



St Elizabeth's School and Children's Home

**SAFEGUARDING AND CHILD PROTECTION
POLICY**

August 2018

Policy Leads: Kathy Gentry and Sam Steinke-Sanderson

St. Elizabeth's School and Children's Home

Policy for Child Protection

"Our community is together to make the world a better place for all"

Introduction

St. Elizabeth's is committed to safeguarding and promoting the welfare and safety of all its children and young people.

Safeguarding is defined as protecting children from maltreatment, preventing impairment of children's health or development, ensuring that children are growing up in circumstances consistent with the provision of safe and effective care and taking action to enable all children to have the best outcomes. (Working Together to Safeguard Children, DfE, 2018, pg.6)

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

In particular this policy should be read in conjunction with the Recruitment Policy, Behaviour Policy, Physical Intervention Policy, Anti-Bullying Policy.

Purpose of a Child Protection Policy

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

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

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

The school follows the procedures established by the Hertfordshire Safeguarding Children Board; a guide to procedure and practice for all agencies in Hertfordshire working with children and their families. These are available at <http://hertsscb.proceduresonline.com>.

Staff & Volunteers

All school and children's home staff have a responsibility to provide a safe environment, in which children can live, learn and develop.

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

All school and children's home staff will receive appropriate safeguarding children training (which is updated regularly – Hertfordshire Safeguarding Children Board advises every 3 years), so that they are knowledgeable and aware of their role in the early recognition of the indicators of abuse or neglect and of the appropriate procedures to follow. It is good practice for the Designated Senior Person or staff development department to deliver an annual update.

Temporary staff and volunteers will be provided with the safeguarding policies and procedures by the appropriate manager and will read these.

Aims

To establish and maintain an ethos and culture

- where children feel secure, are encouraged to talk and are listened and responded to when they have a worry or concern.
- where staff and volunteers feel safe, are encouraged to talk and are listened and responded to when they have concerns about the safety and well-being of a child.
- where children know that there are adults in the school and home whom they can approach if they are worried.

Ensure that children who have been abused will be supported in line with a child protection plan, where deemed necessary.

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

Provide opportunities, across the waking day, for children to develop the skills they need to recognise and stay safe from abuse.

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

Staff receive training to recognise and respond to safeguarding concerns.

Key Concepts

- The Welfare of the Child is paramount.
- Disabled children and young people should be seen as children first. Having a disability should not and must not mask or deter an appropriate enquiry where there are child protection concerns. (Safeguarding Disabled Children)
- All children deserve the opportunity to achieve their full potential.
- All children have the right to be safeguarded from harm and exploitation.
- Children may be abused or neglected through the infliction of harm, or through the failure to act to prevent harm.
- Abuse can occur within the family or in an institution or community setting. Abuse can happen in all social groups regardless of religion, culture, social class or financial position.
- Children's welfare can only be safeguarded and promoted and individuals at risk protected when **all** relevant agencies and individuals accept their share of their responsibility and co-operate with one another.
- All staff at St. Elizabeth's have a responsibility for the welfare of the children and a duty to report any Child Protection concerns.

Implementation, Monitoring and Review of the Child Protection Policy

The policy will be reviewed annually by the Registered Manager, Head of School and Governing body. It will be implemented through the school's induction and training programme, and as part of day to day practice. Compliance with the policy will be monitored by the Designated Senior Persons, Managers and through staff performance measures.

Statutory Framework

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

- The Children Act 1989
- The Children Act 2004
- Children and Social Work Act 2017
- The Children's Homes Regulations 2015
- The Guide to the Children's Homes regulation including the Quality Standards (April 2015)
- Education Act 2002 (section 175) *Outlines that Local Authorities and School Governing Bodies have a responsibility to "ensure that their functions relating to the conduct of school are exercised with a view to safeguarding and promoting the welfare of children who are its pupils".*
- Hertfordshire Safeguarding Children Board Inter-agency Child Protection and Safeguarding Children Procedures (Electronic)
- Keeping Children Safe in Education (DfE, September 2018)
- Keeping Children Safe in Education: Part One- information for all school and college staff (DfE, September 2018) – APPENDIX 1
- Working Together to Safeguard Children (DfE 2018)
- The Education (Pupil Information) (England) Regulations 2005
- Section 26, The Counter Terrorism and Security Act 2015 (PREVENT duty)
- Female Genital Mutilation Act 2003 (Section 74 ,Serious Crime Act 2015)

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

Schools and Children's Homes are also expected to ensure that they have appropriate procedures in place for responding to situations in which:

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

Working Together (2018) also states that Children's Homes should :

- The registered person of a children's home must have regard to the Guide to the Children's Homes Regulations, including the quality standards (April 2015), in interpreting and meeting the Regulations. The Guide covers the quality standards for children's homes, which set out the aspirational and positive outcomes that we expect homes to achieve, including the standard for the protection of children. The registered person is responsible for ensuring that staff continually and actively assess the risks to each child and the arrangements in place to protect them. Where there are safeguarding

concerns for a child, their placement plan, agreed between the home and their placing authority, must include details of the steps the home will take to manage any assessed risks on a day to day basis.

- In addition to the requirements of this standard, the registered person has specific responsibilities under regulation 34 to prepare and implement policies setting out: arrangements for the safeguarding of children from abuse or neglect; clear procedures for referring child protection concerns to the placing authority or local authority where the home is situated if appropriate; and specific procedures to prevent children going missing and take action if they do.
- Each home should work with their local safeguarding partners to agree how they will work together, and with the placing authority, to make sure that the needs of the individual children are met.

The School and Children's Home will also follow guidance in relation the specific safeguarding issues outlined in Appendix 2. This will include the Prevent Duty Guidance 2015, in the exercise of their functions, to have due regard to the need to prevent people from being drawn into terrorism. Furthermore Section 5B of the Female Genital Mutilation Act 2003 (as inserted by section 74 of the Serious Crime Act 2015) will place a statutory duty upon **teachers, residential staff along with social workers and healthcare professionals, to report to the police** where they discover (either through disclosure by the victim or visual evidence) that FGM appears to have been carried out on a girl under 18. It will be rare for some staff to see visual evidence, and they should not be examining children and young people but the same definition of what is meant by "to discover that an act of FGM appears to have been carried out" is used for all professionals to whom this mandatory reporting duty applies.

Keeping Children Safe in Education (DfE 2018) and The Children's Homes Regulations 2015 places the following responsibilities on all schools and children's homes:

- Be aware of and follow the procedures established by the Hertfordshire Safeguarding Children Board
- Staff should be alert to signs of abuse and know to whom they should report any concerns or suspicions
- School and Children's Homes should have procedures (of which all staff are aware) for handling suspected cases of abuse, including procedures to be followed if a member of staff is accused of abuse, or suspected of abuse
- **Governing** bodies and proprietors should ensure an appropriate **senior member** of staff, from the school or college **leadership team**, is appointed to the role of designated safeguarding lead.
- Staff with the designated safeguarding lead should undergo updated child protection training every two years

Keeping Children Safe in Education (DfE 2018) states that governing bodies and proprietors should ensure that the school or college contributes to multi-agency working in line with statutory guidance Working together to safeguard children.

Furthermore it also states that governing bodies and proprietors of all schools and colleges should ensure that their safeguarding arrangements take into account the procedures and practice of the local authority as part of inter-agency safeguarding procedures set up by the LSCB

Regulation 12 of the Children's Home's regulations – The Protection of Children Standard states:

12. (1) The protection of children standard is that children are protected from harm and enabled to keep themselves safe.

(2) In particular, the standard in paragraph (1) requires the registered person to ensure—

(a) that staff—

(i) assess whether each child is at risk of harm, taking into account information in the child's relevant plans, and, if necessary, make arrangements to reduce the risk of any harm to the child;

(ii) help each child to understand how to keep safe;

(iii) have the skills to identify and act upon signs that a child is at risk of harm;

(iv) manage relationships between children to prevent them from harming each other;

(v) understand the roles and responsibilities in relation to protecting children that are assigned to them by the registered person;

(vi) take effective action whenever there is a serious concern about a child's welfare; and

(vii) are familiar with, and act in accordance with, the home's child protection policies;

(b) that the home's day-to-day care is arranged and delivered so as to keep each child safe and to protect each child effectively from harm;

(c) that the premises used for the purposes of the home are located so that children are effectively safeguarded;

(d) that the premises used for the purposes of the home are designed, furnished and maintained so as to protect each child from avoidable hazards to the child's health; and

(e) that the effectiveness of the home's child protection policies is monitored regularly.

Designated Members of Staff

The designated staff for Child Protection are: -

Sharon Wallin	Director of Education
Samantha Steinke – Sanderson	Head of School
Kathy Gentry	Registered Manager
Craig Joshua	Child Care Manager
Debbie Saunders	Child Care Manager
Hayley Ansell	Centre Night Manager
Ben Lewis	Centre Night Manager
Geraldine Rowe	Night Coordinator
Nathalie Dupoux	Night Coordinator
Rebecca Greener	Night Coordinator
Robert Cavill	Night Coordinator

Samantha Steinke Sanderson is the **Designated Senior Person** for Child Protection (DSP).

Kathy Gentry is the **Deputy Designated Senior Person** for Child Protection.

In the absence of the DSP, Deputy DSP or a designated staff member, the Person in Charge shall be consulted.

Samantha Steinke Sanderson or Kathy Gentry should always be informed unless they are off-site and not contactable and the situation has to be dealt with immediately.

The broad areas of responsibility for the designated safeguarding leads are:

Managing referrals

Refer all cases of suspected abuse or neglect to the Local Authority Children's Services (Safeguarding and Specialist Services) , Police (cases where a crime may have been committed) and to the Channel programme where there is a radicalisation concern

Liaise with the Head Teacher or Principal to inform him/ her of issues- especially ongoing enquiries under Section 47 of the Children Act 1989 and police investigations

Act as a source of support, advice and expertise to staff on matters of safety and safeguarding and when deciding whether to make a referral by liaising with relevant agencies

Support staff who make referrals

Share information with appropriate staff in relation to a child's looked after (CLA) legal status (whether they are looked after under voluntary arrangements with consent of parents or on an Interim Care Order or Care Order) and contact arrangements with birth parents or those with parental responsibility.

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

Training

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

- Understand the assessment process for providing early help and intervention, for example through locally agreed common and shared assessment processes such as early help assessments
- Have a working knowledge of how local authorities conduct a child protection case conference and a child protection review conference and be able to attend and contribute to these effectively when required to do so
- Ensure each member of staff has access to and understands the safeguarding and child protection policy and procedures, especially new and part time staff
- Understand and support the school and children's home with regards to the requirements of the Prevent duty and are able to provide advice and support to staff on protecting children from the risk of radicalisation
- Be able to keep detailed, accurate, secure written records of concerns and referrals
- Obtain access to resources and attend any relevant or refresher training courses
- Encourage a culture of listening and responding to children and taking account of their wishes and feelings, among all staff, in any measures the school or children's home may put in place to protect them

Raising Awareness

- The designated safeguarding lead should ensure the school and children's homes policies are known and used appropriately:
- Ensure the child protection policy is reviewed annually and the procedures and implementation are updated and reviewed regularly, and work with governing bodies or proprietors regarding this
- Ensure the child protection policy is available publicly and parents are aware of the fact that referrals about suspected abuse or neglect may be made and the role of the school or children's home in this

- Link with the Local Safeguarding Children's Board (LSCB) to make sure staff are aware of training opportunities and the latest local policies on safeguarding.

Other

- Where children leave, ensure the file for safeguarding and any child protection information is sent to any new school /college as soon as possible but transferred separately from the main pupil file.
- Schools should obtain proof that the new school/education setting has received the safeguarding file for any child transferring and then destroy any information held on the child in line with data protection guidelines (see Record keeping Guidance on Hertfordshire Grid for Learning for further information.)
- Ensure that the Hertfordshire Safeguarding Children Board procedures are followed in the school The most up to date version of these procedures are available at <http://hertsscb.proceduresonline.com>. These procedures are updated regularly and staff should always refer to the on line version to ensure that they are accessing the most current procedures.
- Develop effective working relationships with other agencies and services
- Decide upon the appropriate level of response to specific concerns about a child (e.g. discuss with parents, refer to Children's Services)
- Liaise with Children's Services: Safeguarding and Specialist Services and Social Work Teams over suspected cases of child abuse
- Inform placing Local Authority at the same time as contacting Hertfordshire Children's Services
- Ensure that accurate safeguarding records relating to individual children and young people are kept separate from the academic and residential file in a secure place and marked 'Strictly Confidential' and are passed securely should the child transfer to a new provision.
- Submit reports to and attend Child Protection Case Conferences and Strategy meetings. Contribute to decision making and delivery of actions planned to safeguard the child.
- Ensure that the school and home effectively monitors children about whom there are concerns, including notifying Children's services: safeguarding and Specialist Services when there is an unexplained absence of more than two days for a child who is subject to a child protection plan.
- Provide guidance to parents, carers, children and staff about obtaining suitable support

The Governing Body

Governing bodies 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 are effective and comply with the law at all times.

Governing bodies and proprietors should have a senior board level (or equivalent) lead to take **leadership** responsibility for their schools or college's safeguarding arrangements.

The nominated governor for child protection is:
Sr. Annette Clemence, Chair Of Governors.

The responsibilities placed on governing bodies and proprietors include:

- Ensuring their contribution to inter-agency working, which includes providing a coordinated offer of early help when additional needs of children are identified
- Ensuring that an effective child protection policy is in place, together with a staff behaviour policy
- Ensuring staff are provided with Part One of Keeping Children Safe in Education (DfE 2018) – Appendix 1 and are aware of specific safeguarding issues
- Ensuring that staff induction is in place with regards to child protection and safeguarding
- Appointing an appropriate senior member of staff to act as the Lead Designated Senior Person. It is a matter for individual schools as to whether they choose to have one or more Deputy Designated Senior Person.
- Ensuring that all of the Designated Senior Persons (including deputies) should undergo formal child protection training every two years (in line with LCSB guidance) and receive regular (annual) safeguarding refreshers (for example via e-bulletins, meeting other DSPs, or taking time to read and digest safeguarding developments)
- Prioritising the welfare of children and young people and creating a culture where staff are confident to challenge senior leaders over any safeguarding concerns
- Ensuring that children are taught about safeguarding, including online safety. Schools should consider this as part of providing a broad and balanced curriculum.
- Ensuring appropriate filters and appropriate monitoring systems are in place to safeguard children from potentially harmful and inappropriate online material. Additional information to support governing bodies and proprietors is provided in Annex C of **Keeping Children Safe in Education(DFE 2018)-**

available at
http://www.thegrid.org.uk/info/welfare/child_protection/policy/national.shtml

- Having a senior board level lead to take leadership responsibility for the organisation's safeguarding arrangements

The Diocese

St Elizabeth's School and Children's Home is a Roman Catholic Establishment which is located within the Diocese of Westminster. The Chair Of Governors reports any serious incidents to the Diocese nominated person for safeguarding. The police would also report on the school's behalf. The Chair of Governors completes an annual monitoring form for the Catholic Safeguarding Advisory Service.

The Charity Commission

St Elizabeth's Centre is a registered charity. All serious child protection incidents must be reported to the Charity commission by the Chair of Governor

When to be concerned

If staff have any concerns about a child's welfare, they should act on them immediately. If staff have a concern, they should follow this policy and speak to the Designated Senior Person/DSL(or deputy). The designated safeguarding lead (and any deputies) are most likely to have a complete safeguarding picture and be the most appropriate person to advise on the response to safeguarding concerns

It is most important that staff report any concerns as soon as possible and definitely before leaving duty.

Delay can result in investigations being inconclusive because of insufficient evidence being available.

STAFF MEMBERS SHOULD RECORD ALL CONCERNS REGARDING THE WELFARE OF CHILDREN AND YOUNG PEOPLE ON A **RECORD OF CONCERN FORM – attaching relevant documentation.**

Staff should not assume a colleague or another professional will take action and share information that might be critical in keeping children safe. They should be mindful that early information sharing is vital for effective identification, assessment and allocation of appropriate service provision.

If a child is in immediate danger or is at risk of harm, a referral should be made to Children's Services and/or the police immediately. Anyone can make a referral. Where referrals are not made by the designated safeguarding lead, the designated safeguarding lead should be informed as soon as possible that a referral has been made.

Any staff member should be able to make a safeguarding referral to Children's Services if necessary.

All staff should be aware of the process for making referrals to Children's Services and for statutory assessments under the Children Act 1989, especially section 17 (children in need) and section 47 (a child suffering, or likely to suffer, significant harm - from abuse or neglect) that may follow a referral, along with the role they might be expected to play in such assessments.

Contextual Safeguarding

Safeguarding incidents and/or behaviours can be associated with factors outside the school or children's home and/or can occur between children outside the school or children's home. All staff, but especially the designated safeguarding lead (or deputy) should be considering the context within which such incidents and/or behaviours occur. This is known as contextual safeguarding, which simply means assessments of children should consider whether wider environmental factors are present in a child's life that are a threat to their safety and/or welfare.

A child centred and coordinated approach to safeguarding:

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

Schools and children's homes and their staff form part of the wider safeguarding system for children. Staff and volunteers should be alert to the potential need for early help for children also who are more vulnerable

. For example:

- Children with a disability and/or specific additional needs.
- Children with special educational needs.
- Children who are acting as a young carer.
- Children who are showing signs of engaging in anti-social or criminal behaviour.
- Children whose family circumstances present challenges, such as substance abuse, adult mental health or learning disability, domestic violence
- Children who are showing early signs of abuse and/or neglect.

Staff members should be aware of the main categories of maltreatment: **physical abuse, emotional abuse, sexual abuse and neglect**. They should also be aware of the indicators of maltreatment and **specific safeguarding issues** so that they are able to identify cases of children who may be in need of help or protection. *See Appendix 2 for information on indicators of abuse and Appendix 1 for specific safeguarding issues.*

Children with special educational needs and disabilities:

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

This can include:

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

- ❖ A disabled child's understanding of abuse.
- ❖ Lack of choice/participation
- ❖ Isolation

Peer on peer abuse

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

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

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

All staff should be aware that safeguarding issues can manifest themselves via peer on peer abuse. This is most likely to include, but may not be 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;
- sexting (also known as youth produced sexual imagery); and
- initiation/hazing type violence and rituals.

All staff should be aware that abuse is abuse and peer on peer abuse will never be tolerated or passed off as "banter", "just having a laugh" or "part of growing up". Furthermore they should *recognise the gendered nature of peer on peer abuse (i.e. that it is more likely that girls will be victims and boys perpetrators), but that all peer on peer abuse is unacceptable and will be taken seriously.*

Hertfordshire County Council recommends that education settings use The Sexual Behaviours Traffic Light Tool by the Brook Advisory Service to help professionals; assess and respond appropriately to sexualised behaviour. The traffic light tool can be found at

<https://www.brook.org.uk/our-work/the-sexual-behaviours-traffic-light-tool>

Guidance on responding to and managing sexting incidents can be found at:
http://www.thegrid.org.uk/info/welfare/child_protection/reference/index.shtml#sex

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

In order to minimise the risk of peer on peer abuse the school / children’s home :

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

**Where there is an allegation or concern that a child has abused others
Section 4.4 of the Hertfordshire Safeguarding Children Board Inter Agency
Child Protection Procedures manual, ‘Children Who Abuse Others’:**

http://hertsscb.proceduresonline.com/chapters/p_chil_abuse.html

**Staff should also refer to Part 5 of Keeping Children Safe in Education (DfE
2018) – ‘Child on child sexual violence and sexual harassment’:**

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

Dealing with Disclosures

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

- Listen carefully to what is being said without displaying shock or disbelief
- Accept what is being said
- React calmly
- Allow the child to talk freely, don't stop them
- Reassure the child, but do not make promises which it might not be possible to keep.
- Never promise a child that they will not tell anyone - as this may ultimately not be in the best interests of the child.
- Reassure him / her that what has happened is not his or her fault.
- Stress that it was the right thing to tell
- Listen, only asking questions when necessary to clarify.
- Not criticise the alleged perpetrator
- Explain what has to be done next and who has to be told
- Make a written record (see record keeping).
- Pass the information to the Designated Senior Person without delay (if they are not available, find a Deputy DSP or Child Protection officer).

Staff must remember that children do not all disclose information in the same way. Disclosures may come about through conversation, humour, temper, shouting, through behaviour etc.

Support

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

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

Record Keeping

All practitioners should be confident of the processing conditions under the Data Protection Act 2018 and the GDPR which allow them to store and share information for safeguarding purposes, including information which is sensitive and personal, and should be treated as 'special category personal data'.

All concerns, discussions and decisions made and the reasons for those decisions should be recorded in writing. If in doubt about recording requirements staff should discuss with the designated safeguarding lead.

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

- Record as soon as possible after the conversation. Use the Record of Concern sheet to do this.
- **Keep the original notes in case they are needed by a court**
- Record the date, time, place and any noticeable non-verbal behaviour and the words used by the child
- Draw a diagram to indicate the position of any injuries
- Record statements and observations rather than interpretations or assumptions (fact not opinion)

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

The Designated Senior Person will ensure that all safeguarding records are managed in accordance with the Education (Pupil Information) (England) Regulations 2005 and the Children's Homes Regulations and Quality Standards 2015.

Where children leave the school/children's home, the Designated Senior Person should ensure their child protection file is transferred to the new school or home as soon as possible, ensuring secure transit, and confirmation of receipt should be obtained. For schools, this should be transferred separately from the main pupil file. Receiving schools/home should ensure key staff such as Designated Senior Persons are aware as required. If the child has an allocated social worker, they will also inform them of the change of school.

In addition to the child protection file, the Designated Senior Person should also consider if it would be appropriate to share any information with the new school or home in advance of a child leaving. For example, information that would allow the new school or home to continue supporting victims of abuse and have that support in place for when the child arrives.

Confidentiality

Child Protection raises issues of confidentiality that must be clearly understood by all staff and volunteers.

- All staff have a responsibility to share relevant information about the protection of children with other professionals, particularly the investigative agencies (Children's Services: Safeguarding and Specialist Services and the Police).
- If a child confides in a member of staff / volunteer and requests that the information is kept secret, it is important that the member of staff/volunteer tells the child in a manner appropriate to the child's age/stage of development / communication needs that they cannot promise confidentiality – instead they must explain that they may need to pass information to other professionals to help keep the child and other children safe. Within that context, the child should, however be assured that the matter will be disclosed only to people who need to know about it.
- Staff / volunteers who receive information about children and their families in the course of their work should share that information only within appropriate professional contexts.

Procedures and Staff Responsibilities

If any member of staff is concerned about a child he or she must inform the Designated Senior Person. If the DSP is not available, staff must inform the Deputy DSP or a Child Protection Officer. (If all of these are absent – they should see the Person In Charge)

The member of staff must record information regarding the concerns on the same day. The recording must be a clear, precise, factual account of the observations. Staff should record their concern on a **Record of Concern** form. Staff should attach any other relevant documentation e.g. DATIX record, Body Map, Record of Discussions etc.

The Designated Senior Person (or those deputising) will decide whether the concerns should be referred to Children's Services: Safeguarding and Specialist Services or placing authority children's services .Any referral will be discussed with the parents, unless to do so would place the child at further risk of harm. The child's allocated social worker will be kept informed if they are not the first point of contact.

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

If a **teacher or staff member** , in the course of their work in the profession, discovers that an act of Female Genital Mutilation (FGM) appears to have been carried out on a girl under the age of 18 they must report this to the police. **This is a mandatory reporting duty.** See Appendix 1- Keeping Children Safe in Education (DfE 2018): Annex A for further details.

Particular attention will be paid to the attendance and development of any child about whom there are concerns. Staff may be asked to keep increased written records regarding any child about whom there are concerns, or who has been identified as being the subject of a child protection plan

The Designated Senior Person is responsible for making the school leadership group aware of trends in behaviour that may affect child welfare. If necessary training will be arranged. The DSP will liaise closely with the behaviour support practitioner.

ALL staff have a responsibility to report a concern on a **Record of Concern** form regardless of the nature of the concern or origin of the concern.

For instance, the concern may be in regards to

- Time spent at home – a family member, a family friend, a member of the local community, an activity at home, general care at home
- Time spent at school and children's home– the actions of a colleague, general staff practice, the actions of another child, an activity, the care plan, their behaviour support plan.

Staff should never make an assumption that the concern has already been raised by a colleague. If they have a concern – they must share it through the appropriate route. It is much better that a concern is raised numerous times than not at all.

All staff have a professional responsibility to confidently question and challenge practice in a respectful manner where the welfare of a child may be affected. If any staff member has concerns about the response they have been given, they should raise this with a **Record of Concern Form**.

For further clarification, staff should refer to the Reporting and Recording policy.

As a person who works with children, staff have a duty to refer safeguarding concerns to the designated senior person 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 a DSP in their school or contact Hertfordshire Children's Services (including out of hours) on 0300 123 4043.

If the allegations raised by the staff member are against other children the school should follow section 4.4 of the Hertfordshire Safeguarding Children Board Procedures Manual - Children Who Abuse Others

Communication

Childline posters are displayed throughout the school and home. All children and young people are provided with information of what to do when they are concerned or feel unsafe. This includes phone numbers of external agencies. A NYAS advocate visits the houses monthly.

Many of the children at St Elizabeth's have significant communication difficulties. They rely on others to help them be heard and keep safe. Staff at St Elizabeth's are aware of the several and unique forms of communication used by our pupils and will use these to ensure that all pupils are responded to. The Speech and Language Therapists develop communication tools and aids to support staff members to ascertain the views and concerns of children and young people. These tools can be tailored to individual cases when necessary. Observation of general demeanour, behaviour patterns, health etc is essential. Key workers have a crucial role in this.

COMMUNICATION WITH PARENTS

St Elizabeth's will ensure the child protection policy is available publicly either via the website or by other means.

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

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

(The school / children's home may also consider not informing parent(s) where this would place a member of staff at risk).

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

Share useful information with families to support them in safeguarding their child e.g. internet safety information.

Where reasonably possible schools and colleges should hold more than one emergency contact number for their pupils and students.

Allegations Involving Staff / Volunteers

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

- Behaved in a way that has, or may have harmed a child
- Possibly committed a criminal offence against/related to a child
- Behaved towards a child or children in a way which indicates s/he would pose a risk of harm if they work regularly or closely with children

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

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

All staff and volunteers should feel able to raise concerns about poor or unsafe practice and potential failures in the school or children's home's safeguarding arrangements.

Appropriate whistleblowing procedures, which are suitably reflected in staff training and staff behaviour policies, should be in place for such concerns to be raised with the senior leadership team.

If staff members have concerns about another staff member then this should be referred to the Head Teacher or Registered Manager. In the absence of the Head of School / Registered Manager, a Child Care Manager or Person In Charge will take this role.

Where there are concerns about the Head Teacher or Registered Manager, this should be referred to the Chair of Governors or the Director of Education as appropriate.

The Chair of Governors in this school / children's home is:

NAME: Sister Annette Clemence

CONTACT NUMBER: 01279 843451 (external)
230 (internal)

In the absence of the Chair of Governors, the Director of Education should be contacted. The Director of Education for the Centre is:

NAME: Sharon Wallin

CONTACT NUMBER: 01279 843451 (external)
207 or 420 (internal)

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

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

Actions to be taken include making an immediate written record of the allegation using the informant's words - including time, date and place where the alleged incident took place, brief details of what happened, what was said and who was present. This record should be signed, dated and immediately passed on to the **Head of School / Registered Manager**. Staff will use the **Record of Concern** form to do this.

The recipient of an allegation must **not** unilaterally determine its validity, and failure to report it in accordance with procedures is a potential disciplinary matter.

The Head of School / Registered Manager will not investigate the allegation itself, or take written or detailed statements, but will assess whether it is necessary to refer the concern to the **Local Authority Designated Officer (LADO)**:

LADO Admin Support Officer, Marrie Moat (01992) [01992 555420](tel:01992555420)
marrie.moat@hertfordshire.gov.uk

LADO, Tony Purvis 07580 744515; 01992 556979;
tony.purvis@hertfordshire.gov.uk

LADO Andrea Garcia-Sangil 07812 323855 (01992) 556372
andrea.garcia-sangil@hertfordshire.gov.uk

LADO Yvette Morello
yvette.morello@hertfordshire.gov.uk

PLEASE NOTE THERE IS A LADO REFERRAL FORM (MANAGERS TO FOLLOW SAFEGUARDING FLOWCHARTS)

Children's Services – 03001234043
SOOHS (Out of Hours Service-Children's Services) – 03001234043

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

If it is decided that the allegation requires a child protection strategy meeting or joint evaluation meeting, this will take place in accordance with section 4.1 of the Hertfordshire Safeguarding Children Board Inter-agency Child Protection and Safeguarding Children Procedures.

If it is decided it does not require a child protection strategy meeting or joint evaluation meeting, the LADO will provide the employer with advice and support on how the allegations should be managed.

The Head of School / Registered Manager should, as soon as possible, **following briefing** from the Local Authority Designated Officer inform the subject of the allegation.

For further information see:

HSCB Inter-agency Child Protection and Safeguarding Children Procedures (Electronic)
Section 4.1 Managing Allegations Against Adults who work with Children and Young People

For Internal procedures, the senior manager dealing with the case will work closely with the HR department to ensure:

Only if necessary, the member of staff will be removed from all unsupervised contact with children and young people immediately but will be expected to hold him/herself ready for any investigation necessary either by internal or external bodies.

Depending on the seriousness of the allegation the member of staff may be immediately suspended from duty (on full pay) and escorted from the site. This decision will only be taken after careful thought and consideration.

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

- Children's Services 0300 123 4043
- NSPCC whistleblowing helpline is available for staff who do not feel able to raise concerns regarding child protection failures internally. Staff can call: 0800 028 0285 – line is available from 8:00 AM to 8:00 PM, Monday to Friday and Email: help@nspcc.org.uk

Safer working practice

To reduce the risk of allegations, all staff should be aware of safer working practice and should be familiar with the guidance contained in the staff handbook/ school code of conduct / staff behaviour policy and Safer Recruitment Consortium document ***Guidance for safer working practice for those working with children and young people in education settings (September 2015)*** available at http://www.thegrid.org.uk/info/welfare/child_protection/allegations/safe.shtml

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

Duty to Report and Not to Investigate

Staff at St Elizabeth's have a duty to recognise and report alleged / suspected incidents of abuse. This holds true whether the abuse is suspected at home or at St Elizabeth's.

The DSP and/or child protection officers will report to external agencies when appropriate, following the procedures and guidance in Hertfordshire Safeguarding Children Board Child Protection Guidelines.

We do not have a duty to investigate. This is the role of external specialist agencies.

Routes for Reporting Information (FOR ALL EXTERNAL REFERRALS PLEASE REFER TO SAFEGUARDING FLOWCHARTS IN APPENDICES)

St. Elizabeth's works with children and young people from many different local authorities.

We are based in Hertfordshire so our host authority is Hertfordshire Children's Schools and Families.

Some of our young people are over 18 years old and require a different reporting route.

All staff at St. Elizabeth's School or Centre have a responsibility to report any child protection concerns. It is preferable that concerns are reported directly to the Designated Senior Person – Samantha Steinke Sanderson or Kathy Gentry. When they are not available, concerns are reported to the one of the named Child Protection Officers or Person In Charge. The Head of School, Registered Manager or Named Officer will pass the information / consult with the appropriate agency if necessary.

1. Concerns regarding home

There are some situations when it would be good practice to contact the family first, **if this does not put the child at risk of significant harm**. If there is any doubt at all, call the social worker first for advice

Hertfordshire Child / Young person

For a consultation – call allocated social worker. If no allocated social worker, call Hertfordshire Multi Agency Safeguarding Hub (MASH) or Child Protection School Liaison Officer – Frazer Smith.

To make a referral - call allocated social worker to discuss.

If no allocated social worker, make a child protection referral using the Herts. Child Protection Referral Form.

NON Hertfordshire Child/Young Person

For a consultation – call allocated social worker. If no allocated social worker call the MASH team or equivalent in their home local authority.

To make a referral – call allocated social worker.

If no allocated social worker, make a child protection referral using the home authority procedures.

2. Concerns regarding school / children's home

The Head of School, Registered Manager or designated officer will follow Hertfordshire Safeguarding Board Child Protection procedures and have the following contact options depending on the situation

- **Allegation regarding staff member**
All Children / Young people – Contact will be made with the Hertfordshire Local Authority Designated Officer (LADO) at the Allegations Management team. The child's placing authority will be kept informed. A referral form is available.

- **Incident between 2 children or Child and Young Adult – Hertfordshire Child / Young person**
 1. If the incident is minor with no injury / distress, contact would be made with the parent and allocated social worker during our regular communication methods (e.g. weekly reports).
 2. If the incident was more serious (e.g. a the child was injured, inappropriate contact between two children or a child and young adult) contact would be made with family immediately and also inform child's named social worker. If there is no allocated social worker, and a consultation is necessary, contact the Hertfordshire MASH or the School Liaison Officer.
 3. If the incident amounted to a serious assault and / or possibility of criminal proceedings or sexual behaviours then this would indicate significant harm. If it is a clear issue that significant harm has actually occurred, a Child Protection referral will be made to Hertfordshire Children's Services using a Child Protection Referral Form.

NON - Hertfordshire Child / Young person

1. If the incident is minor with no injury / distress, contact would be made with the parent and social worker during our regular communication methods.
2. If the incident was more serious (e.g. a the child was injured, inappropriate contact between two children or a child and young adult) contact would be made with family and also inform child's named social worker. If there is no allocated social worker, and a consultation is necessary, contact the MASH team or equivalent in their home local authority.
3. If the incident amounted to a serious assault and / or possibility of criminal proceedings or sexual behaviours then this would indicate significant harm. If it is a clear issue that significant harm has actually occurred, a Child Protection referral will be made to Hertfordshire

Children's Services using a Child Protection Referral Form. The named social worker in the home authority will be kept informed.

In any scenario, if the manager is unsure about the threshold and needs advice; they should have a professional consultation with the named social worker or the safeguarding team in the child's placing authority. They will advise whether to refer or not. St Elizabeth's would also inform the child's parents.

The child / young person has always got the right to call the police if they wish to do so.

Contact details and referral flowcharts are available to all named officers in the Hertfordshire Safeguarding Children Board folders kept in the Duty Managers Office and the Head of School office. This is also available in the Duty Manager / PIC folder.

Recording

All communication with external agencies will be recorded accurately and stored in the confidential filing cabinet alongside all other documentation regarding the concern.

Support

Support for young people during / after any safeguarding related incidents must be planned, readily available and appropriate to their needs and level of understanding. Advice should be taken to ensure that support of a child does not undermine any criminal proceedings.

Dealing with a disclosure from a child and / or another safeguarding matter, is likely to be a stressful experience. The member of staff / volunteer should, therefore, consider seeking support for him/ herself and discuss this with one of the designated staff. Support can also be sought from the Centre's confidential counselling service.

Support is also offered to any staff that have had allegations made about them. This support is offered within the guidelines of necessary child protection procedures and employment good practice.

False Allegations

Occasionally, false allegations are made. Children who are known to make false allegations must be listened to and the appropriate procedures followed. They are at higher risk as a result of a known history of false allegations.

Children who have a history of making false allegations should have a clear risk assessment and plan of supervision in order to protect themselves and staff members.

Safeguarding Adults

St. Elizabeth's supports young people up to the age of 19 (sometimes 20 in extraordinary circumstances). Students over the age of 18 are protected by a different legal framework. Staff should report and manage any concerns and record in exactly the same way. The named officers will then make contact with the

appropriate authority be it local authority or home authority. (For an incident on site, it will be both). Named officers will follow the Hertfordshire Safeguarding Adults from Abuse procedures. These are kept in the Residential Duty Managers Office and School Principal's office alongside the Hertfordshire Child Protection Procedures. Referrals made to Herts. are called a Safeguarding Adults From Abuse (SAFA alert). Alerts are made to the Hertfordshire 0-25 Together Team. Contact details are with the Children's Services Contact details and Flowcharts.

Notifications

The school and home will notify OFSTED, and the appropriate agencies as stated in the Children's Homes Regulations (Reg 40) and the placing authority following any significant events that are likely to or could have had an impact on the welfare of a child or young person. Notifications are only required for Children and Young People that are resident in the Children's Home. These notifications will be carried out by the School Leadership Team, Children's Home Management Team or Person In Charge. A copy of any notifications made will be kept in the Registered Managers Office.

Training

All staff at St. Elizabeth's School and Children's Home will receive Child Protection as part of their induction training.

Annual refresher training is compulsory.

The DSP and Deputy DSP will attend Hertfordshire 'Designated Senior Person' and 'Reducing and Managing Allegations against Staff' training. They will receive refresher training at two yearly intervals.

The Child Protection Officers and Person In Charge staff will attend enhanced Child Protection training on a 2 yearly cycle.

All school staff will receive Level 1 Child Protection training from the local authority once every 3 years.

General Recording Practice

As part of staff daily routines, clear and precise recording is essential (whether or not there are child protection concerns).

Children and Young People by nature do sometimes receive minor injuries. The children and young people at St Elizabeth's have additional needs including complex medical needs, challenging behaviours or coordination difficulties among others.

Any injury or accident (however minor) and patterns of injury must be recorded clearly on a DATIX.

Staff should record an explanation or likely explanation.

There should be open and clear communication between staff and families in regards to any injuries.

Any significant accidents or injuries, patterns of injury will be reported to the placing authority.

Important Telephone Numbers

Childline	0800 1111
OFSTED Helpline	0300 123 1231
OFSTED Whistle Blowing	0300 123 3155

St. Elizabeth's School and Children's Home Policies

St Elizabeth's School and Children's Home also has policies and procedures in regards to:

Attendance / Absences from School

Behaviour Management

Bullying

Health and Safety

Internet Safety

Intimate Care

Medication / Health

Missing Child

Recording and Reporting

Risk Assessment

Restraint

Visitors Policy

Worries and Complaints

These alongside all policies are available to families and funding authorities upon request.

St. Elizabeth's Centre Policies

St Elizabeth's School and Children's Home is part of St Elizabeth's Centre which also offers a residential home with nursing for adults and a college for 18 – 25 year olds. St. Elizabeth's Centre has a directory of policies available to all staff on the St Elizabeth's Intranet, some of which have a safeguarding focus.

- **Whistle Blowing Policy for Raising Concerns** is available in the Human Resources Documents link under Key Policies.
- **Social Network Policy** is available in the Human Resources Documents link under Standards and Expectations.
- **Policy regarding Photography, Filming and Recording** is available in the Human Resources Documents link under Standards and Expectations.
- **Safeguarding and other checks and controls for Staff, Volunteers, Visitors and Others attending St Elizabeth's** is available in the Human Resources Documents link under Standards and Expectations in the Safeguarding Folder.

Status of Policy:

This policy will be reviewed in full no less than annually.

Reviewed : **August 2018**

The policy was to be re- reviewed and agreed by the Governing Body on 1st October 2018.

It is due for review August 2019 (up to 12 months from the above date).

Appendices

1. **Specific Safeguarding Issues and Areas of Vulnerability**
2. **Indicators of Harm**
3. **Safeguarding Children in Education 2016 Guidance for Staff**
4. **Safeguarding Flowcharts for Managers**

APPENDIX 1

Specific Safeguarding Issues and Areas of Vulnerability that staff should be aware of and report any concerns following school procedures.

Children of Parents Who Misuse Drugs or Alcohol:

Parental substance misuse of drugs or alcohol becomes relevant to child protection when substance misuse and personal circumstances indicate that their parenting capacity is likely to be seriously impaired or that undue caring responsibilities are likely to be falling on a child in the family. Substance misuse may include experimental, recreational, poly-drug, chaotic and dependent use of alcohol and / or drugs. Misuse of drugs and/or alcohol is strongly associated with significant harm to children, especially when combined with other features such as domestic violence, mental illness and personality disorder.

The risk to children may arise from:

- Use of family resources to finance parents' dependency, characterised by inadequate food, heat and clothing for children
- Exposing children to criminal or other inappropriate adult behaviour
- Unsuitable care givers or visitors - e.g. customer or dealers
- Being passengers in a car being driven by a driver who has been drinking or using drugs
- Effects of alcohol or drugs which may lead to dis-inhibited behaviours e.g. inappropriate display of sexual and/or aggressive behaviour
- Chaotic drug use which may lead to increased irritability, emotional unavailability, irrational behaviour and reduced parental vigilance
- Withdrawal symptoms including mood disturbances
- Unsafe storage of drugs or injecting equipment
- Adverse impact of growth and development of an unborn child
- Risk to the newborn infant of being born with withdrawal syndrome
- Increased risk of the child developing alcohol and drug use problems themselves (and associated risks of unwanted sexual encounters and injuries through fighting / accidents
- Taking on a caring role which impacts on their emotional, physical and social wellbeing.

Child Abuse linked to Spiritual or Religious Belief:

The belief in "possession" or "witchcraft" is widespread; it is not confined to particular countries, cultures or religions, nor is it confined to new immigrant communities in this country. The number of known cases of child abuse linked to accusations of "possession" or "witchcraft" is small, but children involved can suffer damage to their physical and mental health, capacity to learn, ability to form relationships and self-esteem. Such abuse generally occurs when a carer accuses the child of being evil and views a child as being "different", attributes this difference to the child being "possessed" or involved in "witchcraft", and attempts to exorcise him or her. A child could be viewed as "different" for a variety of reasons such as, disobedience; independence; bedwetting; nightmares; illness; or disability. There is often a weak bond of affection between the carer and the child. There are various social reasons that make a child more vulnerable to an accusation of 'possession' or 'witchcraft'. These include family stress, deprivation, domestic violence, substance abuse and mental health problems. The attempt to "exorcise"

may involve severe beating, burning, starvation, cutting or stabbing and/or isolation, and usually occurs in the household where the child lives. Any siblings or other children in the household may be well cared for with all their needs met by the parents and carers. The other children may have been drawn in by the adults to view the child as "different" and may have been encouraged to participate in the adult activities.

Fabricated or Induced Illness:

Fabricated or Induced Illness is a rare, potentially lethal form of abuse. Concerns will be raised for a small number of children when it is considered that the health or development of a child is likely to be significantly impaired or further impaired by the actions of a carer or carers having fabricated or induced illness. It is important that the focus is on the outcomes or impact on the child and not initially on attempts to diagnose the parent or carer. This can inflict both physical and emotional harm

There are three main ways of the carer fabricating or inducing illness in a child:

- Fabrication of signs and symptoms, including fabrication of past medical history
- Fabrication of signs and symptoms and falsification of hospital charts, records, letters and

documents and specimens of bodily fluids

- Induction of illness by a variety of means

The above three methods are not mutually exclusive. Harm to the child may be caused through unnecessary or invasive medical treatment, which may be harmful and possibly dangerous, based on symptoms that are falsely described or deliberately manufactured by the carer, and lack independent corroboration.

Forced marriage

Forcing a person into a marriage is a crime in England and Wales. A forced marriage is one entered into without the full and free consent of one or both parties and where violence, threats or any other form of coercion is used to cause a person to enter into a marriage. Threats can be physical or emotional and psychological. A lack of full and free consent can be where a person does not consent or where they cannot consent (if they have learning disabilities, for example). Nevertheless, some communities use religion and culture as a way to coerce a person into marriage. Schools and colleges can play an important role in safeguarding children from forced marriage.

The Forced Marriage Unit has published statutory guidance and Multi-agency guidelines, with pages 35-36 of which focus on the role of schools and colleges. School and college staff can contact the Forced Marriage Unit if they need advice or information: Contact: 020 7008 0151 or email fmufco.gov.uk.

Female Genital Mutilation (FGM):

The World Health Organisation defines female genital mutilation (FGM) as: "all procedures (not operations) which involve partial or total removal of the external female genitalia or injury to the female genital organs whether for cultural or other non-therapeutic reasons" (1996). It is illegal in the UK to subject a child to female genital mutilation or to take a child abroad to undergo FGM. A child for whom FGM is planned is at risk of significant harm through physical abuse and emotional abuse, which is categorised by some also as sexual abuse. Despite the harm it causes, many women from FGM practising communities consider FGM normal to protect their cultural identity. Although FGM is practiced by secular communities, it is most often claimed to be carried out in accordance with religious beliefs.

However, neither the Bible nor the Koran supports the practice of FGM. In addition to giving religious reasons for subjecting their daughters to FGM, parents say they are acting in a child's best interests because it:

- Brings status and respect to the girl
- Preserves a girl's virginity / chastity;
- Is a rite of passage;
- Gives a girl social acceptance, especially for marriage;
- Upholds the family honour;
- Helps girls and women to be clean and hygienic

The age at which girls are subjected to female genital mutilation varies greatly, from shortly after birth to any time up to adulthood. The average age is 10 to 12 years. Health implications can range from severe pain and emotional / psychological trauma to, in some cases, death.

FGM mandatory reporting duty for teachers and staff

Section 5B of the Female Genital Mutilation Act 2003 (as inserted by section 74 of the Serious Crime Act 2015) places a statutory duty upon **staff** along with regulated health and social care professionals in England and Wales, to report to the police where they discover (either through disclosure by the victim or visual evidence) that FGM appears to have been carried out on a girl under 18. Those failing to report such cases will face disciplinary sanctions. It will be rare for teachers or staff to see visual evidence, and they should **not** be examining pupils, but the same definition of what is meant by “to discover that an act of FGM appears to have been carried out” is used for all professionals to whom this mandatory reporting duty applies. Information on when and how to make a report can be found at: [Mandatory reporting of female genital mutilation procedural information](#).

Staff **must** personally report to the police cases where they discover that an act of FGM appears to have been carried out. Unless the staff member has good reason not to, they should still consider and discuss any such case with the schools designated safeguarding lead (or deputy) and involve children’s social care as appropriate. The duty does not apply in relation to at risk or suspected cases (i.e. where the staff member does not discover that an act of FGM appears to have been carried out, either through disclosure by the victim or visual evidence) or in cases where the woman is 18 or over. In these cases, staff should follow local safeguarding procedures.

Children and young people affected by gangs:

Most young people do not become involved in gangs and can resist the forces that may draw them into association with these groups. There are particular risk factors and triggers that young people experience in their lives that might lead to them becoming involved in gangs. Many of these risk factors are similar to risk factors for involvement in youth offending more generally. Siblings of gang members can be at particular risk of being drawn into gang activity, whether as an active member (including delivering drugs or concealing weapons) or being attacked by other gangs. There is a particular risk for sisters and girl friends of gang members of being sexually exploited or abused. In some cases other members of the family can also be drawn into gang feuds. Looked after children may be particularly vulnerable to low self esteem, low resilience, attachment issues and due to the fact that they are often isolated from family and friends.

Parents or other practitioners, particularly schools, involved with the family may be well placed to recognise signs of involvement with gangs. These may include:

- child withdrawn from family
 - sudden loss of interest in school; decline in attendance or academic achievement
 - started to use new or unknown slang words
 - holds unexplained money or possessions
 - stays out unusually late without reason
 - sudden change in appearance - dressing in a particular style or 'uniform' similar to that of other young people they hang around with, including a particular colour
 - dropped out of positive activities
 - new nickname
 - unexplained physical injuries
 - graffiti style 'tags' on possessions, school books, walls
 - evidence that another young person has undue influence over them
 - broken off with old friends and hangs around with one group of people
 - increased use of social networking sites
 - started adopting certain codes of group behaviour e.g. ways of talking and hand signs
 - expressing aggressive or intimidating views towards other groups of young people, some of whom may have been friends in the past
 - scared when entering certain areas or concerned by the presence of unknown youths in their neighbourhoods.
- This is not an exhaustive list, and these risk factors should not be looked at in isolation - a multiplicity of risk factors is likely to exist for a child who is vulnerable to gang involvement.

Children with a disability:

UK evidence suggests that disabled children are at increased risk of abuse and that the presence of multiple disabilities appears to increase the risk of both abuse and neglect.

The disabled child may be especially vulnerable due to:

- A need for practical assistance in daily living, including intimate care from what may be a number of carers
- Carers and staff lacking the ability to communicate adequately with the child
- A lack of continuity in care leading to an increased risk that behavioural changes may go unnoticed
- Carers working with the child in isolation
- Physical dependency with consequent reduction in ability to be able to resist abuse
- An increased likelihood that the child is socially isolated
- Lack of access to 'keep safe' strategies available to others
- Communication or learning difficulties preventing disclosure
- Parents'/ carers' own needs and ways of coping may conflict with the needs of the child
- Bullying and intimidation
- Abuse by peers
- Fear of complaining in case services withdrawn
- Targeting by some sex offenders who believe that sexual abuse of disabled children is less likely to be detected

In addition to the universal indicators of abuse / neglect, the following abusive behaviours must be considered:

- Force feeding
- Unjustified or excessive physical restraint
- Rough handling
- Extreme behaviour modification including the deprivation of liquid, medication, food or clothing
- Misuse of medication, sedation, heavy tranquillisation
- Invasive procedures against the child's will
- Deliberate failure to follow medically recommended regimes
- Misapplication of programmes or regimes
- Ill fitting equipment e.g. callipers which may cause injury or pain, inappropriate splinting

Disabled children must receive the same level of protection from harm as other children.

Safeguards for disabled children are essentially the same as for non-disabled children and should include enabling them to:

- Make their wishes and feelings known
- Receive appropriate personal, health and social education, including sex education
- Raise concerns
- Have access to more than one adult with whom they can communicate
- Staff should be vigilant to the alternative ways in which a child with a communication impairment or learning disability may try to communicate anxiety or distress arising from abuse or neglect.

Child sexual exploitation

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact: it can also occur through the use of technology. Like all forms of child sex abuse, child sexual exploitation:

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

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

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

Children and Young People Vulnerable to Radicalisation and Extremism

Young people can be vulnerable to radicalisation and all agencies have a role in identifying, protecting and diverting young people from being drawn into extremist activities. Tackling intolerance and extremism is parallel to the School and Centre ethos and educating young people to remain safe from these type of activities is the role of all staff.

There are a number of behaviours and other indicators that may indicate the presence of vulnerability. Examples include:

- Spending increasing time in the company of other suspected extremists
- Changing style of dress or personal appearance to accord with the group
- Day to day behaviour becoming increasingly centred around an extremist ideology, group or cause
- Loss of interest in other friends and activities
- Possession of materials or symbols associated with an extremist cause
- Communications with others that suggest identification with a group / ideology
- Using insulting or derogatory names of labels for another group

This is not an exhaustive list and vulnerability may manifest itself in many different ways. It should not be assumed that these characteristics and experiences will necessarily lead to individuals becoming involved in terrorism.

Preventing radicalisation

Children are vulnerable to extremist ideology and radicalisation. Similar to protecting children from other forms of harms and abuse, protecting children from this risk should be a part of a schools' or colleges' safeguarding approach.

Extremism is the vocal or active opposition to our fundamental values, including the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. This also includes calling for the death of members of the armed forces.

Radicalisation refers to the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups.

There is no single way of identifying whether a child is likely to be susceptible to an extremist ideology. Background factors combined with specific influences such as family and friends may contribute to a child's vulnerability. Similarly, radicalisation can occur through many different methods (such as social media) and settings (such as the internet).

However, it is possible to protect vulnerable people from extremist ideology and intervene to prevent those at risk of radicalisation being radicalised. As with other safeguarding risks, staff should be alert to changes in children's behaviour which

could indicate that they may be in need of help or protection. Staff should use their judgement in identifying children who might be at risk of radicalisation and act proportionately which may include the designated safeguarding lead (or deputy) making a referral to the Channel programme.

The Prevent Duty

All schools are subject to a duty under section 26 of the Counter-Terrorism and Security Act 2015 (the CTSA 2015), in the exercise of their functions, to have “due regard to the need to prevent people from being drawn into terrorism”. This duty is known as the Prevent duty.

The Prevent duty should be seen as part of schools’ and colleges’ wider safeguarding obligations. Designated safeguarding leads and other senior leaders should familiarise themselves with the Revised Prevent duty guidance: for England and Wales, especially paragraphs 57-76 which are specifically concerned with schools (and also covers childcare). The guidance is set out in terms of four general themes: Risk assessment, working in partnership, staff training, and IT policies.

Additional support

The department has published advice for schools on the Prevent duty. The advice is intended to complement the Prevent guidance and signposts other sources of advice and support.

Educate Against Hate, a website launched by the Her Majesty’s Government has been developed to support and equip school and college leaders, teachers, and parents with information, tools and resources (including on the promotion of fundamental British values) to help recognise and address extremism and radicalisation in young people. The platform provides information on and access to training resources for teachers, staff and school and college leaders, some of which are free such as Prevent e-learning, via the Prevent Training catalogue.

Channel

Channel is a programme which focuses on providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism. It provides a mechanism for schools to make referrals if they are concerned that an individual might be vulnerable to radicalisation. An individual’s engagement with the programme is entirely voluntary at all stages. Guidance on Channel is available at: Channel

guidance(https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/425189/Channel_Duty_Guidance_April_2015.pdf)

The school Designated Safeguarding Lead (and any deputies) should be aware of local procedures for making a Channel referral. As a Channel partner, the school may be asked to attend a Channel panel to discuss the individual referred to determine whether they are vulnerable to being drawn into terrorism and consider the appropriate support required.

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 unauthorised absence and children missing from education procedures.

Child criminal exploitation: county lines

Criminal exploitation of children is a geographically widespread form of harm that is a typical feature of county lines criminal activity: drug networks or gangs groom and exploit children and young people to carry drugs and money from urban areas to suburban and rural areas, market and seaside towns. Key to identifying potential involvement in county lines are missing episodes, when the victim may have been trafficked for the purpose of transporting drugs and a referral to the National Referral Mechanism should be considered.

Like other forms of abuse and exploitation, county lines exploitation:

- can affect any child or young person (male or female) under the age of 18 years;
- can affect any vulnerable adult over the age of 18 years;
- can still be exploitation even if the activity appears consensual;
- can involve force and/or enticement-based methods of compliance and is often accompanied by violence or threats of violence;
- can be perpetrated by individuals or groups, males or females, and young people or adults; and
- is typified by some form of power imbalance in favour of those perpetrating the exploitation. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, cognitive ability, physical strength, status, and access to economic or other resources.

Domestic abuse

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

- psychological;
- physical;
- sexual;
- financial; and
- emotional

Exposure to domestic abuse and/or violence can have a serious, long lasting emotional and psychological impact on children. In some cases, a child may blame themselves for the abuse or may have had to leave the family home as a result.

Domestic abuse affecting young people can also occur within their personal relationships, as well as in the context of their home life.

Homelessness

Being homeless or being at risk of becoming homeless presents a real risk to a child's welfare. The designated safeguarding lead (and any deputies) should be aware of contact details and referral routes in to the Local Housing Authority so they can raise/progress concerns at the earliest opportunity. Indicators that a family may be at risk of homelessness include household debt, rent arrears, domestic

abuse and anti-social behaviour, as well as the family being asked to leave a property. Whilst referrals and or discussion with the Local Housing Authority should be progressed as appropriate, this does not, and should not, replace a referral into children's social care where a child has been harmed or is at risk of harm.

The Homelessness Reduction Act 2017 places a new legal duty on English councils so that everyone who is homeless or at risk of homelessness will have access to meaningful help including an assessment of their needs and circumstances, the development of a personalised housing plan, and work to help them retain their accommodation or find a new place to live. The new duties shift focus to early intervention and encourage those at risk to seek support as soon as possible, before they are facing a homelessness crisis.

In most cases school and college staff will be considering homelessness in the context of children who live with their families, and intervention will be on that basis. However, it should also be recognised in some cases 16 and 17 year olds could be living independently from their parents or guardians, for example through their exclusion from the family home, and will require a different level of intervention and support. Children's services will be the lead agency for these young people and the designated safeguarding lead (or a deputy) should ensure appropriate referrals are made based on the child's circumstances. The department and the Ministry of Housing, Communities and Local Government have published joint statutory guidance on the provision of accommodation for 16 and 17 year olds who may be homeless and/ or require accommodation: [here](#).

So-called 'honour-based' violence

So-called 'honour-based' violence (HBV) encompasses incidents or crimes which have been committed to protect or defend the honour of the family and/or the community, including female genital mutilation (FGM), forced marriage, and practices such as breast ironing. Abuse committed in the context of preserving "honour" often involves a wider network of family or community pressure and can include multiple perpetrators. It is important to be aware of this dynamic and additional risk factors when deciding what form of safeguarding action to take. All forms of HBV are abuse (regardless of the motivation) and should be handled and escalated as such. Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a child being at risk of HBV, or already having suffered HBV.

Actions

If staff have a concern regarding a child that might be at risk of HBV or who has suffered from HBV, they should speak to the designated safeguarding lead (or deputy). As appropriate, they will activate local safeguarding procedures, using existing national and local protocols for multiagency liaison with police and children's social care.

Child trafficking:

Children are coerced, deceived or forced into the control of others who seek to profit from their exploitation and suffering. Most children are trafficked for financial gain. This can include payment from or to the child's parents. In most cases, the trafficker also receives payment from those wanting to exploit the child once in the UK. Trafficking is carried out by organised gangs and individual adults or agents. Trafficked children may be used for sexual exploitation; domestic servitude; sweatshop, restaurant and other catering work; credit card fraud; begging or pick pocketing or other forms of petty criminal activity; agricultural labour, including tending plants in illegal cannabis farms; benefit fraud; drug mules, drug dealing or

decoys for adult drug traffickers and illegal inter-country adoptions. Children may be trafficked from a number of different countries for a variety of different reasons. Factors which can make children vulnerable to trafficking are varied and include such things as poverty, lack of education, discrimination and disadvantage, political conflict and economic transition, inadequate local laws and regulations. Trafficked children are victims of serious crime and this will impact on their health and welfare. In order to coerce and control, they are commonly subject to physical abuse including use of drugs and alcohol, emotional and psychological abuse, sexual abuse and neglect as a result of a lack of care about their welfare and the need for secrecy surrounding their circumstances. There is increasing evidence that children of both UK and other citizenship are being trafficked internally within the UK for very similar reasons to those outlined above.

APPENDIX 2 – INDICATORS OF HARM

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.

Indicators in the child

Bruising

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

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

Fractures

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

If the child is not using a limb, has pain on movement and/or swelling of the limb, there may be a fracture.

There are grounds for concern if:

- The history provided is vague, non-existent or inconsistent
- There are associated old fractures
- Medical attention is sought after a period of delay when the fracture has

caused symptoms such as swelling, pain or loss of movement

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

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

Mouth Injuries

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

Poisoning

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

Fabricated or Induced Illness

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

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

Bite Marks

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

caused by an adult or older child.

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

Burns and Scalds

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

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

Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation. Scalds to the buttocks of a child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

The following points are also worth remembering:

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

Scars

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

Emotional/behavioural presentation

Refusal to discuss injuries

Admission of punishment which appears excessive

Fear of parents being contacted and fear of returning home

Withdrawal from physical contact

Arms and legs kept covered in hot weather

Fear of medical help

Aggression towards others

Frequently absent from school

An explanation which is inconsistent with an injury

Several different explanations provided for an injury

Indicators in the parent

May have injuries themselves that suggest domestic violence

Not seeking medical help/unexplained delay in seeking treatment
Reluctant to give information or mention previous injuries
Absent without good reason when their child is presented for treatment
Disinterested or undisturbed by accident or injury
Aggressive towards child or others
Unauthorised attempts to administer medication
Tries to draw the child into their own illness.
Past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault
Parent/carer may be over involved in participating in medical tests, taking temperatures and measuring bodily fluids
Observed to be intensely involved with their children, never taking a much needed break nor allowing anyone else to undertake their child's care.
May appear unusually concerned about the results of investigations which may indicate physical illness in the child
Wider parenting difficulties may (or may not) be associated with this form of abuse.
Parent/carer has convictions for violent crimes.

Indicators in the family/environment

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

EMOTIONAL ABUSE

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 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 over protection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Indicators in the child

Developmental delay

Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or no attachment

Aggressive behaviour towards others

Child scapegoated within the family

Frozen watchfulness, particularly in pre-school children

Low self esteem and lack of confidence

Withdrawn or seen as a 'loner' - difficulty relating to others

Over-reaction to mistakes

Fear of new situations

Inappropriate emotional responses to painful situations

Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)

Self harm

Fear of parents being contacted

Extremes of passivity or aggression

Drug/solvent abuse

Chronic running away

Compulsive stealing

Low self-esteem

Air of detachment – 'don't care' attitude

Social isolation – does not join in and has few friends

Depression, withdrawal

Behavioural problems e.g. aggression, attention seeking, hyperactivity, poor attention

Low self esteem, lack of confidence, fearful, distressed, anxious

Poor peer relationships including withdrawn or isolated behaviour

Indicators in the parent

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 surgery in parents and/or siblings of the family

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

NEGLECT

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

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

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

Indicators in the child

Physical presentation

Failure to thrive or, in older children, short stature

Underweight

Frequent hunger

Dirty, unkempt condition

Inadequately clothed, clothing in a poor state of repair

Red/purple mottled skin, particularly on the hands and feet, seen in the winter due to cold

Swollen limbs with sores that are slow to heal, usually associated with cold injury

Abnormal voracious appetite

Dry, sparse hair

Recurrent / untreated infections or skin conditions e.g. severe nappy rash, eczema or persistent head lice / scabies/ diarrhoea

Unmanaged / untreated health / medical conditions including poor dental health

Frequent accidents or injuries

Development

General delay, especially speech and language delay

Inadequate social skills and poor socialization

Emotional/behavioural presentation

Attachment disorders

Absence of normal social responsiveness

Indiscriminate behaviour in relationships with adults

Emotionally needy

Compulsive stealing

Constant tiredness

Frequently absent or late at school

Poor self esteem

Destructive tendencies

Thrives away from home environment

Aggressive and impulsive behaviour

Disturbed peer relationships

Self harming behaviour

Indicators in the parent

Dirty, unkempt presentation

Inadequately clothed

Inadequate social skills and poor socialisation

Abnormal attachment to the child .e.g. anxious

Low self esteem and lack of confidence

Failure to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene

Failure to meet the child's health and medical needs e.g. poor dental health; failure to attend or keep appointments with health visitor, GP or hospital; lack of GP registration; failure to seek or comply with appropriate medical treatment; failure to address parental substance misuse during pregnancy

Child left with adults who are intoxicated or violent

Child abandoned or left alone for excessive periods

Wider parenting difficulties, may (or may not) be associated with this form of abuse

Indicators in the family/environment

History of neglect in the family

Family marginalised or isolated by the community.

Family has history of mental health, alcohol or drug misuse or domestic violence.

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

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

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

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

Lack of opportunities for child to play and learn

SEXUAL ABUSE

Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Indicators in the child

Physical presentation

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

Recurrent pain on passing urine or faeces

Blood on underclothes

Sexually transmitted infections

Vaginal soreness or bleeding

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

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

Emotional/behavioural presentation

Makes a disclosure.

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

Inexplicable changes in behaviour, such as becoming aggressive or withdrawn

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

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

Reluctant to undress for PE

Running away from home

Poor attention / concentration (world of their own)
Sudden changes in school work habits, become truant
Withdrawal, isolation or excessive worrying
Inappropriate sexualised conduct
Sexually exploited or indiscriminate choice of sexual partners
Wetting or other regressive behaviours e.g. thumb sucking
Draws sexually explicit pictures
Depression

Indicators in the parents

Comments made by the parent/carer about the child.
Lack of sexual boundaries
Wider parenting difficulties or vulnerabilities
Grooming behaviour
Parent is a sex offender

Indicators in the family/environment

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

APPENDIX 3 – SAFEGUARDING FLOWCHARTS FOR MANAGERS

- 1. LADO – STAFF RELATED ALLEGATION**
- 2. STAFF ALLEGATION – CYP 18+**
- 3. CONCERN RE HOME (CYP AT ST E'S)**
- 4. CONCERN RE ST ELIZABETH'S- CYP RELATED**
- 5. CONCERN RE HOME (CYP AT HOME)**

**APPENDIX 4 - KEEPING CHILDREN SAFE IN EDUCATION:
PART 1: INFORMATION FOR ALL SCHOOL AND COLLEGE STAFF
(DFE, September 2018)**

Link to Keeping Children Safe in Education (DfE, 2018):

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