



SAFEGUARDING AND CHILD PROTECTION POLICY **September 2016**

1. INTRODUCTION AND RATIONALE FOR POLICY

In line with the Government's vision for all services for children and young people and the Department for Education Statutory Guidance "Keeping Children Safe in Education" September 2016, the governors and all school staff recognise that children have a fundamental right to learn in a safe environment and to be protected from harm. Young people are less likely to learn effectively and go on to lead positive and independent lives if they are not kept healthy and safe. This school is therefore committed to providing an environment which is safe and where the welfare of each child is of paramount importance. This will include a commitment to ensuring that all pupils feel confident that any concerns they may have will be listened to and acted upon.

To this end, governors and school staff will be committed to ensuring that all members of the school community are aware of school responsibilities and procedures in this area. This will include communicating policies and procedures effectively with parents/carers, ensuring all staff and relevant governors attend appropriate training and working effectively with other professionals on behalf of children in need or enquiring into allegations of child abuse.

2. DEFINITIONS

Within this document:

Safeguarding is the term used to talk about everything we do to support and safeguard all children.

Child Protection is an aspect of safeguarding, but is focused on how we respond to children who have been significantly harmed or are at risk of significant harm.

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 and governors.

Child refers to all young people who have not yet reached their 18 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, step parents, guardians and foster carers.

Abuse could mean neglect, physical, emotional or sexual abuse or any combination of these. Parents, carers and other people can harm children either by direct acts and / or failure to provide proper care. Explanations of these are given within the procedure document.

Concern could mean that the school has a concern regarding the welfare or care of a child but that child is not a significant harm. Concerns should be reported to the DSL (Designated Safeguarding Lead) and monitored.

Significant Harm means that a child is likely to suffer abuse or be in imminent danger and safeguards need to be put in place to ensure the child's safety and well-being.

Persons identified within this policy, such as the DSL and their contact details can be found in Annex G at the end of this document.

3. AIMS OF POLICY

- To raise awareness of all school staff of the importance of safeguarding and child protection, and in particular to make clear responsibilities for identifying and reporting actual or suspected abuse;
- To ensure pupils and parents are aware that the school takes child protection seriously, listening to children and will follow the appropriate procedures for identifying and reporting abuse and for dealing with allegations against staff;
- To promote effective liaison with other agencies including Early Help Services in order to work together for the protection and welfare of all pupils;
- To support pupils' development in ways which will foster security, confidence and independence;
- To integrate a child protection curriculum within the existing curriculum, allowing for continuity and progress through all the Key Stages;
- To make appropriate links and reference to policies in related areas such as discipline and bullying.

The attached document reflects the content of information all school staff should as part regular safeguarding and child protection training covering the following areas:

- Legislative framework
- Definitions and categories of abuse and neglect
- Possible indicators of abuse and neglect
- Action by person receiving or identifying a concern
- Action by designated person
- Consent – child and parent/carer
- Recording and the referral process
- Guidelines for safe practice – professional conduct
- Reports for case conferences

4. GUIDING PRINCIPLES FOR INTERVENTION TO PROTECT CHILDREN

The governors will ensure that the principles identified below, many of which derive from the Children Act 1989, are followed by all staff.

- All children have a right to be kept safe and protected from abuse;
- Child abuse can occur in all cultures, religions and social classes;
- Staff must be sensitive to a family's cultural and social background;
- Children must have the opportunity to express their views and be heard
- If there is a conflict of interests between the child and parent, the interests of the child must be paramount;
- The responsibility to initiate agreed procedures rests with the individual who identifies the concern;
- All staff must endeavour to work in partnership with those who hold parental responsibility for a child
- Information in the context of a child protection enquiry must be treated as CONFIDENTIAL and only shared with those who need to know.
- All staff should have access to appropriate and regular training
- School management must allow staff sufficient time to carry out their duties in relation to child protection and safeguarding

5. RESPONSIBILITIES OF HEAD/DESIGNATED TEACHER

Governors will ensure that the school has identified a Designated Safeguarding Lead for child protection and that the Head/Designated Safeguarding Lead undertakes the following responsibilities:

- To ensure all staff are familiar with school and Tri Borough procedures and guidelines for identifying and reporting abuse, including allegations of abuse against staff;
- To ensure all staff receive training in the above, including staff who are temporary or start mid-year;
- To be responsible for co-ordinating action and liaising with school staff and support services over child protection issues;
- To be aware of all children within the school who are the subject of a Child Protection Plan or who are Looked After Children and ensure the child's social worker is informed if such children are subject of an exclusion from the school;
- To ensure the school is represented at child protection case conferences, Core Group Meetings and Child In Need Meetings and that written reports are provided as required;
- To follow as appropriate recommendations made by Local Safeguarding Children Board (LSCB);
- To be aware of new legislation, guidance, policy and procedures in the area of Safeguarding and Child protection;
- To support and advise staff on child protection issues generally;
- To disseminate relevant information between agencies to the appropriate staff e.g. to learning mentors;

- To maintain accurate and secure child protection records and send on to new schools (where relevant).

6. RESPONSIBILITIES OF SCHOOL STAFF

- a) All school staff have a responsibility to identify and report suspected abuse and to ensure the safety and well being of the pupils in their school. In doing so they should seek advice and support as necessary from the Head/Designated Teacher and other senior staff members.
- b) Staff are expected to provide a safe and caring environment in which children can develop the confidence to voice ideas, feelings and opinions. Children should be treated with respect within a framework of agreed and understood behaviour.
- c) All school staff are expected to:
 - Be able to identify signs and symptoms of abuse including specific safeguarding issues outlined in Keeping Children Safe in Education e.g. Radicalisation in line with the Prevent Duty 2015, Children Missing from Education Child Sexual Exploitation, Female Genital Mutilation in line with the mandatory reporting of concerns from October 2015;
 - Report concerns (including concerns about other staff/professionals) to the Designated Teacher or other senior staff members as appropriate;
 - Be aware of the relevant local procedures and guidelines;
 - Monitor and report as required on the welfare, attendance and progress of all pupils;
 - Keep clear, dated, factual and confidential records of child protection concerns;
 - Respond appropriately to disclosures from children and young people (stay calm, reassure without making unrealistic promises, listen, avoid leading questions, avoid being judgemental and keep records).
 - If they feel that a child is at significant risk and they have reported it to the DSL but they believe that harm may still occur as the matter hasn't be referred on or they have concerns they should report it to the NSPCC Whistleblowing service on 0800 028 0285.

7. APPOINTMENT OF STAFF

When appointing staff, Governors will take account of the guidance issued by the Local Authority's Human Resources Section or Human Resources provider and observe the following safeguards:

- That documentation sent out to potential candidates will make it clear that child protection is a high priority of the school and that rigorous checks will be made of any candidate before appointments are confirmed;
- That all references will be taken up and verified by telephoning referees;
- That a reference will always be obtained from the last employer;
- That at interview candidates will be asked to account for any gaps in their career/employment history;

- That candidates will be made aware that all staff are subject to enhanced DBS checks;
- That evidence of relevant checks will be recorded and stored in a single, central location, easily accessible when appropriate and necessary;
- The school will maintain an accurate Single Central Record for all staff and adults in the school.

8. ALLEGATIONS AGAINST STAFF

- a. Governors recognise that because of their daily contact with children in a variety of situations, including the caring role, teachers and other school staff are vulnerable to accusations of abuse.
- b. Governors further recognise that, regrettably, in some cases such accusations may be true. The governors, therefore, expect all staff to follow the agreed procedures for dealing with allegations against staff. This will initially mean a discussion with the designated teacher, headteacher and notification/consultation with the Local Authority Designated Officer (LADO).
- c. Where an allegation is made about the headteacher this should be reported to the Chair of Governors who will inform the LADO.

9. STAFF CONTACT WITH PUPILS

In order to minimise the risk of accusations being made against staff as a result of their daily contact with pupils, all school staff should familiarise themselves with the school's expectations regarding professional conduct. The use of control and physical restraint is last resort and should only be considered in exceptional circumstances to keep the child/young person safe and /or those around them safe and will only be undertaken by staff trained to do so. A record will be made and parents informed.

10. STAFF TRAINING AND SUPPORT

- a. Governors recognise the importance of child protection training for Designated Safeguarding Lead and for all other school staff who have contact with children. The designated Governor for Child Protection will have specific training in their role, available from the Local Authority.
- b. Governors expect the Head/Designated Safeguarding Lead to ensure that all school staff, including support and ancillary staff, receive training in child protection and that new staff are made aware of school policy, procedures and guidelines when they join the school and receive annual training thereafter.
- c. The Head is also expected to ensure that all staff receive regular support in respect of child protection work and know which senior member of staff to refer to for advice in the absence of the Designated Safeguarding Lead.

11. CURRICULUM

The governors believe that the school curriculum is important in the protection of children. They will aim to ensure that curriculum development meets the following objectives (these are often met through the PSHE and citizenship curriculum):

- Developing pupil self-esteem;
- Developing communication skills;
- Informing about all aspects of risk;
- Developing strategies for self-protection;
- Developing a sense of the boundaries between appropriate and inappropriate behaviour in adults;
- Developing non-abusive behaviour between pupils.

12. CHILDREN WITH SPECIAL EDUCATIONAL NEEDS

Governors recognise that children with special educational needs may be especially vulnerable to abuse and expect staff to take extra care to interpret correctly apparent signs of abuse or neglect. Indications of abuse will be reported as for other pupils. The Designated Safeguarding Lead will work with the special educational needs co-ordinator to identify pupils with particular communication needs and to ensure clear guidance is available for staff in relation to their responsibilities when working with children with intimate care needs.

13. CONFIDENTIALITY

Governors accept that child protection raises issues of confidentiality, which should be clearly understood by all staff.

14. RECORD KEEPING AND REPORTS

- a. Governors expect all staff to maintain high quality signed and dated child protection records, which separate fact, allegation, hearsay and opinion and which clearly indicate decisions and action taken. These records may in some cases be required in court proceedings.
- b. Governors further expect school staff to assist the Family and Children's Services Department by providing information for child protection case conferences as required.

15. MONITORING PUPILS ON THE CHILD PROTECTION REGISTER

Governors expect the Head to ensure that teachers monitor closely the welfare, progress and attendance of all pupils. Relevant and pertinent information relating to children either subject to a Child Protection Plan or deemed Children in Need will be provided in a timely fashion to Family and Children's Services staff.

16. COMMUNICATING POLICY TO PARENTS AND PUPILS

- a. The governors expect parents and pupils to be informed that the school has a child protection policy and is required to follow national and local guidance for reporting suspected abuse to the Family and Children's Services Department.
- b. Pupils and parents should know how the school's child protection system works and with whom they can discuss any concerns. They should also be made aware of local or national telephone help lines.

c. MONITORING AND EVALUATING EFFECTIVENESS OF SCHOOL'S POLICY.

The governors require the Head and/or Designated Safeguarding Lead to report to them annually on the effectiveness of the school's child protection policy and on associated issues in the school over the preceding year.

17. CHILD PROTECTION IN RELATION TO OTHER SCHOOL POLICIES

This child protection policy should be read in conjunction with other relevant school policies such as behaviour and discipline, anti-bullying and use of restraint and equality policies.

The governors and staff appreciate the depth and range of procedures which fall under the broad 'umbrella' of safeguarding and therefore expect all members of the governing body and staff at Brackenbury to apply their professionalism to ensuring that they apply the principles of safeguarding in all their actions in connection with the school and stakeholders.

To enable Brackenbury to address safeguarding thoroughly, an audit is maintained and monitored by the Governing Body on a termly basis.

Listed below (Annex A) are some examples of high risk and emerging safeguarding issues that staff are aware of.

HIGH RISK AND EMERGING SAFEGUARDING ISSUES**a. Preventing Radicalisation and Extremism**

www.gov.uk/government/publications/protecting-children-from-radicalisation-the-prevent-duty

The prevent duty requires that all staff are aware of the signs that a child may be vulnerable to radicalisation. The risks will need to be considered for political; environmental; animal rights; or faith based extremism that may lead to a child becoming radicalised. All staff have received prevent WRAP training and undertaken e-learning in order that they can identify the signs of children being radicalised.

As part of the preventative process resilience to radicalisation will be built through the promotion of fundamental British values through the curriculum.

Any child who is considered vulnerable to radicalisation will be referred by the DSL to children's social care, where the concerns will be considered in the MASH (Multi Agency Safeguarding Hub) process. If the police prevent officer considers the information to be indicating a level of risk a "channel panel" will be convened and the school will attend and support this process.

b. Gender based violence / Violence against women and girls

<https://www.gov.uk/government/policies/violence-against-women-and-girls>

The government have a strategy looking at specific issues that women and girls face. Within the context of this safeguarding policy the following sections are how we respond to violence against girls. Female genital mutilation, forced marriage, honour based violence and teenage relationship abuse all fall under this strategy.

c. Female Genital Mutilation (FGM)

www.gov.uk/government/publications/mandatory-reporting-of-female-genital-mutilation-procedural-information

<https://www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation>

FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. It has no health benefits and harms girls and women in many ways. It involves removing and damaging healthy and normal female genital tissue, and hence interferes with the natural function of girls' and women's bodies. The age at which girls undergo FGM varies enormously according to the community. **The procedure may be carried out when the girl is newborn, during childhood or adolescence, just before marriage or during the first pregnancy.** However, the majority of cases

of FGM are thought to take place between the ages of 5 and 8 and therefore girls within that age bracket are at a higher risk. FGM is illegal in the UK.

On the 31 October 2015, it became mandatory for teachers to report known cases of FGM to the police. In these situations, the DSL and/or head will be informed and that the member of teaching staff has called the police to report suspicion that FGM has happened.

At no time will staff examine pupils to confirm this.

For cases where it is believed that a girl may be vulnerable to FGM or there is a concern that she may be about to be genitally mutilated the staff will inform the DSL who will report it as with any other child protection concern.

d. Forced Marriage

www.gov.uk/government/uploads/system/uploads/attachment_data/file/322307/HMG_MU_LTI_AGENCY_PRACTICE_GUIDELINES_v1_180614_FINAL.pdf

In the case of children: *'a forced marriage is a marriage in which one or both spouses cannot consent to the marriage and duress is involved. Duress can include physical, psychological, financial, sexual and emotional pressure.'* In developing countries 11% of girls are married before the age of 15. One in 3 victims of forced marriage in the U.K. are under 18. It is important that all members of staff recognise the presenting symptoms, how to respond if there are concerns and where to turn for advice.

Advice and help can be obtained nationally through the Forced Marriage Unit and locally through the local police safeguarding team or children's social care. Policies and practices in this school reflect the fact that while all members of staff, including teachers, have important responsibilities with regard to pupils who may be at risk of forced marriage, teachers and school leaders should not undertake roles in this regard that are most appropriately discharged by other children's services professionals such as police officers or social workers.

Characteristics that may indicate forced marriage

While individual cases of forced marriage, and attempted forced marriage, are often very particular, they are likely to share a number of common and important characteristics, including:

- an extended absence from school/college, including truancy;
- a drop in performance or sudden signs of low motivation;
- excessive parental restriction and control of movements;
- a history of siblings leaving education to marry early;
- poor performance, parental control of income and students being allowed only limited career choices;
- evidence of self-harm, treatment for depression, attempted suicide, social isolation, eating disorders or substance abuse; and/or
- evidence of family disputes/conflict, domestic violence/abuse or running away from home.

On their own, these characteristics may not indicate forced marriage. However, it is important to be satisfied that where these behaviours occur, they are not linked to forced marriage. It is also important to avoid making assumptions about an individual pupil's circumstances or act on the basis of stereotyping. For example, an extended holiday may be taken for entirely legitimate reasons and may not necessarily represent a pretext for forced marriage.

e. Honour Based Violence

Honour based violence is a violent crime or incident which may have been committed to protect or defend the honour of the family or community.

It is often linked to family or community members who believe someone has brought shame to their family or community by doing something that is not in keeping with their unwritten rule of conduct. For example, honour based violence might be committed against people who:

- become involved with a boyfriend or girlfriend from a different culture or religion
- want to get out of an arranged marriage
- want to get out of a forced marriage
- wear clothes or take part in activities that might not be considered traditional within a particular culture
- convert to a different faith from the family

Women and girls are the most common victims of honour based violence however it can also affect men and boys. Crimes of 'honour' do not always include violence. Crimes committed in the name of 'honour' might include:

- domestic abuse
- threats of violence
- sexual or psychological abuse
- forced marriage
- being held against your will or taken somewhere you don't want to go
- assault

If staff believe that a pupil is at risk from honour based violence the DSL will follow the usual safeguarding referral process, however, if it is clear that a crime has been committed or the pupil is at immediate risk the police will be contacted in the first place. It is important that if honour based violence is known or suspected that communities and family members are NOT spoken to prior to referral to the police or social care as this could increase risk to the child.

f. Teenage Relationship Abuse

<https://www.gov.uk/government/publications/this-is-abuse-summary-report>
<https://www.gov.uk/government/publications/statutory-guidance-framework-controlling-or-coercive-behaviour-in-an-intimate-or-family-relationship>

Research has shown that teenagers didn't understand what constituted abusive behaviours such as controlling behaviours, which could escalate to physical abuse, e.g.

checking someone's phone, telling them what to wear, who they can/can't see or speak to and that this abuse was prevalent within teen relationships. Further research showed that teenagers didn't understand what consent meant within their relationships. They often held the common misconception that rape could only be committed by a stranger down a dark alley and didn't understand that it could happen within their own relationships.

This led to these abusive behaviours feeling 'normal' and therefore left unchallenged as they were not recognised as being abusive.

In response to this the school will provide education at an age appropriate time via the PHSE curriculum to prevent young people from becoming victims and perpetrators of abusive relationships by encouraging them to rethink their views of violence, abuse and controlling behaviours, and understand what consent means within their relationships.

The Toxic Trio

The term 'Toxic Trio' has been used to describe the issues of domestic violence, 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.

g. Domestic Abuse

<https://www.gov.uk/guidance/domestic-violence-and-abuse#domestic-abuse-and-young-people>

Domestic abuse is any incident or pattern of incidents of controlling, coercive or 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. This can encompass, but is not limited to, the following types of abuse:

- Psychological
- Physical
- Sexual
- Financial
- Emotional

Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

Research indicates that living within a home where domestic abuse takes place is harmful to children and can have a serious impact on their behaviour, wellbeing and understanding of what a normal relationship is.

Children witnessing domestic abuse is recognised as 'significant harm' in law. These children may become aggressive; display anti-social behaviours; suffer from depression or anxiety; or fail to reach their educational potential.

Indicators that a child is living within a relationship with domestic abuse include:

- withdrawn
- suddenly behaves differently
- anxious
- clingy
- depressed
- aggressive
- problems sleeping
- eating disorders
- wets the bed
- soils clothes
- takes risks
- misses school
- changes in eating habits
- obsessive behaviour
- nightmares
- drugs
- alcohol
- self-harm
- thoughts about suicide

These behaviours themselves do not indicate that a child is living with domestic abuse, but should be considered as indicators that this may be the case.

If staff believe that a child is living with domestic abuse, this will be reported to the designated safeguarding lead for referral to be considered to children's social care.

h. Parental mental health

<https://www.gov.uk/government/publications/the-mental-health-strategy-for-england>

The term "mental ill health" is used to cover a wide range of conditions, from eating disorders, mild depression and anxiety to psychotic illnesses such as schizophrenia or bipolar disorder. Parental mental illness does not necessarily have an adverse impact on a child's developmental needs, but it is essential to always assess its implications for each child in the family. It is essential that the diagnosis of a parent/carer's mental health is not seen as defining the level of risk. Similarly, the absence of a diagnosis does not equate to there being little or no risk.

For children the impact of parental mental health can include:

- The parent / carer's needs or illnesses taking precedence over the child's needs

- Child's physical and emotional needs neglected
- A child acting as a young carer for a parent or a sibling
- Child having restricted social and recreational activities
- Child finds it difficult to concentrate- impacting on educational achievement
- A child missing school regularly as (s)he is being kept home as a companion for a parent / carer
- Adopt paranoid or suspicious behaviour as they believe their parent's delusions.
- Witnessing self-harming behaviour and suicide attempts (including attempts that involve the child)
- Obsessional compulsive behaviours involving the child

If staff become aware of any of the above indicators, or others that suggest a child is suffering due to parental mental health, the information will be shared with the DSL to consider a referral to children's social care.

i. Parental Substance misuse

Substance misuse applies to the misuse of alcohol as well as 'problem drug use', defined by the Advisory Council on the Misuse of Drugs as drug use which has: 'serious negative consequences of a physical, psychological, social and interpersonal, financial or legal nature for users and those around them.

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.

For children the impact of parental substance misuse can include:

- Inadequate food, heat and clothing for children (family finances used to fund adult's dependency)
- Lack of engagement or interest from parents in their development, education or wellbeing
- Behavioural difficulties- inappropriate display of sexual and/or aggressive behaviour
- Bullying (including due to poor physical appearance)
- Isolation – finding it hard to socialise, make friends or invite them home
- Tiredness or lack of concentration
- Child talking of or bringing into school drugs or related paraphernalia
- Injuries /accidents (due to inadequate adult supervision)
- Taking on a caring role
- Continued poor academic performance including difficulties completing homework on time
- Poor attendance or late arrival

These behaviours themselves do not indicate that a child's parent is misusing substances, but should be considered as indicators that this may be the case.

If staff believe that a child is living with parental substance misuse, this will be reported to the designated safeguarding lead for referral to be considered for children's social care.

j. Missing, Exploited and Trafficked Children (MET)

The acronym MET is used to identify all children who are missing; believed to be at risk of or being sexually exploited; or who are at risk of or are being trafficked. Given the close links between all of these issues, there has been a considered response to join all three issues so that cross over of risk is not missed.

k. Children Missing from Education

<https://www.gov.uk/government/publications/school-attendance>

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/395138/Children_missing_education_Statutory_guidance_for_local_authorities.pdf

Patterns of children missing education can be an indicator of either abuse or safeguarding risks. A relatively short length of time a child is missing does not reduce risk of harm to that child, and all absence or non-attendance should be considered with other known factors or concerns.

DSLs and staff should consider:

Missing lessons: Are there patterns in the lessons that are being missed? Is this more than avoidance of a subject or a teacher? Does the child remain on the school site or are they absent from the site?

- Is the child being sexually exploited during this time?
- Are they late because of a caring responsibility?
- Have they been directly or indirectly affected by substance misuse?
- Are other pupils routinely missing the same lessons, and does this raise other risks or concerns?
- Is the lesson being missed one that would cause bruising or injuries to become visible?

Single missing days: Is there a pattern in the day missed? Is it before or after the weekend suggesting the child is away from the area? Are there specific lessons or members of staff on these days? Is the parent informing the school of the absence on the day? Are missing days reported back to parents to confirm their awareness?

- Is the child being sexually exploited during this day?
- Do the parents appear to be aware?
- Are the pupil's peers making comments or suggestions as to where the pupil is at?

Continuous missing days: Has the school been able to make contact with the parent? Is medical evidence being provided? Are siblings attending school (either our or local schools)?

- Did we have any concerns about radicalisation, FGM, forced marriage, honour based violence, sexual exploitation?
- Have we had any concerns about physical or sexual abuse?

The school will view absence as both a safeguarding issue and an educational outcomes issue. The school may take steps that could result in legal action for attendance, or a referral to children's social care, or both.

I. Children Missing from Home or Care

<https://www.gov.uk/government/publications/children-who-run-away-or-go-missing-from-home-or-care>

<http://www.childrenssociety.org.uk/what-we-do/policy-and-lobbying/children-risk/runaways>

Children who run away from home or from care, provide a clear behavioural indication that they are either unhappy or do not feel safe in the place that they are living. Research shows that children run away from conflict or problems at home or school, neglect or abuse, or because children are being groomed by predatory individuals who seek to exploit them. Many run away on numerous occasions.

The association of chief police officers has provided the following definitions and guidance.

"Missing person is: 'Anyone whose whereabouts cannot be established and where the circumstances are out of character or the context suggests the person may be the subject of crime or at risk of harm to themselves or another.'

An absent person is: 'A person not at a place where they are expected or required to be.'

All cases classified as 'missing' by the police will receive an active police response – such as deployment of police officers to locate a child. Cases where the child was classified as 'absent' will be recorded by the police and risk assessed regularly but no active response will be deployed.

The absent case will be resolved when a young person returns or new information comes to light suggesting that he/she is at risk. In the latter instance, the case is upgraded to 'missing'.

Within any case of children who are missing both push and pull factors will need to be considered.

Push factors include:

- Conflict with parents/carers
- Feeling powerless
- Being bullied/abused
- Being unhappy/not being listened to
- The Toxic Trio

Pull factors include:

- Wanting to be with family/friends
- Drugs, money and any exchangeable item
- Peer pressure

- For those who have been trafficked into the United Kingdom as unaccompanied asylum seeking children there will be pressure to make contact with their trafficker

As a school we will inform all parents of children who are absent (unless the parent has informed us). If the parent is also unaware of the location of their child, and the definition of missing is met, we will either support the parent to/directly contact the police to inform them.

m. Child Sexual Exploitation (CSE)

<http://paceuk.info/>

Sexual exploitation of children is not limited by the age of consent and can occur up until the age of 18. CSE involves children being in situations, contexts or relationships where they (or a third person) receive 'something' as a result of them performing sexual activities. The something can include food, accommodation, drugs, alcohol, cigarettes, affection, gifts, or money. Child sexual exploitation can happen via technology without the child's being aware; for example, being persuaded to post sexual images on the Internet/mobile phones without immediate payment or gain. In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's limited availability of choice resulting from their social/economic and/or emotional vulnerability.

Indicators a child may be at risk of CSE include:

- going missing for periods of time or regularly coming home late;
- regularly missing school or education or not taking part in education;
- appearing with unexplained gifts or new possessions;
- associating with other young people involved in exploitation;
- having older boyfriends or girlfriends;
- suffering from sexually transmitted infections;
- mood swings or changes in emotional wellbeing;
- drug and alcohol misuse; and
- displaying inappropriate sexualised behaviour.

CSE can happen to a child of any age, gender, ability or social status. Often the victim of CSE is not aware that they are being exploited and do not see themselves as a victim.

As a school we educate all staff in the signs and indicators of sexual exploitation. Where a child has been identified as at risk the DSL will share this information as appropriate with children's social care.

We recognise that we may have information or intelligence that could be used to both protect children and prevent risk.

n. Trafficked Children

Human trafficking is defined by the UNHCR in respect of children as a process that is a combination of :

- Movement (including within the UK);
- For the purpose of exploitation

Any child transported for exploitative reasons is considered to be a trafficking victim. There is significant evidence that children (both of UK and other citizenship) are being trafficked internally within the UK and this is regarded as a more common form of trafficking in the UK.

There are a number of indicators which suggest that a child may have been trafficked into the UK, and may still be controlled by the traffickers or receiving adults. These are as follows:

- Shows signs of physical or sexual abuse, and/or has contracted a sexually transmitted infection or has an unwanted pregnancy;
- Has a history with missing links and unexplained moves;
- Is required to earn a minimum amount of money every day;
- Works in various locations;
- Has limited freedom of movement;
- Appears to be missing for periods;
- Is known to beg for money;
- Is being cared for by adult/s who are not their parents and the quality of the relationship between the child and their adult carers is not good;
- Is one among a number of unrelated children found at one address;
- Has not been registered with or attended a GP practice;
- Is excessively afraid of being deported.

For those children who are internally trafficked within the UK indicators include:

- Physical symptoms (bruising indicating either physical or sexual assault);
- Prevalence of a sexually transmitted infection or unwanted pregnancy;
- Reports from reliable sources suggesting the likelihood of involvement in sexual exploitation / the child has been seen in places known to be used for sexual exploitation;
- Evidence of drug, alcohol or substance misuse;
- Being in the community in clothing unusual for a child i.e. inappropriate for age, or borrowing clothing from older people
- Relationship with a significantly older partner ;
- Accounts of social activities, expensive clothes, mobile phones or other possessions with no plausible explanation of the source of necessary funding;
- Persistently missing, staying out overnight or returning late with no plausible explanation;
- Returning after having been missing, looking well cared for despite having not been at home;
- Having keys to premises other than those known about;
- Low self- image, low self-esteem, self-harming behaviour including cutting, overdosing, eating disorder, promiscuity;
- Truancy / disengagement with education;
- Entering or leaving vehicles driven by unknown adults;
- Going missing and being found in areas where the child or young person has no known links; and/or
- Possible inappropriate use of the internet and forming on-line relationships,

particularly with adults.

These behaviours themselves do not indicate that a child is being trafficked, but should be considered as indicators that this may be the case.

If staff believe that a child is being trafficked, this will be reported to the designated safeguarding lead for referral to be considered to children's social care.

o. Technologies

Technological hardware and software is developing continuously with an increase in functionality of devices that people use. The majority of children use online tools to communicate with others locally, nationally and internationally. Access to the Internet and other tools that technology provides is an invaluable way of finding, sharing and communicating information. While technology itself is not harmful, it can be used by others to make children vulnerable and to abuse them. See pages 67-69 of 'Keeping children safe in education 2016'

p. Online Safety

<https://www.thinkuknow.co.uk/Teachers/>

<http://www.saferinternet.org.uk/>

With the current speed of on-line change, some parents and carers have only a limited understanding of online risks and issues. Parents may underestimate how often their children come across potentially harmful and inappropriate material on the internet and may be unsure about how to respond. Some of the risks could be:

- unwanted contact
- grooming
- online bullying including sexting
- digital footprint

The school will therefore seek to provide information and awareness to both pupils and their parents through:

- Acceptable use agreements for children, teachers and other staff.
- Curriculum activities involving raising awareness around staying safe online
- Information included in letters, newsletters, web site
- High profile events / campaigns e.g. Safer Internet Day
- Building awareness around information that is held on relevant web sites and or publications

q. Social media

<https://www.thinkuknow.co.uk/Teachers/Resources/>

<http://www.childnet.com/search-results/?keywords=social%20networking>

<http://www.kidsmart.org.uk/socialnetworking/>

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- Building awareness around information that is held on relevant web sites and or publications
- Social media policy

r. Cyberbullying

[https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/374850/Cyberbullying Advice for Headteachers and School Staff 121114.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/374850/Cyberbullying_Advice_for_Headteachers_and_School_Staff_121114.pdf)

Central to the School's anti-bullying policy should be the principle that *'bullying is always unacceptable'* and that *'all pupils have a right not to be bullied'*.

The school should also recognise that it must take note of bullying perpetrated outside school which spills over into the school and so we will respond to any cyber-bullying we become aware of carried out by pupils when they are away from the site.

Cyber-bullying is defined as "an aggressive, intentional act carried out by a group or individual using electronic forms of contact repeatedly over time against a victim who cannot easily defend himself/herself."

By cyber-bullying, we mean bullying by electronic media:

- Bullying by texts or messages or calls on mobile phones
- The use of mobile phone cameras to cause distress, fear or humiliation
- Posting threatening, abusive, defamatory or humiliating material on websites, to include blogs, personal websites, social networking sites
- Using e-mail to message others
- Hijacking/cloning e-mail accounts
- Making threatening, abusive, defamatory or humiliating remarks in on-line forums

Cyber-bullying may be at a level where it is criminal in character.

It is unlawful to disseminate defamatory information in any media including internet sites. Section 127 of the Communications Act 2003 makes it an offence to send, by public means of a public electronic communications network, a message or other matter that is grossly offensive or one of an indecent, obscene or menacing character.

The Protection from Harassment Act 1997 makes it an offence to knowingly pursue any course of conduct amounting to harassment.

If we become aware of any incidents of cyberbullying, we will need to consider each case individually as to any criminal act that may have been committed. The school will pass on information to the police if it feels that it is appropriate or are required to do so.

s. Sexting

<https://www.thinkuknow.co.uk/Teachers/Resources/>

<https://www.ceop.police.uk/Media-Centre/Press-releases/2009/What-does-sexting-mean/>

'Sexting' often refers to the sharing of naked or 'nude' pictures or video through mobile phones and the internet. It also includes underwear shots, sexual poses and explicit text messaging. While sexting often takes place in a consensual relationship between two young people, the use of Sexted images in revenge following a relationship breakdown is becoming more commonplace. Sexting can also be used as a form of sexual exploitation and take place between strangers.

As the average age of first smartphone or camera enabled tablet is 6 years old, sexting is an issue that requires awareness raising across all ages.

The school will use age appropriate educational material to raise awareness, to promote safety and deal with pressure. Parents should be aware that they can come to the school for advice.

t. Gaming

<http://www.childnet.com/search-results/?keywords=gaming>

<http://www.kidsmart.org.uk/games/>

Online gaming is an activity that the majority of children and many adults get involved in. The school will raise awareness:

- By talking to parents and carers about the games their children play and help them identify whether they are appropriate.
- By support parents in identifying the most effective way of safeguarding their children by using parental controls and child safety mode.
- By talking to parents about setting boundaries and time limits when games are played.
- By highlighting relevant resources.

u. Online reputation

<http://www.childnet.com/resources/online-reputation-checklist>

<http://www.kidsmart.org.uk/digitalfootprints/>

Online reputation is the opinion others get of a person when they encounter them online. It is formed by posts, photos that have been uploaded and comments made by others on people's profiles. It is important that children and staff are aware that anything that is posted could influence their future professional reputation. The majority of organizations and work establishments now check digital footprint before considering applications for positions or places on courses.

v. Grooming

<http://www.childnet.com/search-results/?keywords=grooming>

<http://www.internetmatters.org/issues/online-grooming/>

Online grooming is the process by which one person with an inappropriate sexual interest in children will approach a child online, with the intention of developing a relationship with that child, to be able to meet them in person and intentionally cause harm.

The school will build awareness amongst children and parents about ensuring that the child:

- Only has friends online that they know in real life
- Is aware that if they communicate with somebody that they have met online, that relationship should stay online

That parents should:

- Recognise the signs of grooming
- Have regular conversations with their children about online activity and how to stay safe online

The school will raise awareness by:

- Include awareness around grooming as part of their curriculum
- Identifying with both parents and children how they can be safeguarded against grooming

Part 2 – Safeguarding issues relating to individual pupil needs

Pupils with medical conditions (in school).

www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3

There is a separate policy outlining the school's position on this which is available from the school office.

As a school we will make sure that sufficient staff are trained to support any pupil with a medical condition.

All relevant staff will be made aware of the condition to support the child and be aware of medical needs and risks to the child.

An individual healthcare plan may be put in place to support the child and their medical needs.

Pupils with medical conditions (out of school).

There will be occasions when children are temporarily unable to attend our school on a full time basis because of their medical needs. These children and young people are likely to be:

- children and young people suffering from long-term illnesses
- children and young people with long-term post-operative or post-injury recovery periods

- children and young people with long-term mental health problems (emotionally vulnerable)

Where it is clear that an absence will be for more than 15 continuous school days the Education and Inclusion Service will be contacted to support with the pupil's education.

Intimate care

The school has an intimate care policy that is followed with children who have medical needs that require it.

Fabricated or induced illness

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/277314/Safeguarding_Children_in_whom_illness_is_fabricated_or_induced.pdf

There are three main ways that a carer could fabricate or induce illness in a child. These are not mutually exclusive and include:

- fabrication of signs and symptoms. This may include fabrication of past medical history;
- fabrication of signs and symptoms and falsification of hospital charts and records, and specimens of bodily fluids. This may also include falsification of letters and documents;
- induction of illness by a variety of means.

If we are concerned that a child may be suffering from fabricated or induced illness we will follow the established procedures of the Local Safeguarding Children Board.

Mental Health

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/508847/Mental_Health_and_Behaviour_-_advice_for_Schools_160316.pdf
<http://www.youngminds.org.uk/>

Class teachers see their pupils day in, day out. They know them well and are well placed to spot changes in behaviour that might indicate an emerging problem with the mental health and emotional wellbeing of pupils.

The balance between the risk and protective factors are most likely to be disrupted when difficult events happen in pupils' lives. These include:

- **loss or separation** – resulting from death, parental separation, divorce, hospitalisation, loss of friendships (especially in adolescence), family conflict or breakdown that results in the child having to live elsewhere, being taken into care or adopted;
- **life changes** – such as the birth of a sibling, moving house or changing schools or during transition from primary to secondary school, or secondary school to sixth form; and
- **traumatic events** such as abuse, domestic violence, bullying, violence, accidents, injuries or natural disaster.

When concerns are identified, school staff will provide opportunities for the child to talk or receive support within the school environment. Parents will be informed of the concerns and a shared way to support the child will be discussed.

Where the needs require additional professional support referrals will be made to the appropriate team or service with the parent's agreement (or child's if they are competent as per Fraser guidelines).

Part 3 – Other safeguarding issues impacting pupils

Bullying

<https://www.gov.uk/government/publications/preventing-and-tackling-bullying>

The school works to a separate bullying policy that can be found on the school website or via the office.

Prejudice based abuse

Prejudice based abuse or hate crime is any criminal offence which is perceived by the victim or any other person to be motivated by a hostility or prejudice based on a person's real or perceived:

- Disability
- Race
- Religion
- Gender identity
- Sexual orientation

Although this sort of crime is collectively known as 'Hate Crime' the offender doesn't have to go as far as being motivated by 'hate', they only have to exhibit 'hostility'.

This can be evidenced by:

- threatened or actual physical assault
- derogatory name calling, insults, for example racist jokes or homophobic language
- hate graffiti (e.g. on school furniture, walls or books)
- provocative behaviour e.g. wearing of badges or symbols belonging to known right wing, or extremist organisations
- distributing literature that may be offensive in relation to a protected characteristic
- verbal abuse
- inciting hatred or bullying against pupils who share a protected characteristic
- prejudiced or hostile comments in the course of discussions within lessons
- teasing in relation to any protected characteristic e.g. sexuality, language, religion or cultural background
- refusal to co-operate with others because of their protected characteristic, whether real or perceived
- expressions of prejudice calculated to offend or influence the behaviour of others
- attempts to recruit other pupils to organisations and groups that sanction violence, terrorism or hatred.

As a school we will respond by:

- clearly identifying prejudice based incidents and hate crimes and monitor the frequency and nature of them within the school
- taking preventative action to reduce the likelihood of such incidents occurring

- recognising the wider implications of such incidents for the school and local community
- ensuring that staff are familiar with formal procedures for recording and dealing with prejudice based incidents and hate crimes
- dealing with perpetrators of prejudice based abuse effectively
- supporting victims of prejudice based incidents and hate crimes
- ensuring that staff are familiar with a range of restorative practices to address bullying and prevent it happening again

Drugs and substance misuse

<https://www.gov.uk/government/publications/drugs-advice-for-schools>

The school works to a separate drug policy that can be found on the school website or via the office.

Faith Abuse

<https://www.gov.uk/government/publications/national-action-plan-to-tackle-child-abuse-linked-to-faith-or-belief>

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, their capacity to learn, their ability to form relationships and to their self-esteem. Such abuse generally occurs when a carer 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; bed-wetting; nightmares; illness; or disability. There is often a weak bond of attachment 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 and/or a change in the family structure.

The attempt to “exorcise” may involve severe beating, burning, starvation, cutting or stabbing and isolation, and usually occurs in the household where the child lives.

If the school become aware of a child who is being abused in this context, the DSL will follow the normal referral route in to children’s social care.

Gangs and Youth Violence

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/418131/Preventing_youth_violence_and_gang_involvement_v3_March2015.pdf

The vast majority of young people will not be affected by serious violence or gangs. However, where these problems do occur, even at low levels there will almost certainly be a significant impact.

As a school we have a duty and a responsibility to protect our pupils. It is also well established that success in learning is one of the most powerful indicators in the prevention of youth crime. Dealing with violence also helps attainment. While pupils

generally see educational establishments as safe places, even low levels of youth violence can have a disproportionate impact on any education.

Primary schools are also increasingly recognised as places where early warning signs that younger children may be at risk of getting involved in gangs can be spotted. Crucial preventive work can be done within school to prevent negative behaviour from escalating and becoming entrenched.

As a school we will:

- develop skills and knowledge to resolve conflict as part of the curriculum;
- challenge aggressive behaviour in ways that prevent the recurrence of such behaviour;
- understand risks for specific groups, including those that are gender-based, and target interventions;
- safeguard, and specifically organise child protection, when needed;
- make referrals to appropriate external agencies;
- carefully manage individual transitions between educational establishments, especially into Pupil Referral Units (PRUs) or alternative provision; and
- work with local partners to prevent anti-social behaviour or crime.

Private fostering

<https://www.gov.uk/government/publications/children-act-1989-private-fostering>

Private fostering is an arrangement by a child's parents for their child (under 16 or 18 if disabled) to be cared for by another adult who is not closely related and is not a legal guardian with parental responsibility for 28 days or more.

It is not private fostering if the carer is a close relative to the child such as grandparent, brother, sister, uncle or aunt.

The Law requires that the carers and parents must notify the children's services department of any private fostering arrangement.

If the school becomes aware that a pupil is being privately fostered we will inform the children's services department and inform both the parents and carers that we have done so.

Parenting

All parents will struggle with the behaviour of their child(ren) at some point. This does not make them poor parents or generate safeguarding concerns. Rather it makes them human and provides them with opportunities to learn and develop new skills and approaches to deal with their child(ren).

Some children have medical conditions and/or needs e.g. Tourette's, some autistic linked conditions, ADHD; that have a direct impact on behaviour and can cause challenges for parents in dealing with behaviours. This does not highlight poor parenting either.

Parenting becomes a safeguarding concern when the repeated lack of supervision, boundaries, basic care or medical treatment places the child(ren) in situations of risk or harm.

In situations where parents struggle with tasks such as setting boundaries and providing appropriate supervision, timely interventions can make drastic changes to the wellbeing and life experiences of the child(ren) without the requirement for a social work assessment or plan being in place.

As a school we will support parents in understanding the parenting role and provide them with strategies to make a difference by:

- providing details of community based parenting courses
- linking to web based parenting resources (for example <http://www.familylives.org.uk/>)
- referring to the school parenting worker/home school link worker (where available)
- discussing the issue with the parent and supporting them in making their own plans of how to respond differently (using evidence based parenting programmes)
- Considering appropriate early help services - Early Help means 'identifying as early as possible if a child or family need support and helping them to access services, working together to ensure that this has maximum impact. In other words, offering the right help at the right time.

Managing allegations against other pupils

Policy & procedure

DfE guidance keeping children safe in education (2016) 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 peer-on-peer 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 should 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

¹ Taken from The safeguarding implications of events leading to the closure of Stanbridge Earls School – A Serious Case Review (2015)

Policy:-

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

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

Prevention

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

- Providing a developmentally appropriate PSHE 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
- Developing robust risk assessments & providing targeted work for pupils identified as being a potential risk to other pupils.

Allegations against other pupils which are safeguarding issues

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

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 student
- Indicates that young people outside the school may be affected by this student

Examples of safeguarding issues against a student 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 (For example - having an older boyfriend/girlfriend, associating with unknown adults or other sexually exploited children, staying out overnight)
- Photographing or videoing other children performing indecent acts

Procedure:-

- When an allegation is made by a pupil against another student, members of staff should consider whether the complaint raises a safeguarding concern. If there is a safeguarding concern the designated safeguarding lead (DSL) should be informed
- A factual record should be made of the allegation, but no attempt at this stage should be made to investigate the circumstances
- The DSL should contact the children's services front door team to discuss the case
- The DSL 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, Children's services will refer the case to the multi-agency agency safeguarding hub where the police will become involved
- Parents, of both the student being complained about and the alleged victim, should be informed and kept updated on the progress of the referral
- The DSL 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
- In situations where the school considers a safeguarding risk is present, a risk assessment should be prepared along with a preventative, supervision plan
- The plan should be monitored and a date set for a follow-up evaluation with everyone concerned

What is child abuse?

The following definitions are taken from *working together to safeguard children* HM Government (2015). 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

What is abuse and neglect?

Abuse and neglect are forms 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 a stranger. They may be abused by an adult or adults, or another child or children.

Physical abuse

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

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

Neglect

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

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

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

Indicators of abuse

Neglect

The nature of 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 your 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 person/child protection co-ordinator.

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

The nature of 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 violence.

It is sometimes possible to spot emotionally abusive behavior 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 school 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

The nature of 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) can assist in the clear recording and reporting of physical abuse. The body map should only be used to record observed injuries and no child should 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

The nature of sexual abuse

Sexual abuse is often perpetrated by people who are known and trusted by the child – e.g., relatives, family friends, neighbours, babysitters, 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 school performance
- Depression or other sudden apparent changes in personality 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 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.

Brook sexual behaviours traffic light tool

Behaviours: age 0 to 5

All green, amber and red behaviours require some form of attention and response. It is the level of intervention that will vary.

What is a green behaviour?

Green behaviours reflect safe and healthy sexual development. They are displayed between children or young people of similar age or developmental ability. They are reflective of natural curiosity, experimentation, consensual activities and positive choices

What can you do?

Green behaviours provide opportunities to give positive feedback and additional information.

Green behaviours

- holding or playing with own genitals
- attempting to touch or curiosity about other children's genitals
- attempting to touch or curiosity about breasts, bottoms or genitals of adults
- games e.g. mummies and daddies,
- doctors and nurses
- enjoying nakedness
- interest in body parts and what they do
- curiosity about the differences between boys and girls

What is an amber behaviour?

Amber behaviours have the potential to be outside of safe and healthy behaviour. They may be of potential concern due to age, or developmental differences. A potential concern due to activity type, frequency, duration or context in which they occur.

What can you do?

Amber behaviours signal the need to take notice and gather information to assess the appropriate action.

Amber behaviours

- preoccupation with adult sexual behaviour
- pulling other children's pants down/skirts up/trousers down against their will
- talking about sex using adult slang
- preoccupation with touching the genitals of other people
- following others into toilets or changing rooms to look at them or touch them
- talking about sexual activities seen on TV/online

What is a red behaviour?

Red behaviours are outside of safe and healthy behaviour. They may be excessive, secretive, compulsive, coercive, degrading or threatening and involving significant age, developmental, or power differences. They may pose a concern due to the activity type, frequency, duration or the context in which they occur

What can you do?

Red behaviours indicate a need for immediate intervention and action.

Red behaviours

- persistently touching the genitals of other children
- persistent attempts to touch the genitals of adults
- simulation of sexual activity in play
- sexual behaviour between young children involving penetration with objects
- forcing other children to engage in sexual play

This is intended to be used as a guide only. Please refer to the guidance tool at <https://www.brook.org.uk/our-work/the-sexual-behaviours-traffic-light-tool> for further information

Print date: 01/10/2015 - Brook has taken every care to ensure that the information contained in this publication is accurate and up-to-date at the time of being published. As information and knowledge is constantly changing, readers are strongly advised to use this information for up to one month from print date. Brook accepts no responsibility for difficulties that may arise as a result of an individual acting on the advice and recommendations it contains.

Brook sexual behaviours traffic light tool adapted from Family Planning Queensland. (2012). Traffic Lights guide to sexual behaviours. Brisbane: Family Planning Queensland, Australia.

Behaviours: age 5 to 9 and 9 to 13

All green, amber and red behaviours require some form of attention and response. It is the level of intervention that will vary.

What is a green behaviour?

Green behaviours reflect safe and healthy sexual development. They are displayed between children or young people of similar age or developmental ability and reflective of natural curiosity, experimentation, consensual activities and positive choices

What can you do?

Green behaviours provide opportunities to give positive feedback and additional information.

Green behaviours 5-9

- feeling and touching own genitals
- curiosity about other children's genitals
- curiosity about sex and relationships, e.g. differences between boys and girls, how sex happens, where babies come from, same-sex relationships
- sense of privacy about bodies
- telling stories or asking questions using swear and slang words for parts of the body

Green behaviours 9-13

- solitary masturbation
- use of sexual language including swear and slang words
- having girl/boyfriends who are of the same, opposite or any gender
- interest in popular culture, e.g. fashion, music, media, online games, chatting online
- need for privacy
- consensual kissing, hugging, holding hands with peers

What is an amber behaviour?

Amber behaviours have the potential to be outside of safe and healthy behaviour. They may be of potential concern due to age, or developmental differences. A potential concern due to activity type, frequency, duration or context in which they occur.

What can you do?

Amber behaviours signal the need to take notice and gather information to assess the appropriate action.

Amber behaviours 5-9

- questions about sexual activity which persist or are repeated frequently, despite an answer having been given
- sexual bullying face to face or through texts or online messaging
- engaging in mutual masturbation
- persistent sexual images and ideas in talk, play and art
- use of adult slang language to discuss sex

Amber behaviours 9-13

- uncharacteristic and risk-related behaviour, e.g. sudden and/or provocative changes in dress, withdrawal from friends, mixing with new or older people, having more or less money than usual, going missing
- verbal, physical or cyber/virtual sexual bullying involving sexual aggression
- LGBT (lesbian, gay, bisexual, transgender) targeted bullying
- exhibitionism, e.g. flashing or mooning
- giving out contact details online
- viewing pornographic material
- worrying about being pregnant or having STIs

What is a red behaviour?

Red behaviours are outside of safe and healthy behaviour. They may be excessive, secretive, compulsive, coercive, degrading or threatening and involving significant age, developmental, or power differences. They may pose a concern due to the activity type, frequency, duration or the context in which they occur

What can you do?

Red behaviours indicate a need for immediate intervention and action.

Red behaviours 5-9

- frequent masturbation in front of others
- sexual behaviour engaging significantly younger or less able children
- forcing other children to take part in
- sexual activities
- simulation of oral or penetrative sex
- sourcing pornographic material online

Red behaviours 9-13

- exposing genitals or masturbating in public
- distributing naked or sexually provocative images of self or others
- sexually explicit talk with younger children
- sexual harassment
- arranging to meet with an online acquaintance in secret
- genital injury to self or others
- forcing other children of same age, younger or less able to take part in sexual activities
- sexual activity e.g. oral sex or intercourse
- presence of sexually transmitted infection (STI)
- evidence of pregnancy

This is intended to be used as a guide only. Please refer to the guidance tool at <https://www.brook.org.uk/our-work/the-sexual-behaviours-traffic-light-tool> for further information

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Brook sexual behaviours traffic light tool adapted from Family Planning Queensland. (2012). Traffic Lights guide to sexual behaviours. Brisbane: Family Planning Queensland, Australia.

Behaviours: age 13 to 17

All green, amber and red behaviours require some form of attention and response. It is the level of intervention that will vary.

What is a green behaviour?

Green behaviours reflect safe and healthy sexual development. They are displayed between children or young people of similar age or developmental ability and reflective of natural curiosity, experimentation, consensual activities and positive choices

What can you do?

Green behaviours provide opportunities to give positive feedback and additional information.

Green behaviours

- solitary masturbation
- sexually explicit conversations with peers
- obscenities and jokes within the current cultural norm
- interest in erotica/pornography
- use of internet/e-media to chat online
- having sexual or non-sexual relationships
- sexual activity including hugging, kissing, holding hands
- consenting oral and/or penetrative sex with others of the same or opposite gender who are of similar age and developmental ability
- choosing not to be sexually active

What is an amber behaviour?

Amber behaviours have the potential to be outside of safe and healthy behaviour. They may be of potential concern due to age, or developmental differences. A potential concern due to activity type, frequency, duration or context in which they occur.

What can you do?

Amber behaviours signal the need to take notice and gather information to assess the appropriate action.

Amber behaviours

- accessing exploitative or violent pornography
- uncharacteristic and risk-related behaviour, e.g. sudden and/or provocative changes in dress,
- withdrawal from friends, mixing with new or older people, having more or less money than usual, going missing
- concern about body image
- taking and sending naked or sexually provocative images of self or others
- single occurrence of peeping, exposing, mooning or obscene gestures
- giving out contact details online
- joining adult- only social networking sites and giving false personal information
- arranging a face to face meeting with an online contact alone

What is a red behaviour?

Red behaviours are outside of safe and healthy behaviour. They may be excessive, secretive, compulsive, coercive, degrading or threatening and involving significant age, developmental, or power differences. They may pose a concern due to the activity type, frequency, duration or the context in which they occur

What can you do?

Red behaviours indicate a need for immediate intervention and action.

Red behaviours

- exposing genitals or masturbating in public
- preoccupation with sex, which interferes with daily function
- sexual degradation/humiliation of self or others
- attempting/forcing others to expose genitals
- sexually aggressive/exploitative behaviour
- sexually explicit talk with younger children
- sexual harassment
- non-consensual sexual activity
- use of/acceptance of power and control in sexual relationships
- genital injury to self or others
- sexual contact with others where there
- is a big difference in age or ability
- sexual activity with someone in authority and in a position of trust
- sexual activity with family members
- involvement in sexual exploitation and/or trafficking
- sexual contact with animals
- receipt of gifts or money in exchange for sex

Recording form

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

Details of concern (where? when? what? who? behaviours? use child's words)

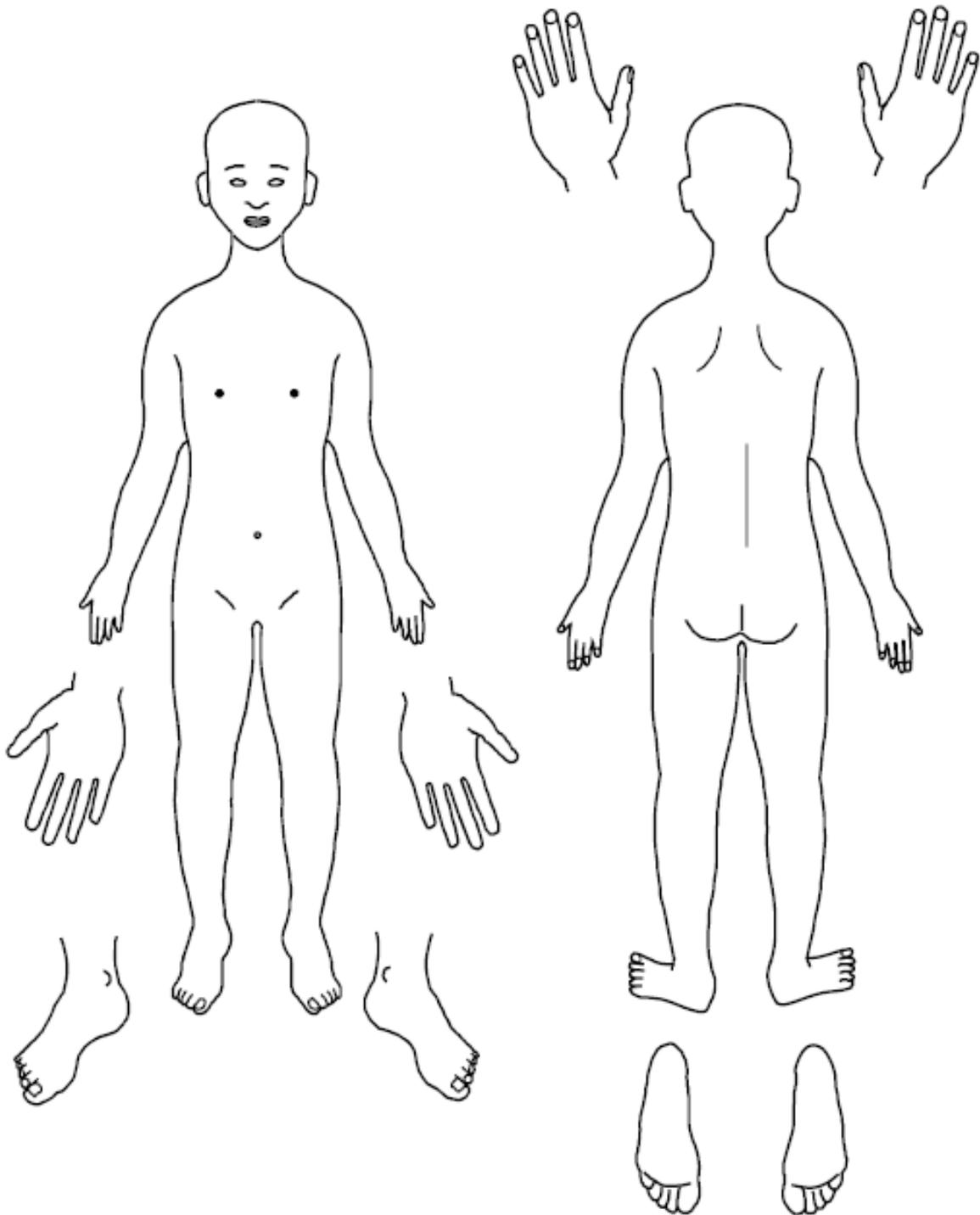
Actions taken			
Date	Person taking action	Action taken	Outcome of action

Name:
Copied to:

Designation:

Annex F

Skin map



Name of Child: _____

Date of birth: _____ Date of recording: _____

Name of completer: _____



Any additional information:

Useful contacts

Key Personnel	Name (s)	Telephone No.
DSL	Dave Collins	020 8743 3074
Deputy DSL(s)	Georgina Ross Antoinette McGovern Charlene Royer	020 8743 3074
School's named "Prevent" lead	Dave Collins	020 8743 3074
Chair of governors	Chris Allen (Chair of Governors)	Available via school office
LBHF Children's front door referral team		0208 753 6600
Out of hours social care		020 8748 8588
Police		101 or in emergencies 999
Safeguarding advisors / local authority designated officers (LADOs)	Hammersmith and Fulham Team Kembra Healy	020 7753 5125
School nurse	Edison Quacoco	07826 910733
NSPCC Whistleblowing Number		0800 028 0285
LBHF Prevent	Jake Butterworth	020 8753 5843