need plan, a child protection plan or who are a looked after child
2. Have an education, health and care plan (EHCP)
3. Have been identified as otherwise vulnerable by educational providers or local authorities (including children's social care services), and who therefore could benefit from continued full time attendance, this might include;
 - Children and young people on the edge of receiving support from children's social care services or in the process of being referred to children's services
 - Adopted children or children on a special guardianship order
 - Those at risk of becoming NEET (not in employment, education or training)
 - Those living in temporary accommodation
 - Those who are young carers
 - Those who may have difficulty in engaging with remote education at home (for example due to lack of devices or a quiet place to study)
 - Care leavers
 - Others at the provider and Local Authority's discretion including pupils and students who need to attend to receive support or manage risks to their mental health

¹ <https://www.gov.uk/government/publications/coronavirus-covid-19maintainededucational-provision/guidance-for-schools-colleges-and-localauthorities-onmaintaining-educational-provision#vulnerable-children-and-youngpeople>

It is important to state that when a child can safely work at home they should; this helps to protect them and the community by reducing potential transmission.

6. Identifying our vulnerable children

The school will use the above definitions to identify our vulnerable children. We have generated confidential systems, accessed by only those that need to know, so we can identify each vulnerable child and monitor their welfare and attendance/engagement.

6.1 Hearing the voice of the child:

The school is aware that some students will not be able to easily or immediately be able to access members of staff they usually go to for support, due to staff working off site, isolating etc. We will ensure that our children and staff know who students can go to and how to access them during the lockdown period.

6.2 Vulnerable children not attending school:

If our identified vulnerable children are not attending school we will;

- Work together with partner agencies (social care etc where applicable) to follow up with a parent their reasons for absence and explore their concerns and discuss circumstances
- Work together with social care and other relevant partners (where applicable) to encourage the child's attendance in school, if this is appropriate and in the best interests of the child
- Maximise opportunities to understand the lived experiences of all of our children who are not physically attending school during lockdown, particularly focussing on those who we and partner agencies assess as vulnerable

6.3 Leave of absence

Latest Government guidance states vulnerable children are still expected to attend school full time. They should not be marked as code X if they are not in school unless they are shielding or self-isolating. It is the parent's responsibility to let the school know if they wish their vulnerable child to be absent.

The Department expects schools to grant applications for leave of absence if there are given exceptional circumstances. This should be recorded as code C (leave of absence authorised by the school) unless another authorised absence code is more applicable.

Where school grants a leave of absence to a vulnerable child, we will speak to parents/carers and social worker (where applicable) to explore the reasons for this and to discuss any concerns.

The focus of discussions should be the welfare of the child and ensuring that the child can access appropriate education provision and have support with this whilst they remain at home.

If the school needs to temporarily suspend on-site provision upon advice from Public Health, the school will inform the Local Authority and discuss alternative arrangements for vulnerable children and work towards getting them back into school as soon as is feasible, including consideration of working collaboratively with other providers and local partners.

School will continually review potential safeguarding risks to our vulnerable children and will raise concerns with MASH and allocated social workers/early help providers where relevant.

7. Private fostering arrangements

We recognise that if any of our students are accommodated with another family for 28 days or more, we will share this information with MASH for consideration of private fostering assessments to be undertaken.

8. Recruitment, Supply staff and other peripatetic teachers

School will follow normal procedures for safer recruitment and will continue to undertake all necessary safeguarding and right to work checks for any new members of staff, supply cover or temporary staff including volunteers, who come into school.

9. Remote education

The school recognises the temporary continuity directives, which make it clear that schools have a duty to provide remote education for state-funded, school age children whose attendance would be contrary to government guidance or law around coronavirus (COVID-19).

The direction requires schools to have regard for this guidance. Ofsted inspections will consider the quality of school's remote education in accordance with the expectations set out in the guidance;

¹ <https://www.gov.uk/government/publications/remote-education-temporary-continuitydirectionexplanatory-note>

The school will provide a full timetable of remote lessons, in accordance with the students normal 2-week cycle timetable. This will be a blended approach of online and 'live' online teaching. Safeguarding specific guidance will be shared with all those interacting (in whatever format) with students online and updated as necessary.

In addition

- The engagement of students in their remote learning will be carefully monitored and any concerns followed up.
- The quality of online learning will be quality assured by senior members of staff.
- The voice of the pupil with regards to the quality and amount of work set will also be collected and analysed.

10. Delivering remote education safely

Appendix A of this annex details advice provided to staff regarding safe online working and referral routes for raising concerns.

11. Pupil wellbeing and support

The school recognises that our children may be experiencing a variety of emotions in response to the COVID-19 pandemic and the further period of lockdown. This may manifest itself in low mood, anxiety or stress and different cohorts will experience different and additional pressures.

This may particularly (but not exclusively) be the case for those vulnerable children who may not have positive support networks around them, or for those children living in an environment where their needs cannot/are not being met fully met.

It is important to contextualise many of these feelings as normal responses to a very abnormal situation. Some children may need support to readjust – either to learning at home or being in school without their peers and familiar staff. Some children may be showing signs of more severe anxiety and mental health issues. Other children will be content and accepting of the change in circumstances.

The return to remote learning will limit children’s opportunities for social interaction with their peers, teachers and school support staff. This may have an impact upon their emotional wellbeing.

In order to support the wellbeing of students in school, we will work with children, families and partner agencies to support our children through a variety of interventions and through communicating regularly with our parents/carers and partner agencies, signposting for support where relevant.

11. Support from the Local Authority

The WSCC Safeguarding in Education Team are offering safeguarding support to schools and can be contacted by:

Phone – 0330 222 4030 or email: safeguarding.education@westsussex.gov.uk