

## Our School Values

Resilience

Creativity

Kindness

Community

Critical Thinking

Independence



# Foundry Lane Primary School

## Child Protection Policy, Procedure and Guidance

### 2022/2023

(Updated in line with KCSIE guidance 2022)

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Approved and Adopted: 27.09.22

If you would like to see a signed copy of this policy please contact the school on 02380 774814 or on [info@foundrylaneprimary.co.uk](mailto:info@foundrylaneprimary.co.uk)

This policy is to be reviewed in September 2023

This policy is reviewed by FGB

*Our school policies are written with the objective of continuously improving the school in our aim of realising the school's vision.*

#### Our Vision

*Our inclusive environment acknowledges and respects children from diverse families and cultural backgrounds where everyone feels they belong. We provide a rich and engaging school experience through inspiring, motivating and challenging our pupils to believe in themselves and to raise and expand their aspirations.*

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## **Purpose**

The purpose of this policy is to:

- provide staff with the framework to promote and safeguard the wellbeing of children and in so doing ensure they meet their statutory responsibilities;
- ensure consistent good practice across the school;
- demonstrate our commitment to protecting children.

This policy should be read in conjunction with Foundry Lane School's Safeguarding Policy and in conjunction with and other policies including:

- Accessibility Plan
- Anti-bullying Policy
- Attendance Policy
- Complaints Policy
- Duty to Act: Whistleblowing Policy
- Drugs, Medicines and First Aid Policy
- Equality Policy
- Health and safety Policy
- Information and Communication Technology
- Management of Behaviour Policy
- Online Safety Policy
- Race Equality Policy
- Safeguarding Policy
- The school Code of Conduct
- Searching, Screening and Confiscation
- Single Central Record of Recruitment and

This policy has been developed in accordance with the principles established by the Children Acts 1989 and 2004; the Education Act 2002, and in line with statutory guidance: 'Working Together to Safeguard Children' 2018, Revised Safeguarding Statutory Guidance 'Framework for the Assessment of Children in Need and their Families' 2000, 'What to do if You are Worried a Child is Being Abused' 2015.

The policy also reflects both statutory guidance 'Keeping Children Safe in Education' 2022 (KCSIE), and Southampton Safeguarding Children Board Procedures.

## **Legal context**

There are several acts of parliament and guidance that are pertinent to the child protection process but key legislation is both the Children's Act of 1989 and 2004 as well as the Education Act of 2002 which states that teachers, education professionals, social workers, health professionals, police officers and members of the public have a statutory duty to report any concerns or suspicions that a child has been abused.

There is also Section 175 of the Education Act 2002 which clearly states that "the governing body of a maintained school shall make arrangements for ensuring that their functions relating to the conduct of the school are exercised with a view to safeguarding and promoting the welfare of children who are pupils at the school." this includes independent schools and academies under section 157 of this Act.

## **Guidance and documents referred to in this policy:**

1. Southampton Safeguarding Children Board protocols, guidance and procedures
2. Working Together to Safeguard Children 2018
3. Keeping Children Safe in Education (KCSIE) 2022
4. Disqualification under the Childcare Act 2006. Amended in 2015
5. FGM Act 2003 Mandatory Reporting Guidance 2016
6. 'What to do if you are worried a child is being abused' 2015
7. Teacher Standards 2011, updated 2021
8. Information Sharing Advice for Practitioners' guidance 2015
9. SCC Children Missing Education
10. The use of physical intervention when working with children and young people

## Scope

The policy relates to all staff, volunteers and governors of Foundry Lane Primary School, and provides them with the framework they need in order to keep children safe and secure in our school and to inform parents and guardians how we will safeguard their children whilst they are in our care.

## Definitions / Glossary

Within this document a number of phrases are used which can be explained:

**Safeguarding** is the action that is taken to promote the welfare of children and protect them from harm. Safeguarding means:

- protecting children from abuse and maltreatment
- preventing harm to children's health or development
- ensuring children grow up with the provision of safe and effective care
- taking action to enable all children and young people to have the best outcomes.

**Child protection** is part of the safeguarding process. It focuses on protecting individual children identified as suffering or likely to suffer significant harm. This includes child protection procedures which detail how to respond to concerns about a child.

The term **Staff** applies to all those working for or on behalf of the school, full time or part time, in either a paid or voluntary capacity. This also includes parents, headteachers, supply teachers, agency staff and contractors.

**Child** refers to all young people who have not yet reached their 18th birthday. On the whole, this will apply to pupils of our school; however the policy will extend to visiting children and students from other establishments.

**Parent** refers to birth parents and other adults in a parenting role for example adoptive parents, guardians, step parents and foster carers.

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

**Emotional abuse:** the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability as well as overprotection and limitation of exploration and learning, or preventing the child from participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

**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.

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

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

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

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

**The Trigger Trio:** The term 'Trigger Trio' has been used to describe the issues of domestic abuse, mental ill-health and substance misuse which have been identified as common features of families where harm to women and children has occurred. They are viewed as indicators of increased risk of harm to children and young people. In a review of Serious Cases Reviews undertaken by Ofsted in 2011, they found that in nearly 75% of these cases two or more of the issues were present.

**Prevent:** From 1 July 2015 all schools, registered early years childcare providers and registered later years childcare providers are subject to a duty under section 26 of the Counter-Terrorism and Security Act 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 (see section 7.2). In addition to these types of abuse and neglect, members of staff will also be alert to following specific safeguarding issues:

- |                                    |   |
|------------------------------------|---|
| • child missing from education     | • gender-based violence/violence against women and girls (VAWG) |
| • child missing from home or care  | • hate crime  |
| • child sexual exploitation (CSE)  | • mental health   |
| • bullying including cyberbullying | • private fostering   |
| • Up-skirting                      | • preventing radicalisation                                     |
| • domestic abuse                   | • modern slavery / trafficking and exploitation                 |
| • drugs                            | • Child Criminal Exploitation (CCE)                             |
| • fabricated or induced illness    | • Sharing nudes or semi nudes (UKCIS)                           |
| • faith abuse                      |   |
| • female genital mutilation (FGM)  |   |
| • forced marriage                  |   |
| • gangs and youth violence         |   |

**The Designated Safeguarding Lead** (to be read in conjunction with Designated Safeguarding Lead role description in KCSIE 2022)

At Foundry Lane Primary School the **Designated Safeguarding Lead** is Sean Taylor.

The **Deputy Designated Safeguarding Leads** are Helen Aldred, Em Ervine and Jacqui Dowdell.

**The Designated Safeguarding Leads for Out of Hours care** are: Claire Porter, Claire Dear and Zoe Solle

**Mental Health Leads:** Alex Stammers and Em Ervine

### **Rationale**

At Foundry Lane Primary School, there is nothing more important to us than the physical, mental, emotional and spiritual welfare of our pupils. Children have a right to feel secure and cannot learn effectively unless they do so. We believe that every child, regardless of age, gender, ethnicity, ability, sexuality, religion, culture, language and belief has a right to be protected from harm. We recognise our legal and moral duty to promote the well-being of children, prevention of harm, and respond to child abuse. We will carry out this duty through our teaching and learning, extra-curricular activities, pastoral care and extended school activities. All staff (including headteachers, supply teachers, agency staff and volunteers) have a key role in the prevention of harm and an equal responsibility to act on any suspicion or disclosure that may indicate a child is at risk of harm in accordance with the guidance. Safeguarding and promoting the welfare of children is everyone's responsibility. In order to fulfil this responsibility effectively, Foundry Lane Primary School's approach to safeguarding is child-centred. This means that we consider, at all times, what is considered to be in the best interests of the child, taking into account the child's own views.

We acknowledge that working in partnership with other agencies protects children and reduces risk. We will therefore engage in multi-agency working, throughout the child protection process, to safeguard children. Whilst the school will work openly with parents as far as possible, the school reserves the right to contact Southampton's Children's Resource Service (CRS) - in line with current safeguarding procedures – the Local Safeguarding Children's Board Continuum of Need Document (Jan 2017) or the police, without notifying parents if this is in the child's best interests.

### **Policy statement**

We recognise our moral and statutory responsibility to safeguard and promote the welfare of all children. We make every effort to provide a safe and welcoming environment underpinned by a culture of openness where both children and adults feel secure, able to talk and believe that they are being listened to. We maintain an attitude of "it could happen here" where safeguarding is concerned. The purpose of this policy is to provide staff, volunteers and headteachers with the framework they need in order to keep children safe and secure in our school and to inform parents and guardians how we will safeguard their children whilst they are in our care. We consider, at all times, the best interests of the child, taking into account the child's own wishes as set out in Keeping Children Safe in Education 2022. We will ensure that the children's wishes, feelings and views will be taken into account when decisions are being made about how to keep them safe. In addition, all children know that they can communicate with any adult in school if they are worried or in difficulty.

Safeguarding is taken to mean "All agencies working with children, young people and their families take all reasonable measures to ensure that the risk of harm to children's welfare are minimised" and "where there are concerns about children and young people's welfare, all agencies take all appropriate actions to address those concerns, working to agreed local policies and procedures in full partnership with other agencies".

**Our Aim** is to demonstrate the school's commitment with regard to safeguarding and child protection to pupils, parents and other partners by raising the awareness of all teaching and non-teaching staff of their responsibilities to safeguard children through identifying and reporting possible cases of abuse.

To enable the school to effectively contribute to Early Help assessments of need and support for those children and by providing robust systems and procedures that are followed by all members of the school community in cases of suspected abuse.

To develop and promote effective working relationships with other agencies, in particular Early Help providers, the Police, Health and Social Care.

We ensure that all staff working within our school who have substantial access to children have been checked as to their suitability, including verification of their identity, qualifications, and a satisfactory DBS check (according to KCSIE guidance), and a single central record is kept for audit. We comply with the Disqualification under the Childcare Act 2006 guidance issued in February 2015 and updated in 2018. Safeguarding processes are intended to put in place measures that prevent harm to children. There may be situations where gaps or deficiencies in the policies and processes we have in place will be highlighted. In these situations a review will be carried out in order to identify learning and inform the policy, practice and culture of the school.

As a school we will educate and encourage pupils to keep safe through:

- The content of the curriculum
- A school ethos which helps children to feel safe and able to talk freely about their concerns, believing that they will be listened to and valued.

## **Section 1: Principles and Values**

Children have a right to feel secure and cannot learn effectively unless they do so.

All children, regardless of age, gender, race, ability, sexuality, religion, culture or language have a right to be protected from harm.

All staff have a key role in prevention of harm and an equal responsibility to act on any suspicion or disclosure that may indicate a child is at risk of harm in accordance with the guidance.

We acknowledge that working in partnership with other agencies protects children and reduces risk and so we will engage in partnership working throughout the child protection process to safeguard children.

Whilst the school will work openly with parents as far as possible, the school reserves the right to contact children's social care or the police, without notifying parents if this is considered to be in the child's best interests.

### **Leadership and Management**

We recognise that staff anxiety around child protection can undermine good practice and so have established clear lines of accountability, training and advice to support the process and individual staff within that process.

In this school any individual can contact the Designated Safeguarding Lead, or the deputy DSL's if they have concerns about a young person.

### **Training**

A senior member of the School's Leadership Team is designated to take responsibility for dealing with child protection issues and an appropriate Deputy Designated Safeguarding Lead is available and all staff in the school know who that person is. Appropriate training is undertaken by the Designated Safeguarding Lead and Deputy Designated Safeguarding Leads (which is refreshed every two years and who attends regular network meetings for local arrangements to update on relevant and key local information), attend regular update sessions at a national level and all staff have safeguarding training refreshed annually.

All staff in our school are expected to be aware of the signs and symptoms of abuse and must be able to respond appropriately. Training is provided for all staff, at appropriate intervals, as and when required (but at least annually), to keep up with any relevant safeguarding and child protection developments with separate training to all new staff on appointment. All staff sign the policy annually to acknowledge they have attended/read and understood the training. Temporary staff, supply teachers or volunteers are made aware of the school's arrangements and responsibilities. Any update in national or local guidance will be shared with all staff in briefings and then captured in the next whole school training session. This policy will be updated during the year to reflect any changes brought about by new guidance.

### **Referral**

Following any concerns raised by staff, the Designated Safeguarding Lead will assess the information and consider if significant harm has happened or if there is a risk that it may happen. If the evidence suggests the threshold of significant harm, or risk of significant harm has been reached; or they are not clear if the threshold is met, then the Designated Safeguarding Lead will contact Children's Social Care. If the Designated Safeguarding Lead, or deputies, are not available or there are immediate concerns, the staff member will refer directly to Children's Social Care. Generally the Designated Safeguarding Lead will inform the parents prior to making a referral however there are situations where this may not be possible or appropriate.



Where there is a disclosure of FGM staff know what their statutory response is to report it. Keeping Children Safe in Education (2022), paragraph 44 says 'whilst **all** staff should speak to the designated safeguarding lead (or deputy) with regard to any concerns about female genital mutilation (FGM), there is a specific **legal duty on teachers**. If a teacher, in the course of their work in the profession, discovers that an act of FGM appears to have been carried out on a girl under the age of 18, the teacher must report this to the police'.

Below is a very short summary and must be read in conjunction with the mandatory reporting guidance. (See <http://safeguarding.link/fgmreporting>)

The mandatory reporting procedures say:

'It is recommended that you make a report orally by calling 101, the single non-emergency number.'

'Where there is a risk to life or likelihood of serious immediate harm, professionals should report the case immediately to police, including dialling 999 if appropriate'.

In most cases 'reports under the duty should be made as soon as possible after a case is discovered, and best practice is for reports to be made by the close of the next working day'.

The procedures also set out what information is needed, in order to make a report.

See here: <https://www.gov.uk/government/publications/mandatory-reporting-of-female-genital-mutilation-procedural-information/mandatory-reporting-of-female-genital-mutilation-procedural-information-accessible-version#reporting>

### **Confidentiality**

We maintain that all matters relating to child protection are to be treated as confidential and only shared as per the 'Working Together to Safeguard Children 2018' guidance. Information will only be shared with agencies who we have a statutory duty to share with and individuals within the school on a 'need to know' basis. All staff are aware that they cannot promise a child to keep a disclosure confidential.

### **Dealing with allegations against staff**

At Foundry Lane Primary School we recognise the possibility that adults may harm children, including governors, volunteers, supply teachers and agency staff. Any concerns about the conduct of other adults in the school should be taken to the headteacher without delay; any concerns about the headteacher should go to the Chair of Governors who can be contacted in writing (via the school office) or by email: [chair@foundrylaneprimary.co.uk](mailto:chair@foundrylaneprimary.co.uk).

Any concerns about the conduct of a member of staff, supply teachers, volunteers or contractors should be reported to the headteacher.

Concerns may come from various sources, for example, a suspicion; complaint; or disclosure made by a child. Parent, or other adult within or outside of the organisation; or as a result of vetting checks undertaken. The headteacher has to decide whether the concern is an allegation or low-level concern. The term low-level concern does not mean that it is insignificant, it means that the behaviour towards a child does not meet the threshold for referral to the Local Authority Designated Officer (LADO).

**The LA's Designated Officer is:** Jemma Swann

**Tel:** 023 80832693 **Mobile:** 07500 952037 **E-mail:** LADO@Southampton.gov.uk

If the allegation is against the Headteacher, the Chair of the Board of Governors, David Higlett, will contact the LADO directly.

**Dealing with allegations against pupils**

If a concern is raised that there is an allegation of a pupil abusing another pupil within the school, the 'dealing with allegations against pupils' guidance will be followed (Annex 6).

## **Section 2: Roles and responsibilities within Foundry Lane Primary School**

### **Staff responsibilities:**

All staff have a key role to play in identifying concerns early and in providing help for children. To achieve this they will:

- Establish and maintain an environment where children feel secure, are encouraged to talk and are listened to;
- Challenge inappropriate behaviours;
- Ensure children know that there are adults in the school whom they can approach if they are worried about any problems;
- Plan opportunities within the curriculum for children to develop the skills they need to assess and manage risk appropriately and keep themselves safe;
- Attend training in order to be aware of and alert to the signs of abuse;
- Maintain an attitude of “it could happen here” with regards to safeguarding;
- Record their concerns if they are worried that a child is being abused and report these to the relevant person as soon as practical that day;
- Maintain up-to-date records on CPOMs to ensure that we build a detailed chronology of events;
- If the disclosure is an allegation against a member of staff they will follow the allegations’ procedures (Annex 5);
- Follow the procedures set out by the Southampton Safeguarding Children Partnership (SSCP), take account of guidance issued by the DfE and any updates issued by bulletin. Also follow procedures set out in any other related policy for example safeguarding, off-site visits and intimate care;
- Support pupils in line with their child protection plan/ personal education plan/ EHCP;
- Ensure they know who the designated safeguarding lead and Deputy Designated Safeguarding Leads are and know how to contact them;
- Treat information with confidentiality but never promising to “keep a secret”;
- Notify Designated Safeguarding Lead of any child on a child protection plan who has unexplained absence;
- In the context of early help, staff will notify colleagues and/or parents of any concerns about their child(ren), and provide them with, or signpost them to, opportunities to change the situation;
- Liaise with other agencies that support pupils and provide early help;
- All staff should need to be aware that children may not feel ready or know how to tell someone that they are being abused, exploited, or neglected, and/or they may not recognise their experiences as harmful. For example, children may feel embarrassed, humiliated, or are being threatened. This could be due to their vulnerability, disability and/or sexual orientation or language barriers. This should not prevent staff from having a professional curiosity and speaking to the designated safeguarding lead (DSL) if they have concerns about a child. It is also important that staff determine how best to build trusted relationships with children and young people which facilitate communication.

### **Senior Leadership Team responsibilities**

- Contribute to inter-agency working in line with guidance (Working Together 2018).
- Provide a coordinated offer of early help when additional needs of children are identified.
- Working with Children’s Social Care, support their assessment and planning processes including the school’s attendance at conference and core group meetings.

- Carry out tasks delegated by the Board of Headteachers such as training of staff; safer recruitment; maintaining a single central register.
- Provide support and advice on all matters pertaining to safeguarding and child protection to all staff regardless of their position within the school.
- Treat any information shared by staff or pupils with respect and follow procedures.
- Ensure that allegations or concerns against staff are dealt with in accordance with guidance from Department for Education (DfE), Southampton Safeguarding Children Partnership (SSCP) and Southampton City Council (SCC).

#### **Board of Governors responsibilities:**

- The school has effective safeguarding policies & procedures including a child protection policy and a staff code of conduct.
- Southampton Safeguarding Children Partnership (SSCP) is informed annually about the discharge of duties via the safeguarding audit.
- Recruitment, selection and induction follows safer recruitment practice.
- Allegations against staff are dealt with by the Headteacher.
- A member of the Senior Leadership Team is appointed as Designated Safeguarding Lead and has this recorded in their job description.
- Staff have been trained appropriately and this is updated in line with guidance
- Any safeguarding deficiencies or weaknesses are remedied without delay
- They have identified a nominated Governor for allegations against the Headteacher.

In addition to the role as a member of staff and the senior management team the **Designated Safeguarding Lead will:**

- Assist the Board of Governors in fulfilling their responsibilities under section 175 or 157 of the education act 2002;
- Ensure appropriate training is undertaken by the Designated and Deputy Safeguarding Leads. This is refreshed every two years in line with KCSIE 2022;
- Attend regular local training sessions for updates on relevant and key local information;
- Attend regular update sessions at a national level;
- Ensure all staff receive regular refresher training, at appropriate intervals, as and when required (but at least annually), to keep up with any relevant safeguarding and Child Protection developments;
- Ensure every member of staff knows who the Designated Safeguarding Lead is, are aware of the Designated Safeguarding Lead role and are able to make immediate contact.
- Ensure all staff and volunteers understand their responsibilities in being alert to the signs of abuse and responsibility for referring any concerns to the Designated Safeguarding Lead.
- At Foundry Lane Primary School the Designated Safeguarding Lead has the appropriate status and authority to carry out the duties of the post and takes lead responsibility for safeguarding and child protection (including online safety). This is explicit in the role holder's job description and they are given the time, funding, training, resources and support to provide advice and support to other staff on child welfare and child protection matters, to take part in strategy discussions and inter-agency meetings, and/or to support other staff to do so, and to contribute to the assessment of children. Deputy Designated Safeguarding Leads are trained to the same standard as the Designated Safeguarding Lead and the role is also explicit in their job description.
- Whilst the activities of the Designated Safeguarding Lead can be delegated to appropriately trained deputies, the ultimate lead responsibility for child protection, as set out above,

remains with the Designated Safeguarding Lead, this lead responsibility will not be delegated.

- Ensure that whole school training occurs annually so that staff and volunteers can fulfil their responsibilities.
- Ensure any members of staff joining the school outside of this training schedule receive induction prior to commencement of their duties.
- Keep written records of child protection concerns securely and separately from the main pupil file and use these records to assess the likelihood of risk.
- The school assesses the risks and issues in the wider community when they consider the well-being and safety of its pupils.
- Ensure that copies of safeguarding records are transferred accordingly (separate from pupil files) when a child transfers school. That the Designated Safeguarding Lead has considered if it is appropriate to share information prior to transfer to ensure support for child and safety of staff and other pupils. Ensure that these records are signed for.
- Ensure that where a pupil transfers school and is on a child protection plan or is a child looked after, the information is passed to the new school immediately and that the child's social worker is informed.
- Be aware of children who have a social worker and help promote their educational outcomes.
- Link with the Southampton Safeguarding Children Partnership (SSCP) to make sure staff are aware of training opportunities and the latest local policies on safeguarding.
- Develop, implement and review procedures in our school that enable the identification and reporting of all cases, or suspected cases, of abuse.
- Ensure that child protection records/welfare concerns relating to vulnerable children are not destroyed in line with current embargo on destruction under the inquiry into historical sexual abuse.
- The lead DSL and two deputy DSLs meet weekly to review open cases and children who the school have raised concerns about. We make contact with outside agencies to chase up or review the case with the relevant people. We RAG rate the cases and review any use of reasonable force within the school to review the Risk assessment for the child and make any necessary adaptations to the plan for the child concerned.
- In the case of School closure vulnerable families are allocated to a DSL, at least weekly contact is made with these families and where a social worker is involved take part in CIN, CP meetings via conference call.

### **Section 3: Foundry Lane Primary School child protection procedures**

#### **Overview**

The following procedures apply to all staff working in the school and will be covered by training to enable staff to understand their role and responsibility.

The aim of our procedures is to provide a robust framework which enables staff to take appropriate action when they are worried a child is being abused. Safeguarding and promoting the welfare of children is everyone's responsibility. In order to fulfil this responsibility effectively, Foundry Lane Primary School's approach to safeguarding is child centred. This means that we consider, at all times, what is in the best interests of the child, taking into account the child's own views and wishes as set out in Keeping Children Safe in Education 2022. We will ensure that the children's wishes, feelings and views will be taken into account when decisions are being made about how to keep them safe. In addition, all children know that they can communicate with any adult in school if they are worried or in difficulty.

The prime concern at all stages must be the interests and safety of the child. Where there is a conflict of interest between the child and an adult, the interests of the child must be paramount.

If a member of staff suspects abuse or they have a disclosure of abuse made to them they must:

- Make an initial record of the information
- Report it to the Designated Safeguarding Lead / Headteacher immediately, non-availability of a Designated Safeguarding Lead (DSL) will not delay information sharing, for example through CRS/social worker

The DSL will consider if there is a requirement for immediate medical intervention, however urgent medical attention should not be delayed if the DSL or headteacher are not immediately available.

The member of staff will make an accurate record (which may be used in any subsequent court proceedings) as soon as possible and within 24 hours of the occurrence, of all that has happened, including details of:

- Dates and times of their observations.
- Dates and times of any discussions they were involved in.
- Any injuries.
- Explanations given by the child / adult.
- What action was taken
- Any actual words or phrases used by the child.
- The records must be signed and dated by the author.

Following a report of concerns from a member of staff, the Designated Safeguarding Lead will decide whether or not there are sufficient grounds for suspecting significant harm in which case a referral must be made to Children's Social Care.

Normally the school should try to discuss any concerns about a child's welfare with the family and where possible to seek their agreement before making a referral to Children's Social Care.

However, in accordance with DfE guidance, this should only be done when it will not place the child at increased risk or could impact a police investigation. If there are grounds to suspect a child is suffering, or is likely to suffer, significant harm the school must contact the Children's Resource Service and make a clear statement of:

- the known facts;
- any suspicions or allegations;
- whether or not there has been any contact with the child's family.

**If the Designated Safeguarding Lead feels unsure about whether a referral is necessary they will phone the Children's Resource service to discuss concerns with Southampton Advice and Duty Service.**

If there is not a risk of significant harm, then the Designated Safeguarding Lead will either actively monitor the situation or consider the early help process.

The Designated Safeguarding Lead will confirm any referrals in writing to the Children's Resource Service (CRS), within 24 hours, including the actions that have been taken. The written referral should be made using the CRS referral form which will provide Children's Social Care with the supplementary information required about the child and family's circumstances. The Designated Safeguarding Lead will follow advice given through CRS which may include confirming referrals in writing to CRS, within 24 hours, including the actions that have been taken. If not satisfied with the response given, the school will pursue for re-consideration with CRS or escalate to a manager.

If a child is in immediate danger and urgent protective action is required, the police should be called. The Designated Safeguarding Lead will also notify Children's Social Care of the occurrence and what action has been taken.

If a teacher has reported that an act of FGM has occurred, the teacher must refer the information to the police directly. The Designated Safeguarding Lead can advise and should be made aware. If it is suspected that an act of FGM may have occurred/be about to occur the Designated Safeguarding Lead should contact CRS.

Where there are doubts or reservations about involving the child's family, the Designated Safeguarding Lead will clarify with Children's Social Care or the police whether the parents should be told about the referral and, if so, when and by whom. This is important in cases where the police may need to conduct a criminal investigation.

When a pupil is in need of urgent medical attention and there is suspicion of abuse the Designated Safeguarding Lead or Headteacher will take the child to the accident and emergency unit at the nearest hospital, having first notified Children's Social Care. The Designated Safeguarding Lead will then seek advice about what action Children's Social Care will take and about informing the parents, remembering that parents should normally be informed that a child requires urgent hospital attention.

### **Management**

In the instance of non-compliance the procedures outlined in the following policies will be adhered to:

- Complaints policy
- Staff conduct policy
- Whistleblowing policy
- Safeguarding policy

### **Governance**

As a school, we review this policy at least annually in line with Department of Education, Southampton Safeguarding Children Partnership (SSCP) and other relevant statutory guidance. The review of policy and procedures involves front line staff as recommended in KCSIE 2022.

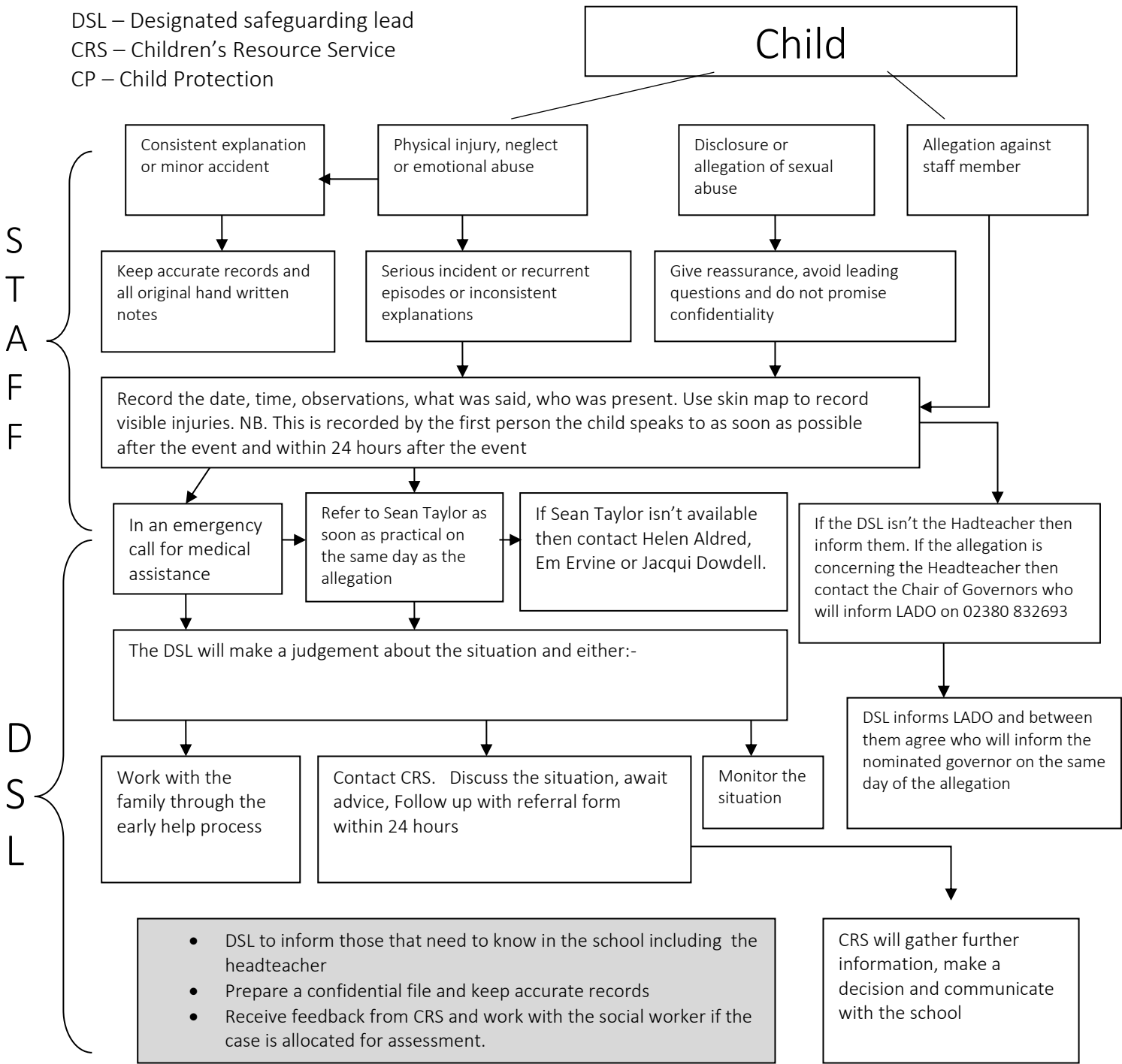
In addition to its own monitoring the Board of Governors receives an annual report from the Headteacher and Designated Safeguarding Leads regarding the effectiveness of safeguarding, including child protection at the school.

## Annex 1: Flowchart for child protection procedures

DSL – Designated safeguarding lead

## CRS – Children's Resource Service

CP – Child Protection





**Annex 2 Recording Form**

<b>Child's name:</b>			
<b>Date and time</b>		<b>D.o.B</b>	
<b>Name and role of person raising concern:</b>			

<b>Details of concern (where? when? what? who? behaviours? use child's words)</b>			
<b>Actions taken</b>			
<b>Date</b>	<b>Person taking action</b>	<b>Action taken</b>	<b>Outcome of action</b>

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Copied to: \_\_\_\_\_

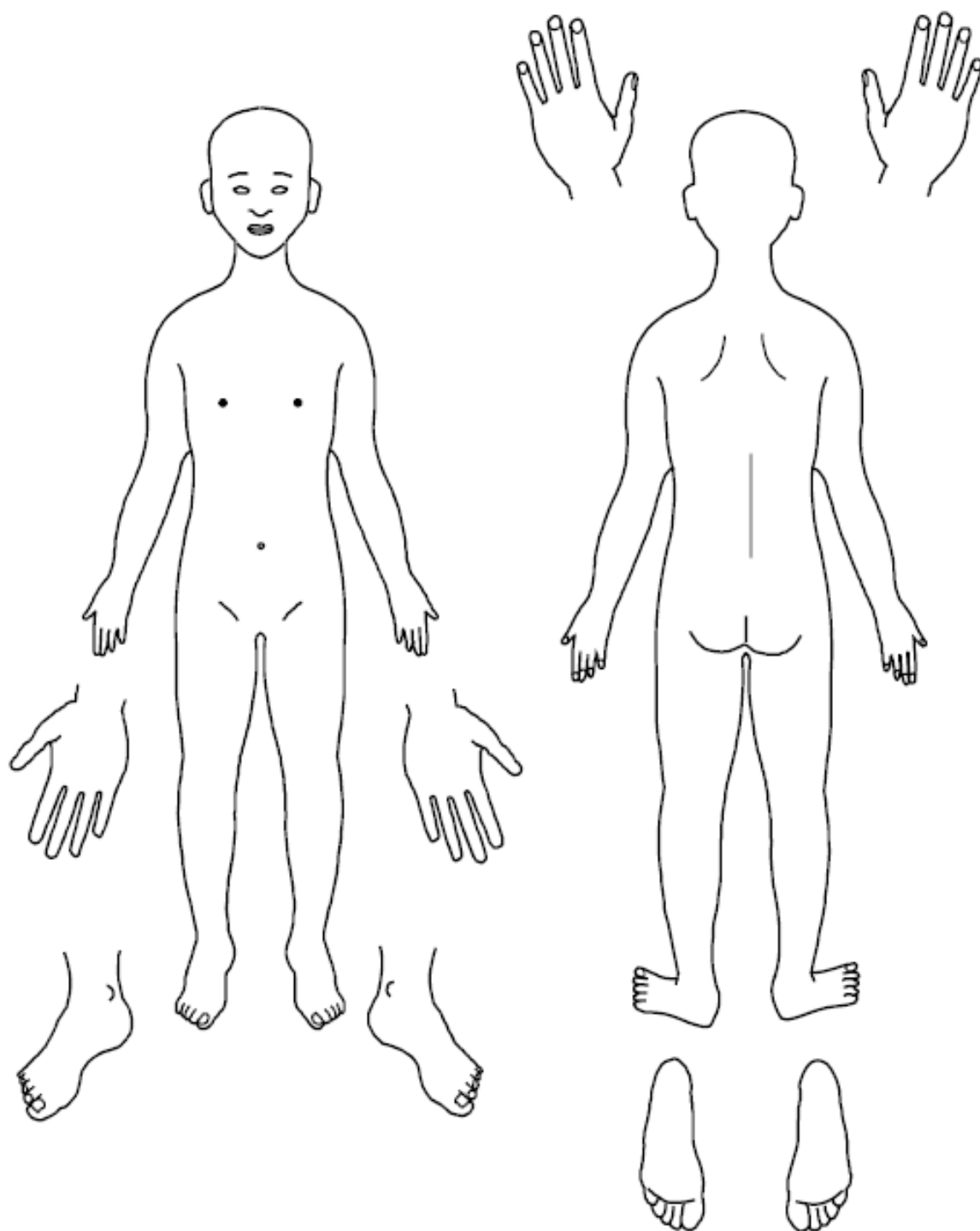
### **Annex 3: Body Map**

Body Maps should be used to document and illustrate visible signs of harm and physical injuries. Always use a black pen (never a pencil) and do not use correction fluid or any other eraser. Do not remove clothing for the purpose of the examination unless the injury site is freely available because of treatment.

**\*At no time should an individual teacher/member of staff take photographic evidence of any injuries or marks to a child's person, the body map below should be used. Any concerns should be reported and recorded without delay to the appropriate safeguarding services, e.g. Social Care direct or child's social worker if already an open case to social care.**

**When you notice an injury to a child, try to record the following information in respect of each mark identified e.g. red areas, swelling, bruising, cuts, lacerations and wounds, scalds and burns:**

- Exact site of injury on the body, e.g. upper outer arm/left cheek.
- Size of injury - in appropriate centimetres or inches.
- Approximate shape of injury, e.g. round/square or straight line.
- Colour of injury - if more than one colour, say so.
- Is the skin broken?
- Is there any swelling at the site of the injury, or elsewhere?
- Is there a scab/any blistering/any bleeding?
- Is the injury clean or is there grit/fluff etc.?
- Is mobility restricted as a result of the injury?
- Does the site of the injury feel hot?
- Does the child feel hot?
- Does the child feel pain?
- Has the child's body shape changed/are they holding themselves differently?
- Importantly the date and time of the recording must be stated as well as the name and designation of the person making the record. Add any further comments as required.
- Ensure First Aid is provided where required and record
- A copy of the body map should be kept on the child's concern/confidential file.



Name of Child: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Date of recording: \_\_\_\_\_

Name of completer: \_\_\_\_\_



## **Annex 4: Dealing with disclosures**

### **Dealing with disclosures**

#### **All staff should:**

A member of staff who is approached by a child will listen positively and try to reassure them. They will not promise complete confidentiality and will explain that they may need to pass information to other professionals to help keep the child or other children safe. The degree of confidentiality will always be governed by the need to protect the child.

Additional consideration will be given to children with communication difficulties and for those whose preferred language is not English. It is important that we communicate with them in a way that is appropriate to their age, understanding and preference.

All staff know who the Designated Safeguarding Lead is and who to approach if the Designated Safeguarding Lead is unavailable – Deputy Designated Safeguarding Leads. Ultimately, all staff have the right to make a referral to the police or social care directly and should do this if, for whatever reason, there are difficulties following the agreed protocol, e.g. they are the only adult on the school premises at the time and have concerns about sending a child home.

#### **Guiding principles, the seven R's**

##### **Receive**

- Listen to what is being said, without displaying shock or disbelief
- Accept what is said and take it seriously
- Make a note of what has been said as soon as practicable

##### **Reassure**

- Reassure the pupil, but only so far as is honest and reliable
- Don't make promises you may not be able to keep e.g. 'I'll stay with you' or 'everything will be alright now' or 'I'll keep this confidential'
- Do reassure e.g. you could say: 'I believe you', 'I am glad you came to me', 'I am sorry this has happened', 'We are going to do something together to get help'

##### **Respond**

- Respond to the pupil only as far as is necessary for you to establish whether or not you need to refer this matter, but do not interrogate for full details
- Do not ask 'leading' questions i.e. 'did he touch your private parts?' or 'did she hurt you?' Such questions may invalidate your evidence (and the child's) in any later prosecution in court
- Do not criticise the alleged perpetrator; the pupil may care about him/her, and reconciliation may be possible
- Do not ask the pupil to repeat it all for another member of staff. Explain what you have to do next and whom you have to talk to. Reassure the pupil that it will be a senior member of staff

##### **Report**

- Share concerns with the designated safeguarding lead as soon as possible
- If you are not able to contact the designated safeguarding lead, and the child is at risk of immediate harm, contact children's Social Care directly
- If you are dissatisfied with the level of response you receive following your concerns, you should press for re-consideration.

**Record**

- If possible make some very brief notes at the time, and write them up as soon as possible
- Keep your original notes on file
- Record the date, time, place, person's present and noticeable nonverbal behaviour, and the exact words used by the child. If the child has used sexual 'pet' words, record the actual words used, rather than translating them into 'proper' words
- Complete a body map to indicate the position of any noticeable bruising
- Record facts and observable things, rather than your 'interpretations' or 'assumptions'

**Remember**

- Support the child: listen, reassure, and be available
- Complete confidentiality is essential. Share your knowledge only with appropriate professional colleagues
- Try to get some support for yourself if you need it

**Review** (led by Designated Safeguarding Lead)

- Has the action taken provided good outcomes for the child?
- Did the procedure work?
- Were any deficiencies or weaknesses identified in the procedure? Have these been remedied?
- Is further training required?

**What happens next?**

It is important that concerns are followed up and it is everyone's responsibility to ensure that they are. The member of staff will be informed by the Designated Safeguarding Lead what has happened following the report being made. If they do not receive this information they should be proactive in seeking it out.

If they have concerns that the disclosure has not been acted upon appropriately they might inform the Safeguarding Headteacher of the school and/or may ultimately contact the Children's Social Care.

Receiving a disclosure can be upsetting for a member of staff and the school has a procedure for supporting them after the disclosure. This will be assessed on a 'needs basis' for each member of staff. This might include reassurance that they have followed procedure correctly and that their swift actions will enable the allegations to be handled appropriately.

In some cases additional counselling might be needed and they will be encouraged to recognise that disclosures can have an impact on their own emotions.

Children may become subject to Child in Need plans or Child Protection plans. This will always involve multiagency working around the child / family. Foundry Lane Primary School will provide written reports for each meeting. Our school will also send a representative to the meeting to share this report and hear the wider picture.

## **Annex 5: Allegations against staff**

The guidance in KCSiE (2022) should be followed where it is alleged that anyone working in the school that provides an education for children under the 18 years of age.

It is an allegation if the person (\*) has:

- Behaved in a way that has harmed child, or may have harmed a child and / or;
- Possibly committed a criminal offence against or related to a child and / or;
- Behaved towards a child or children in a way that indicates he or she may pose a risk of harm to children; and / or
- Behaved or may have behaved in a way that indicates they may not be suitable to work with children (also includes behaviour outside of school)

(\*) Person could be anyone working in the school that provides education for children under 18 years of age, including supply teachers, volunteers and contractors.

### **Procedure**

- Before contacting the LADO, schools should conduct basic enquiries in line with local procedures to establish the facts to help determine whether there is any foundation to the allegation, being careful not to jeopardise any future police investigation.
- Allegations should be reported to the LADO 'without delay'.
- The LADO's role is not to investigate the allegation, but to ensure that an appropriate investigation is carried out, whether that is by the police, children's social care, the school, or a combination of these.

If the matter is investigated internally, the LADO will advise the school to seek guidance from their personnel/HR provider in following procedures set out in 'Keeping Children Safe in Education' (2022) and the Southampton Safeguarding Children Partnership (SSCP) procedures.

### **Low-level Concerns (subject to agreement with Teaching unions)**

Concerns may be graded Low-level if the concern does not meet the criteria for an allegation; and the person\* has acted in a way that is inconsistent with the staff code of conduct, including inappropriate conduct outside of work. Example behaviours include, but are not limited to:

- being over friendly with children;
- having favourites;
- taking photographs of children on their mobile phone;
- engaging with a child on a one-to-one basis in a secluded area or behind a closed door; or,
- using inappropriate sexualised, intimidating or offensive language.

If the concern has been raised via a third party, the headteacher should collect as much evidence as possible by speaking:

- directly to the person who raised the concern, unless it has been raised anonymously;
- to the individual involved and any witnesses.

Reports about supply staff and contractors should be notified to their employers, so any potential patterns of inappropriate behaviour can be identified.

Staff should be encouraged and feel confident to self-refer, where, for example, they have found themselves in a situation which could be misinterpreted, might appear compromising to others, and/or on reflection they believe they have behaved in such a way that they consider falls below the expected professional standards.

Low-level concerns should be recorded in writing, including:

- name\* of individual sharing their concerns
- details of the concern
- context in which the concern arose
- action taken

(\* if the individual wishes to remain anonymous then that should be respected as far as reasonably possible)

Records must be kept confidential, held securely and comply with the Data Protection Act 2018. Schools and colleges should decide how long they retain such information, but it is recommended that it is kept at least until the individual leaves their employment.

Records should be reviewed so that potential patterns of concerning, problematic or inappropriate behaviour can be identified.

If a concerning pattern of behaviour is identified and now meets the criteria for an allegation, then the matter should be referred to the LADO.

The records' review might identify that there are wider cultural issues within the school or college that enabled the behaviour to occur. This might mean that policies or processes could be revised or extra training delivered to minimise the risk of it happening again.



## **Annex 6: Managing allegations against other pupils: policy and procedure**

### **Managing allegations against other pupils**

DfE guidance 'Keeping Children Safe in Education' (2022) says that 'governing bodies should ensure that there are procedures in place to handle allegations against other children'. The guidance also states the importance of minimising the risks of child on child abuse. In most instances, the conduct of students towards each other will be covered by the school's behaviour policy. Some allegations may be of such a serious nature that they may raise safeguarding concerns. These allegations are most likely to include physical abuse, emotional abuse, sexual abuse and sexual exploitation. It is also likely that incidents dealt with under this policy will involve older students and their behaviour towards younger students or those who are vulnerable.

### **The safeguarding implications of sexual activity between young people**

The intervention of child protection agencies in situations involving sexual activity between children can require difficult professional judgments. Some situations are statutorily clear – for example, a child under the age of 13 cannot consent to sexual activity. But it will not necessarily be appropriate to initiate safeguarding procedures where sexual activity involving children and young people below the age of legal consent (16 years) comes to notice. In our society generally the age at which children become sexually active has steadily dropped. It is important to distinguish between consensual sexual activity between children of a similar age (where at least one is below the age of consent), and sexual activity involving a power imbalance, or some form of coercion or exploitation. It may also be difficult to be sure that what has or has been alleged to have taken place definitely does have a sexual component.

As usual, important decisions will be made on a case by case basis, on the basis of an assessment of the children's best interests. Referral under safeguarding arrangements may be necessary, guided by an assessment of the extent to which a child is suffering, or is likely to suffer, significant harm. Key specific considerations will include:

- The age, maturity and understanding of the children;
- Any disability or special needs of the children;
- Their social and family circumstance;
- Any evidence in the behaviour or presentation of the children that might suggest they have been harmed;
- Any evidence of pressure to engage in sexual activity;
- Any indication of sexual exploitation;
- There are also contextual factors. Gender, sexuality, race and levels of sexual knowledge can all be used to exert power. A sexual predator may sometimes be a woman or girl and the victim a boy.
- Taken from The safeguarding implications of events leading to the closure of Stanbridge Earls School – A Serious Case Review (2015)

## **Policy**

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

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

### **Prevention**

As a school we will minimise the risk of allegations against other pupils by:-

- Providing a developmentally appropriate PSHEe syllabus which develops students understanding of acceptable behaviour and keeping themselves safe;
- Having systems in place for any student to raise concerns with staff, knowing that they will be listened to, believed and valued;
- Delivering targeted work on assertiveness and keeping safe to those pupils identified as being at risk; and
- Developing robust risk assessments & providing targeted work for pupils identified as being a potential risk to other pupils.

The Children and Social Work Act 2017 ensures that the subjects of Relationships Education and Relationships and Sex Education (RSE) are compulsory as well as Personal, Social, Health and Economic Education (PSHEe) mandatory in education.

This policy will be updated in line with the drafting of the regulations, statutory guidance and regulatory impact assessment, on which the department is now consulting imminently and in line with government policy. This includes the DfE compulsory Health Education.

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/728892/government-response-to-consultation-on-transforming-children-and-young-peoples-mental-health.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/728892/government-response-to-consultation-on-transforming-children-and-young-peoples-mental-health.pdf)

### **Allegations against other pupils which are safeguarding issues**

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

If the allegation:-

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

Examples of safeguarding issues against a pupil could include:

### **Physical Abuse**

- Violence, particularly pre-planned
- Forcing others to use drugs or alcohol

### **Emotional Abuse**

- Blackmail or extortion
- Threats and intimidation

### **Sexual Abuse**

- Indecent exposure, indecent touching or serious sexual assaults
- Forcing others to watch pornography or take part in sexting

### **Sexual Exploitation**

- Encouraging other children to engage in inappropriate sexual behaviour
- Photographing or videoing other children performing indecent acts

### **Procedure**

When an allegation is made by a pupil against another pupil, the members of staff should consider whether the complaint raises a safeguarding concern. If there is a safeguarding concern the Designated Safeguarding Lead will be informed and:

- A factual record will be made of the allegation, but no attempt at this stage should be made to investigate the circumstances;
- The Designated Safeguarding Lead will contact the Multi-agency Safeguarding Hub to discuss the case;
- The Designated Safeguarding Lead will follow through the outcomes of the discussion and make a referral where appropriate;
- If the allegation indicates that a potential criminal offence has taken place, once referred to the multi-agency agency safeguarding hub, the police will become involved;
- Parents, of both the pupil being complained about and the alleged victim, will be informed and kept updated on the progress of the referral;
- The Designated Safeguarding Lead will make a record of the concern, the discussion and any outcome and keep a copy in the files of both pupils' files;
- It may be appropriate to exclude the pupil being complained about for a period of time according to the school's behaviour policy and procedures;
- Where neither Children's Social Care nor the police accept the complaint, a thorough school investigation will take place into the matter using the school's usual disciplinary procedures;
- In situations where the school considers a safeguarding risk is present, a risk assessment will be prepared along with a preventative, supervision plan; and
- The plan should be monitored and a date set for a follow-up evaluation with everyone concerned.

## **Annex 7: Briefing sheet for temporary and supply staff**

For supply staff and those on short contracts in Foundry Lane Primary School

While working in Foundry Lane Primary School, you have a duty of care towards the children/pupils/students here or visiting the school. This means that at all times you should act in a way that is consistent with their safety and welfare.

In addition, if at any time you have a concern about a child or young person, particularly if you think they may be at risk of abuse or neglect, it is your responsibility to share that concern with the school Designated Safeguarding Lead (Sean Taylor) and can be found in the main school building. If Sean Taylor is not available you should share it with one of Deputy Safeguarding Leads (Helen Aldred, Em Ervine or Jacqui Dowdell)

This is not an exhaustive list but you may have become concerned as a result of:

- observing a physical injury, which you think may have been non-accidental;
- observing something in the appearance of a child or young person which suggests they are not being sufficiently well cared for;
- observing behaviour that leads you to be concerned about a child or young person;
- a child or young person telling you that they have been subjected to some form of abuse.

In any of the circumstances listed here, you must write down what you saw or heard, date and sign your account using a concern form, (attached), and give it to the Designated Safeguarding Lead. This may be the beginning of a legal process – it is important to understand that legal action against a perpetrator can be seriously damaged by any suggestion that the child has been led in any way.

- If a child talks to you about abuse, you should follow these guidelines:
- Rather than directly questioning the child, just listen and be supportive;
- Never stop a child who is freely recalling significant events, but don't push the child to tell you more than they wish;
- Make it clear that you may need to pass on information to staff in other agencies who may be able to help – do not promise confidentiality. You are obliged to share any information relating to abuse or neglect;
- Write an account of the conversation immediately, as close to verbatim as possible. Put the date and timings on it, and mention anyone else who was present. Then sign it, and give your record to the Designated Safeguarding Lead, who will contact Children's Social Care if appropriate; and
- If you are a teacher and have information that an act of Female Genital Mutilation has occurred it is your duty to report this to the police. You may wish to ask for advice from the Designated Safeguarding Lead. The Designated Safeguarding Lead must be informed in all circumstances. If you are not a teacher report the information to the Designated Safeguarding Lead.

**Remember, if you have a concern, discuss it with the Designated Safeguarding Lead, or deputy.**

## **Annex 8: What is child abuse?**

### **What is child abuse?**

The following definitions are taken from working together to safeguard children HM Government (2018). In addition to these definitions, it should be understood that children can also be abused on-line, by so-called honour based abuse, forced marriage or female genital mutilation.

KCSIE 2022 sets out definitions and indicators to look for:

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

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

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

**Emotional abuse:** the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability as well as overprotection and limitation of exploration and learning, or preventing the child from participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

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

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

### **Specific safeguarding issues**

All staff should have an awareness of safeguarding issues that can put children at risk of harm. Behaviours linked to issues such as drug taking, alcohol abuse, deliberately missing education and sexting (also known as youth produced sexual imagery) put children in danger.

All staff should be aware that safeguarding issues can manifest themselves via child on child 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;
- Upskirting (Voyeurism Act)
- sexting (also known as youth produced sexual imagery); and
- initiation/hazing type violence and rituals."

Upskirting is a criminal offence. It is defined as "taking a picture under a person's clothing without them knowing, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm" (DfE, 2019a)

The following definitions are taken from *working together to safeguard children* HM Government (2015) and *Keeping Children Safe in Education* 2022. In addition to these definitions, it should be understood that children can also be abused by honour based violence, forced marriage or female genital mutilation

### **The Trigger Trio**

The term 'Trigger Trio' has been used to describe the issues of domestic abuse, mental ill-health and substance misuse which have been identified as common features of families where harm to women and children has occurred. They are viewed as indicators of increased risk of harm to children and young people. In a review of Serious Cases Reviews undertaken by Ofsted in 2011, they found that in nearly 75% of these cases two or more of the issues were present. 'Harm can include ill treatment that is not physical as well as the impact of witnessing ill treatment of others. This can be particularly relevant, for example, in relation to the impact on children of all forms of domestic abuse.' (KCSiE 2022)

### **Indicators of abuse**

#### **Neglect**

Neglect is a lack of parental care but poverty and lack of information or adequate services can be contributory factors.

Far more children are registered to the category of neglect on child protection plans than to the other categories. As with abuse, the number of children experiencing neglect is likely to be much higher than the numbers on the plans.

**Neglect can include parents or carers failing to:**

- provide adequate food, clothing and shelter
- protect a child from physical and emotional harm or danger
- ensure adequate supervision or stimulation
- ensure access to appropriate medical care or treatment.

**NSPCC research has highlighted the following examples of the neglect of children under 12:**

- frequently going hungry
- frequently having to go to school in dirty clothes
- regularly having to look after themselves because of parents being away or having problems such as drug or alcohol misuse
- being abandoned or deserted
- living at home in dangerous physical conditions
- not being taken to the doctor when ill
- not receiving dental care.

Neglect is a difficult form of abuse to recognise and is often seen as less serious than other categories. It is, however, very damaging: children who are neglected often develop more slowly than others and may find it hard to make friends and fit in with their peer group.

Neglect is often noticed at a stage when it does not pose a risk to the child. The duty to safeguard and promote the welfare of children (*what to do if you are worried a child is being abused* 2015) would suggest that an appropriate intervention or conversation at this early stage can address the issue and prevent a child continuing to suffer until it reaches a point when they are at risk of harm or in significant need.

Neglect is often linked to other forms of abuse, so any concerns school staff have should at least be discussed with the Designated Safeguarding Lead.

**Indicators of neglect**

The following is a summary of some of the indicators that may suggest a child is being abused or is at risk of harm. It is important to recognise that indicators alone cannot confirm whether a child is being abused. Each child should be seen in the context of their family and wider community and a proper assessment carried out by appropriate persons. What is important to keep in mind is that if you feel unsure or concerned, do something about it. Don't keep it to yourself.

**Physical indicators of neglect**

- Constant hunger and stealing food
- Poor personal hygiene - unkempt, dirty or smelly
- Underweight
- Dress unsuitable for weather
- Poor state of clothing
- Illness or injury untreated

**Behavioural indicators of neglect**

- Constant tiredness
- Frequent absence from school or lateness
- Missing medical appointments
- Isolated among peers
- Frequently unsupervised
- Stealing or scavenging, especially food
- Destructive tendencies

## **Emotional abuse**

Most harm is produced in *low warmth, high criticism* homes, not from single incidents.

Emotional abuse is difficult to define, identify/recognise and/or prove. Emotional abuse is chronic and cumulative and has a long-term impact. All kinds of abuse and neglect have emotional effects although emotional abuse can occur by itself. Children can be harmed by witnessing someone harming another person – as in domestic abuse.

It is sometimes possible to spot emotionally abusive behaviour from parents and carers to their children, by the way that the adults are speaking to, or behaving towards children. An appropriate challenge or intervention could affect positive change and prevent more intensive work being carried out later on.

## **Indicators of emotional abuse**

### **Developmental issues**

- Delays in physical, mental and emotional development
- Poor academic performance
- Speech disorders, particularly sudden disorders or changes.

### **Behaviour**

- Acceptance of punishment which appears excessive
- Over-reaction to mistakes
- Continual self-deprecation (I'm stupid, ugly, worthless etc)
- Neurotic behaviour (such as rocking, hair-twisting, thumb-sucking)
- Self-mutilation
- Suicide attempts
- Drug/solvent abuse
- Running away
- Compulsive stealing, scavenging
- Acting out
- Poor trust in significant adults
- Regressive behaviour – e.g., wetting
- Eating disorders
- Destructive tendencies
- Neurotic behaviour
- Arriving early at school, leaving late

### **Social issues**

- Withdrawal from physical contact
- Withdrawal from social interaction
- Over-compliant behaviour
- Insecure, clinging behaviour
- Poor social relationships

### **Emotional responses**

- Extreme fear of new situations
- Inappropriate emotional responses to painful situations ("I deserve this")
- Fear of parents being contacted
- Self-disgust
- Low self-esteem
- Unusually fearful with adults
- Lack of concentration, restlessness, aimlessness
- Extremes of passivity or aggression



### **Physical abuse**

Most children collect cuts and bruises quite routinely as part of the rough and tumble of daily life. Clearly, it is not necessary to be concerned about most of these minor injuries. But accidental injuries normally occur on the *bony prominences* – e.g., shins. Injuries on the *soft* areas of the body are more likely to be inflicted intentionally and should therefore make us more alert to other concerning factors that may be present.

A body map (annex 3) assists staff in the clear recording and reporting of physical abuse. The body map will only be used to record observed injuries and no child will be asked to remove clothing by a member of staff of the school.

### **Indicators of physical abuse / factors that should increase concern**

- Multiple bruising or bruises and scratches (especially on the head and face)
- Clusters of bruises – e.g., fingertip bruising (caused by being grasped)
- Bruises around the neck and behind the ears – the most common abusive injuries are to the head
- Bruises on the back, chest, buttocks, or on the inside of the thighs
- Marks indicating injury by an instrument – e.g., linear bruising (stick), parallel bruising (belt), marks of a buckle
- Bite marks
- Deliberate burning may also be indicated by the pattern of an instrument or object – e.g., electric fire, cooker, cigarette
- Scalds with upward splash marks or *tide marks*
- Untreated injuries
- Recurrent injuries or burns
- Bald patches.

**In the social context of the school, it is normal to ask about a noticeable injury. The response to such an enquiry is generally light-hearted and detailed. So, most of all, concern should be increased when:**

- the explanation given does not match the injury
- the explanation uses words or phrases that do not match the vocabulary of the child (adults words)
- no explanation is forthcoming
- the child (or the parent/carer) is secretive or evasive
- the injury is accompanied by allegations of abuse or assault

### **You should be concerned if the child or young person:**

- is reluctant to have parents/carers contacted
- runs away or shows fear of going home
- is aggressive towards themselves or others
- flinches when approached or touched
- is reluctant to undress to change clothing for sport
- wears long sleeves during hot weather
- is unnaturally compliant in the presence of parents/carers.
- has a fear of medical help or attention
- admits to a punishment that appears excessive.

## **Sexual abuse**

Sexual abuse is often perpetrated by people who are known and trusted by the child – e.g., relatives, family friends, neighbours, babysitters, and people working with the child in school, faith settings, clubs or activities. Children can also be subject to child sexual exploitation.

Characteristics of child sexual abuse:

- it is often planned and systematic – people do not sexually abuse children by accident, though sexual abuse can be opportunistic
- grooming the child – people who abuse children take care to choose a vulnerable child and often spend time making them dependent
- grooming the child's environment – abusers try to ensure that potential adult protectors (parents and other carers especially) are not suspicious of their motives.

Most people who sexually abuse children are men, but some women sexually abuse too.

## **Indicators of sexual abuse**

### **Physical observations**

- Damage to genitalia, anus or mouth
- Sexually transmitted diseases
- Unexpected pregnancy, especially in very young girls
- Soreness in genital area, anus or mouth and other medical problems such as chronic itching
- Unexplained recurrent urinary tract infections and discharges or abdominal pain

### **Behavioural observations**

- Sexual knowledge inappropriate for age
- Sexualised behaviour or affection inappropriate for age
- Sexually provocative behaviour/promiscuity
- Hinting at sexual activity
- Inexplicable decline in academic performance
- Depression or other sudden apparent changes in personality such as becoming insecure or clinging
- Lack of concentration, restlessness, aimlessness
- Socially isolated or withdrawn
- Overly-compliant behaviour
- Acting out, aggressive behaviour
- Poor trust or fear concerning significant adults
- Regressive behaviour, Onset of wetting, by day or night; nightmares
- Onset of insecure, clinging behaviour
- Arriving early at the school, leaving late, running away from home
- Suicide attempts, self-mutilation, self-disgust
- Suddenly drawing sexually explicit pictures
- Eating disorders or sudden loss of appetite or compulsive eating
- Regressing to younger behaviour patterns such as thumb sucking or bringing out discarded cuddly toys
- Become worried about clothing being removed
- Trying to be 'ultra-good' or perfect; overreacting to criticism.