



HIGHGATE
PRIMARY SCHOOL

Safeguarding Policy Summary for Staff

The following is a summary of the school's Safeguarding Policy and is intended to be read in conjunction with the full policy document. This is available to all members of the school community, either from the office or via the school website.

Introduction

In relation to children and young people, safeguarding and promoting their welfare is defined in 'Working Together to Safeguard Children 2018' as:

- protecting from maltreatment
- preventing impairment of children's health or development
- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and
- taking action to enable all children to have the best outcomes

Responsibilities

All staff have a statutory responsibility to safeguard and promote the welfare of children. We must have a good understanding of the School's Safeguarding Policy and we must follow the school's procedures and guidance at all times.

Because of our day-to-day contact with children, we are well placed to observe possible signs of abuse in children. However, it is not our responsibility to assess, diagnose or investigate whether a child is at risk of or suffering harm or abuse. It is our responsibility to be aware of the need to report any concerns about a child to the Designated Safeguarding Lead as a matter of priority.

The school's Head of Inclusion, Rebecca Lewis, is the Designated Safeguarding Lead (DSL) for Child Protection. It is her role to act as a source of support and guidance on all matters of child protection and safeguarding within the school. In Becca's absence, staff should report any concerns to one of the Deputy Designated Safeguarding Leads (William Dean and Emma Healy) who will act in accordance with this policy and report back to the DSL.

The Categories of Abuse and Signs and Indicators

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

Abuse is a form of maltreatment of a child. Someone may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them, or, more rarely, by others (e.g. via the internet). Children may be abused by an adult or adults, or by another child or children.

There are four categories of abuse. The definition of each category is set out below with a non-exhaustive list of possible signs and symptoms:

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.

(See Appendix 1)

Emotional Abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.

It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may

involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone. (See Appendix 2)

Sexual Abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children. (See Appendix 3)

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); or
- ensure access to appropriate medical care or treatment.
- It may also include neglect of, or unresponsiveness to, a child's basic, emotional needs.

(See Appendix 4)

Dealing with Disclosures

In the event that a child makes a disclosure to an adult within school, the following guidance should be considered:

Receive

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

Reassure

- Reassure the pupil, but only so far as is honest and reliable. For example, do not make promises you may not be able to keep e.g., 'I'll stay with you' or 'everything will be alright now'.
- Do not promise to keep it a secret as your professional responsibilities may require you to report the matter. If you make this promise to a child and then break it, you confirm to the child yet again that adults are not to be trusted.
- Do reassure and alleviate guilt, if the pupil refers to it. For example, you could say:
 - I believe you.
 - We're pleased you told us because now we can tell people whose job it is to help children
 - I am glad you came to me.
 - I am sorry this has happened.
 - We are going to do something together to help make things better.

React

- React to the pupil only as far as is necessary for you to establish whether or not you need to refer this matter, but do not interrogate for full details.
- Do not ask 'leading' questions, for example 'what did he do next?' (this assumes he did), or 'did he touch your private parts?' Such questions may invalidate your evidence (and the child's) in any later prosecution in court.
- Do not criticise the alleged perpetrator; the pupil may care about him/her, and reconciliation may be possible.

- Do not ask the pupil to repeat it all for another member of staff. Explain what you have to do next and whom you have to talk to. Reassure the pupil that it will be a senior member of staff. Try to see the matter through yourself and keep in contact with the pupil. Ensure that if a further interview is to follow (e.g. with social services), that the pupil has a support person present if the pupil wishes it (possibly yourself).

Record

- Make some very brief notes at the time on any paper which comes to hand, and write them up as soon as possible.
- Do not destroy your original notes in case they are required by a court.
- Record the date, time, place, person's present and noticeable non-verbal behaviour, and the words used by the child. If the child uses sexual 'pet' words, record the actual words used, rather than translating them into 'proper' words.
- Draw a diagram or complete a body map to indicate the position of any bruising.
- Record statements and observable things, rather than your 'interpretations' or 'assumptions'.

Remember

- Follow your school's safeguarding policy and procedures and share your concerns with the DSL
- Refer to CYPS (Children and Young People's Service) and/or Police if relevant.
- Support the child: listen, comfort, and be available.
- Complete confidentiality is essential. Share your knowledge only with appropriate professional colleagues.
- Try to get some support for yourself if you need it.

Referrals and Incidents of abuse and disclosures

If you suspect that a child in the class may be a victim of abuse, or if a child makes a disclosure of abuse, immediately inform the DSL about your concerns and make a record using MyConcern. If you are unable to access MyConcern, complete a 'Record of Child Protection Incident/Disclosure' sheet. This can be found in the Inclusion Folder, which is held in every class.

In Becca's absence, take your concerns to a William or Emma. In the unlikely event that all key adults are unavailable, any member of staff may make a referral to CYPS if you consider it to be a matter requiring immediate action and attention, and inform the DSL of the actions you have taken.

The DSL works closely with the appropriate Local Authority's CYPS department and the Local Safeguarding Children Board (LSCB) when investigating any allegations of abuse. All parties involved handle such investigations in a sensitive manner, and the interest of the child is considered at all times

In line with best practice, the parents should be consulted about the referral to CYPS and the nature of the concern. In some situations CYPS will need to inform the parents about the referral. In cases of sexual abuse or immediate risk of harm to a child, parents may not be informed by the school.

If a child protection referral is made, a strategy meeting is convened by CYPS if deemed to be necessary. The strategy meeting offers the opportunity to share information and formulate a plan of action. The DSL will attend and participate in all strategy meetings, case conferences and meetings held under the LA guidelines. Class teachers will be asked to submit a report to be shared with all those involved in the child's well-being.

We regard all information relating to individual child protection issues as confidential, and we treat this accordingly. We only pass information on to appropriate persons.

Recording

It is not always possible to know whether a small or vague concern held today may increase as the days or weeks pass and later form the substance of a child protection referral. For this reason it is vital that all concerns are recorded comprehensively and accurately so that they can be monitored and emerging patterns noticed.

Concerns about children should be recorded using MyConcern Alert sheet, pro formas of which can be found in the Inclusion Folder, which is held in every class. This will detail the concerns about a child, discussion with the DSL or Deputy DSL and parents or carers and any agreed actions and outcomes. The sheet is then stored in the child's individual file (which will be created if it does not already exist), which is held confidentially in the Inclusion Office, separately from a child's main school/education records.

Referrals to Children's Social Care and Child Protection meeting minutes are held locked and confidentially, in the child's file in the Inclusion Office.

Staff must also recognise that data protection fears should not be a barrier to information sharing as the safety of a child. Internal sharing of information will be limited to sharing information with staff where it will demonstrably benefit a child and will generally be on a need to know basis.

Supporting Children

We recognise that a child who is abused or neglected may find it difficult to develop and maintain a sense of self worth. We recognise that children may feel helpless and humiliated and may blame themselves for what has or is happening to them. School may provide a vital source of stability in the lives of children who have been abused or are at risk of harm, as well as good lines of communication with trusted adults, supportive friends and an ethos of protection. We recognise that the behaviour of a child in these circumstances may range from that which is perceived to be 'normal' to aggressive or withdrawn.

We aim to support the children in our school by:

- Encouraging a sense of self worth and assertiveness whilst not condoning bullying and aggression. Bullying in itself may result in the threshold of significant harm being met and we take seriously our responsibility to challenge bullying behaviours in accordance with our anti-bullying policy;
- Promoting a caring and safe environment within the school;
- Providing opportunities through the Foundation Stage and PHSE curricular for children to learn strategies to protect themselves, ask for help and support and gain confidence in standing up for their rights and valuing and respecting others;
- Working in partnership with other services involved in safeguarding children and notifying Children's Social Care as soon as there are significant concerns about a child;
- Establish and maintain an environment where children feel secure, are encouraged to talk, and are always listened to; and
- Ensure children know that there are adults in the school whom they can approach if they are worried or in difficulty.

Confidentiality

Child protection issues warrant a high level of confidentiality, not only out of respect for the pupil and staff involved but also to ensure that being released into the public domain does not compromise evidence.

All matters relating to child protection are strictly confidential. We respect the right of families to have information about them dealt with sensitively and confidentially in line with statute and guidance. Child protection information regarding children in our school will be shared with staff on a strictly need to know basis. A member of staff will 'need to know' information when it is demonstrably to benefit the child. All staff are expected to conform to the school's standards of good professional practice and maintain confidentiality appropriately at all times.

We must be aware of our responsibility to share information with the DSL and with other agencies in order to protect and safeguard children. No one in the school may guarantee confidentiality to a parent or carer and must make it clear that information will be shared if there are concerns about the welfare of a child, even if they do not consent to the sharing of information.

No one in the school may guarantee to a child that they will keep a secret and must always make it clear to children in language that is appropriate to the age and understanding of the child, that any information which leads an adult to be concerned that a child is suffering or is at risk of suffering harm will be shared with the DSL in order to take measures to safeguard the child or other children at risk.

Supporting Staff

We recognise that child protection is a difficult and sometimes upsetting subject for those who work with children. Working with a child who has suffered harm or is at risk of harm may be stressful and distressing. We are committed to supporting such staff by providing opportunities for them to talk through their experiences and anxieties with the DSL or Deputy DSL and to seek further support as appropriate. All staff and volunteers should feel able to raise concerns about poor or unsafe practice, and such concerns will be addressed sensitively and effectively in accordance with school's Whistleblowing Policy.

A copy of the summary version of 'What to do if you're worried a child is being abused' is made available to every member of staff.

Working in Partnership with Parents and Carers

Wherever possible we will aim to discuss concerns about children with their parents or carers and inform them if we intend to make a referral to the Children's Services Contact Team. There may be rare instances however, when we judge that it is not appropriate to speak to a parent or carer before contacting the Children's Services Contact Team. This would happen when the DSL or a Deputy DSL in her absence, judges that a child's well being will be imperilled if the parent or carer is aware that a referral is to be made.

Single Central Record

The school maintains a Single Central Record (SCR) which is a working document containing information recorded by schools or providers, on individuals with regard to whether or not the following checks have been carried out, certificates obtained and the date on which the checks were completed:

If there are concerns about an existing staff member's suitability to work with children or learners, it is the school's duty to perform all relevant checks as if the person were a new member of staff. Jaimini Lakhani is responsible for holding the SCR.

All new members of staff undergo an induction that includes familiarisation with:

- Staff Code of Conduct (to include acceptable use policy, staff/pupil relationships and communications including the use of social media and other related matters)
- Safeguarding Policy
- Part 1 of Keeping Children Safe in Education 2019
- Information regarding the role of the designated safeguarding lead.

The school obtains confirmation from supply agencies that agency staff have been appropriately checked and the school will check identification of any supply or agency staff.

Site Security

Visitors to the school, including contractors, are asked to sign in and are given a badge, which confirms they have permission to be on site. Parents who are simply delivering or collecting their children do not need to sign in. All visitors are expected to observe the school's safeguarding health and safety regulations to ensure children in school are kept safe. The Headteacher will exercise professional judgement in determining whether any visitor should be escorted or supervised while on site.

Promoting the Well-being of Pupils

The School will promote the well being of all its pupils as per the Education and Inspections Act 2006. Well-being is defined in the Children Act 2004 in terms of:

- Physical and mental health and emotional well-being
- Protection from harm and neglect
- Education, training and recreation
- The contribution children make to society
- Social and economic well-being

Children with Special Educational Needs, Additional Needs or Disabilities

Research suggests that children with special educational needs or disabilities are more vulnerable to abuse. The risks to disabled children may be increased by their need for practical assistance and physical dependency including intimate care, which may be delivered by a number of different carers, by possible communication difficulties and lack of access to strategies to keep themselves safe or by the increased risk that they may be socially isolated.

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

- Assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration
- Children with special educational needs and disabilities can be disproportionately impacted by things like bullying – without outwardly showing any signs; and
- Communication barriers and difficulties in overcoming these barriers

When working with children with disabilities, we must be aware that additional possible indicators of abuse and/or neglect may also include:

- A bruise that might not be of concern on an ambulant child such as the shin, might be of concern on a non-mobile child;
- Not getting enough help with feeding leading to malnourishment;
- Poor toileting arrangements;
- Lack of stimulation;
- Unjustified and/or excessive use of restraint;
- Rough handling, extreme behaviour modification such as deprivation of medication, food or clothing;
- Unwillingness to try to learn a child's means of communication;
- Ill-fitting equipment, for example callipers, sleep boards, inappropriate splinting;
- Misappropriation of a child's finances;
- Inappropriate invasive procedures.

Staff who work with children in any capacity must be particularly aware of and sensitive to how the effects of abuse or harm may present, and be able to pick up on any changes in behaviour or presentation that might indicate a concern. Staff should have a detailed knowledge of pupils' individual care needs as well as their academic needs and take these into account when working with them and their families. Concerns should be shared immediately with the DSL or in his/her absence one of the Deputy DSL.

Physical Intervention, Restraint and Reasonable Force

Our policy on positive handling is set out in a separate policy and acknowledges that staff must only ever use physical intervention as a last resort, and that at all times it must be the minimal force necessary to prevent injury or damage to property.

There may however be times when adults in our school, in the course of their duty, use physical intervention to restrain children. The Designated Member of Staff requires the adult involved in any such incident to report this to her immediately, and to record it on the appropriate form (see Policy on the Use of Force).

We understand that physical intervention of a nature that causes injury or distress to a child may be considered under safeguarding children or disciplinary procedures.

Section 93 of the Education and Inspections Act 2006 gives school staff (including support staff, non-teaching staff and voluntary staff) the legal power to use force. Reasonable force can be used in many situations:

- To prevent pupils from hurting themselves or others, from damaging property or from causing disorder.
- To control pupils or to restrain them.
- The decision on whether or not to physically intervene is down to the professional judgement of the staff member concerned and should always depend on the individual circumstances.

Child on Child Abuse

Our school recognises that children are also vulnerable to physical, sexual and emotional bullying and abuse by peers or that they may be the perpetrator of such behaviour. We will also address such abuse seriously, involving partner agencies where required. We remain alert to the possibility that a child or a young person who has harmed another may also be a victim. Staff ensure not to dismiss sexual behaviour as 'normal' and do not require a high threshold before taking action. See related sections on Bullying, Child Sexual Exploitation and Gangs.

E-safety

Our eSafety Policy and Acceptable Use Agreement recognises that internet safety is a whole school responsibility (staff, pupils, parents).

Children and young people may expose themselves to danger, whether knowingly or unknowingly, when using the internet and other technologies. Additionally, some young people may find themselves involved in activities which are inappropriate or possibly illegal.

We therefore recognise our responsibility to educate our pupils, teaching them the appropriate behaviours and critical thinking skills to enable them to remain both safe and legal when using the internet and related technologies.

Children Looked After

The most common reason for children becoming looked after is as a result of abuse or neglect. The school ensures that appropriate staff have information about a child's looked after status and care arrangements. The Designated Teacher for Children Looked After and the DSL have details of the child's social worker and contact details of the Headteacher of the Virtual School.

Private Fostering

Privately fostered children are cared for by someone other than a parent or close relative (e.g., step-parents, siblings, siblings of a parent and grandparents) for 28 days or more. School staff must share their concerns with the DSL, who have a statutory duty to make a referral to the Children's Services in relation to a child up to the age of sixteen if:

- They become aware of a private fostering arrangement which is not likely to be notified to the local authority; or
- They have doubts about whether a child's carers are actually their parents, and there is evidence to support these doubts, which may or may not include concerns about the child's welfare.

Harmful Traditional Practices

The school recognises the abuse that children can be subject to as a result of harmful traditional practices. These can be based on tradition, culture, custom and practice, religion and/or superstition and can include abuse linked to a belief in spirit possession, breast ironing and force feeding as well as forced marriage, female genital mutilation, so called honour-based violence and honour murders.

These practices can have a detrimental effect on the physical, mental and emotional health of the child and can involve bias against groups of children, particularly girls and children with disabilities. Many involve physical abuse and pain, leading in some cases intentionally, to death or serious injury. Others involve mental abuse.

If you suspect a child may be at risk of abuse through a harmful traditional practice, you must follow usual child protection procedures by alerting the DSL promptly.

Child Sexual Exploitation

Child sexual exploitation is a form of child abuse. The official definition of child sexual exploitation given as statutory guidance is:

Sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive something (e.g. Food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities. Child sexual exploitation can occur through the use of

technology without the child's immediate recognition; for example being persuaded to post sexual images on the internet/phone 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.

It involves children and young people receiving something, for example accommodation, drugs, gifts or affection, as a result of them performing sexual activities, or having others perform sexual activities on them.

It can occur without physical contact, when children are groomed to post sexual images of themselves on the internet.

The three broad categories are:

1. Inappropriate relationships
2. 'Boyfriend' model of exploitation and peer exploitation
3. Organised/networked sexual exploitation or trafficking.

If you suspect a child has been sexually exploited or is at risk of sexual exploitation, they must share the information with the DSL without delay.

Female Genital Mutilation

Female genital mutilation is a form of child abuse common to, but not limited to, some African, Asian and Middle Eastern communities in the UK. This illegal and life-threatening initiation ritual can leave young victims with physical and psychological problems that can continue into adulthood.

It is illegal in the UK to subject a child to female genital mutilation (FGM) or to take a child abroad to undergo the procedure. The age at which girls are subject to FGM varies greatly from shortly after birth to any time up to adulthood. School staff should be alert to the following indicators:

- The family comes from a community that is known to practise FGM;
- A child may talk about a long holiday to a country where the practice is prevalent;
- A child may confide that she is to have a 'special procedure' or to attend a special occasion;
- A child may request help from a teacher or another adult;
- Any female child born to a woman or has a sister who has been subjected to FGM must be considered to be at risk, as must other female children in the extended family

School staff should be alert to the following indicators:

- Difficulty walking, sitting or standing and may even look uncomfortable
- Spending longer than normal in the toilet due to difficulties urinating
- Long periods of time away from a classroom during the day with bladder or menstrual problems.
- Frequent urinary, menstrual or stomach problems.
- There may be prolonged or repeated absences from school or college.
- A prolonged absence from school or college with noticeable behaviour changes (e.g. withdrawal or depression) on the girl's return could be an indication that a girl has recently undergone FGM.
- A girl may be particularly reluctant to undergo normal medical examinations.
- A girl may confide in a professional.
- A girl may ask for help, but may not be explicit about the problem due to embarrassment or fear.
- A girl may talk about pain or discomfort between her legs.
- Staff may become aware of a student because she appears anxious, depressed and emotionally withdrawn. They may be presented with a sudden decline in her performance, aspirations or motivation.

If you have any concerns relating to FGM, you have a duty to report them immediately to the DSL or Deputy DSL, who would make a child protection referral to the Children's Services and the police.

Domestic Violence

The new extended definition of domestic violence 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. This definition, which is not a legal definition, includes so called 'honour' based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.

The harm caused to children can be significant – through emotional and physical abuse and/or neglect. From 2002 the definition of significant harm was amended to include "the harm that children suffer by seeing or hearing the ill-treatment of another, particularly in the home". Therefore if you are aware that a child is witnessing or hearing domestic violence, you should inform the DSL or Deputy DSL.

Young Carers

In many families, children contribute to family care and well-being as part of normal family life. A young carer is a child who is responsible for caring on a regular basis for an adult or a sibling who has an illness or disability. Caring responsibilities can significantly impact upon a child's health and development. The school will refer to Social Care where a young carer is:

- Unlikely to achieve or maintain a reasonable standard of health or development because of their caring responsibilities
- At serious risk of harm through abuse or neglect
- Providing intimate body care.

Gangs

The school recognises and consider the risk older siblings in gangs may pose to their younger siblings and looks to prevent any future gang involvement by promoting positive behaviour and positive activities.

Extreme and radical views

The school recognises its duty to protect our students from indoctrination into any form of extreme ideology which may lead to the harm of self or others. Our definition of radical or extreme ideology is 'a set of ideas which could justify vilification or violence against individuals, groups or self.'

The school ensures that pupils are safe from terrorist and extremist material when accessing the internet in school, including by establishing appropriate levels of filtering and will ensure that "over blocking" does not lead to unreasonable restrictions as to what children can be taught with regards to online teaching and safeguarding.

If you have a concern about a particular pupil, you should follow normal safeguarding procedures, discussing with the DSL and where necessary with children's social care.

The Prevent Duty

All schools are subject to a duty to have 'due regard to the need to prevent people from being drawn into terrorism', known as the Prevent duty. The school recognises that protecting children from the risk of radicalisation is part of the school's wider safeguarding duties and is similar in nature to protecting children from other harms, whether these come from within their family or are the product of outside influences.

If you have a concern about a particular pupil, you should follow normal safeguarding procedures, discussing with the DSL and where necessary with children's social care.

Fabricated and induced illness

The fabrication or induction of illness in children is a relatively rare form of child abuse. Where concerns exist about fabricated or induced illness, it requires professionals to work together, evaluating all the available evidence, in order to reach an understanding of the reasons for the child's signs and symptoms of illness.

Other Relevant Policies

The Governing Body's legal responsibility for safeguarding the welfare of children goes beyond basic child protection procedures.

The duty is now to ensure that safeguarding permeates all activity and functions. This policy therefore complements and supports a range of other policies and guidance.

- eSafety Policy
- Health and Safety Policy
- Intimate Care Policy
- Anti-bullying Policy
- Behaviour Policy
- Safer Recruitment Policy
- Use of Force Policy
- Collection of Children Policy
- Managing Medicines Policy
- Allegations of Abuse Against Staff Policy
- Attendance Policy
- Guidance on the Use of Touch
- Whistleblowing Procedures
- Guidance on Dealing with Challenging Situations
- Prevent Policy
- Disability Equality Policy

Key Personnel

Lead Governor for Safeguarding:

Laura Eden

Designated Safeguarding Lead (DSL):

Rebecca Lewis (Head of Inclusion)

Deputy Designated Members of Staff for child protection:

William Dean (Headteacher)

Emma Healy

Inclusion Team comprises:

Headteacher

Head of Inclusion

Business Manager

Designated Safeguarding Lead

Child Protection Response Team:

Headteacher

Head of Inclusion

Business Manager

Designated Safeguarding Lead

Nick Lynch

Concerns/ Allegations against Staff

Rebecca Lewis

LADo, Haringey

Sarah Roberts

Appendix I: Recognising signs of Physical Abuse

Recognising Physical Abuse

- Unexplained injuries or burns, particularly if they are recurrent
- Refusal to discuss injuries/refusal to discuss injuries
- Improbable explanations for injuries/parent undisturbed by accident/injury
- Untreated injuries or lingering illness not attended to
- Admission of punishment which appears excessive
- Shrinking from physical contact
- Fear of returning home or of parents being contacted
- Fear of undressing
- Fear of medical help
- Aggression/bullying
- Over compliant behaviour or a 'watchful attitude'
- Running away
- Significant changes in behaviour without explanation
- Deterioration in work
- Unexplained pattern of absences which may serve to hide bruises or other physical injuries

Bruising

Children can have accidental bruising but the following must be considered as indicators of harm, unless there is evidence or an adequate explanation provided. Only a paediatric view around such explanations will be sufficient to dispel concerns listed:

- Any bruising to a pre-crawling or pre-walking baby;
- Bruising in or around the mouth, particularly in small babies which may indicate force feeding;
- Two simultaneous bruised eyes, without bruising to the forehead (rarely accidental, although a single bruised eye can be accidental or abusive);
- Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally;
- Variation in colour possibly indicating injuries caused at different times;
- The outline of an object used (e.g. belt marks, hand prints or a hair brush)
- Bruising or tears around, or behind the earlobe/s indicating injury by pulling or twisting;
- Bruising around the face;
- Grasp marks on small children;

Bite marks

Human bite marks are oval or crescent shaped. If they are over 3cm in diameter, they are more likely to be made by an adult or older child.

Burns and Scalds

It can be difficult to distinguish between accidental and non-accidental burns and scalds, experienced medical opinion is required. Any burn with a clear outline may be suspicious e.g.:

- Circular burns from cigarettes (but may be friction burns along the protuberance of the spine);
- Linear burns from hot metal rods or electrical fire elements;
- Burns of uniform depth over a large area;
- Scalds that have a line indicating immersion or poured liquid (a child getting into hot water of its own accord will struggle to get out and cause splash marks);
- Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation
- Scalds to the buttocks of a small child, particularly in the absence of burns to the feet, are indicative of dipping into hot liquid or bath

Fractures

Fractures may cause pain, swelling and discolouration over a bone or joint, and loss of function in the limb or joint. Non-mobile children rarely sustain fractures.

There are grounds for concern if:

- The history provided is vague, non-existent or inconsistent with the fracture type;
- There are associated old fractures;
- Medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement;
- There is an unexplained fracture in the first year of life.

Scars

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

Appendix 2: Recognising signs of emotional abuse

Emotional abuse may be difficult to recognise, as the signs are usually behavioural rather than physical. The indicators of emotional abuse are often also associated with other forms of abuse. Professionals should therefore be aware that emotional abuse might also indicate the presence of other kinds of abuse.

The following may be indicators of emotional abuse:

- Developmental delay;
- Abnormal attachment between a child and parent (e.g. anxious, indiscriminate or no attachment);
- Indiscriminate attachment or failure to attach;
- Aggressive behaviour towards others;
- Appeasing behaviour towards others;
- Scapegoated within the family;
- Frozen watchfulness, particularly in pre-school children;
- Low self-esteem and lack of confidence;
- Withdrawn or seen as a 'loner' – difficulty relating to others.
- Continual self-deprecation
- Fear of new situations
- Inappropriate emotional responses to painful situations
- Self-harm or mutilation
- Compulsive stealing/scrounging
- Drug/solvent abuse
- 'Neurotic' behaviour – obsessive rocking, thumb sucking, and so on
- Air of detachment – 'don't care' attitude
- Social Isolation – does not join in and has few friends
- Desperate attention-seeking behaviour
- Eating problems, including overeating and lack of appetite
- Depression, withdrawal

Appendix 3: Recognising signs of sexual abuse

Sexual abuse can be very difficult to recognise and reporting sexual abuse can be an extremely traumatic experience for a child. Therefore both identification and disclosure rates are deceptively low.

Boys and girls of all ages may be sexually abused and are frequently scared to say anything due to guilt and/or fear. According to a recent study¹ three-quarters (72%) of sexually abused children did not tell anyone about the abuse at the time. Around a quarter (27%) of the children told someone later, and around a third (31%) still had not told anyone about their experience/s by early adulthood.

If a child makes an allegation of sexual abuse, it is very important that they are taken seriously. Allegations can often initially be indirect as the child tests the professional's response. There may be no physical signs and indications are likely to be emotional / behavioural.

Behavioural indicators which may help professionals identify child sexual abuse include:

- Inappropriate sexualised conduct;
- Sexually explicit behaviour, play or conversation, inappropriate to the child's age;
- Contact or non-contact sexually harmful behaviour;
- Continual and inappropriate or excessive masturbation;
- Self-harm (including eating disorder), self-mutilation and suicide attempts;
- Involvement in sexual exploitation or indiscriminate choice of sexual partners;
- An anxious unwillingness to remove clothes for e.g. sports events (but this may be related to cultural norms or physical difficulties).

Physical indicators associated with child sexual abuse include:

- Pain or itching of genital area. Scratches, abrasions or persistent infections in the anal or genital regions
- Bruises, scratches, burns or bite marks on the body
- Blood on underclothes;
- Pregnancy in a child;
- Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing.

Other signs of sexual abuse

- Sexual awareness inappropriate to the child's age – shown, for example, in drawings, vocabulary, games, and so on
- Frequent public masturbation
- Attempts to teach other children about sexual activity
- Refusing to stay with certain people or go to certain places
- Aggressiveness, anger anxiety, tearfulness
- Withdrawal from friends
- Frequent vaginal infections, discharge or odours
- Sexually transmitted diseases

Sex offenders have no common profile, and it is important for professionals to avoid attaching any significance to stereotypes around their background or behaviour. While media interest often focuses on 'stranger danger', research indicates that as much as 80 per cent of sexual offending occurs in the context of a known relationship, either family, acquaintance or colleague.

Appendix 4: Recognising signs of Neglect

Child neglect is an ongoing failure to meet a child's basic physical and or psychological needs. The failure to meet these needs is likely to result in serious damage to the child's health or development.

Neglect can lead to some obvious physical symptoms but it can often take longer for emotional and psychological symptoms to become apparent. Some of the possible indicators could include the following (though they may also be symptoms of poverty and deprivation, not child neglect):

- frequently going hungry
- frequently having to go to school in dirty clothes and with poor hygiene
- not being taken to the doctor when they're ill
- regularly having to look after themselves at home alone under the age of 16
- being abandoned or deserted
- living in dangerous conditions i.e., around drugs, alcohol or violence
- finding it difficult to adapt to school
- children who are often angry, aggressive or self harm
- children who find it difficult to socialise with other children
- depression
- missing school and frequent lateness
- obesity or loss of weight

It is often not easy to pinpoint one specific reason why child neglect happens and in many cases it happens due to many factors and over a long period of time. A number recent of studies have shown that there are some more common problems among adult carers that are associated with neglect of children. These include:

- parental mental health problems such as depression
- domestic violence
- unemployment
- poverty
- substance abuse e.g., drugs or alcohol
- parental history and learned parental behaviour

When working in areas where poverty and deprivation are commonplace professionals may become desensitised to some of the indicators of neglect. These include:

- Failure by parents or carers to meet essential physical needs (e.g. adequate or appropriate food, clothes, warmth, hygiene and medical or dental care);
- Failure by parents or carers to meet essential emotional needs (e.g. to feel loved and valued, to live in a safe, predictable home environment);
- A child seen to be listless, apathetic and unresponsive with no apparent medical cause;
- Failure of child to grow within normal expected pattern, with accompanying weight loss;
- Child thrives away from home environment;
- Child frequently absent from school;
- Child left with inappropriate carers (e.g. too young, complete strangers);
- Child left with adults who are intoxicated or violent;
- Child abandoned or left alone for excessive periods.

Signs to Watch Out For

Signs of low self-esteem

- Repeated talk of failure
- Deliberately seeking failure
- Denial or destruction of anything good
- Rejection of praise
- Pleasure in criticism
- Clowning, acting big, telling tall stories

Verbal signs of distress

- Self-denigration
- Worthlessness
- Pessimism
- Hopelessness
- Morbid thinking
- Suicidal thoughts
- Pathological thinking
- Self-blame

Non-verbal signs of distress

- Loss of interest and withdrawal
- Irritability and tearfulness
- Tiredness and change in weight
- Poor concentration and deterioration of work
- Destructive behaviour*
- Morbid art work and writing
- Lack of self-care (deliberate)
- Deliberate failure
- Self-harming
- Suicide attempts
- Arson

Appendix 5: Indicators of Vulnerability to Radicalisation

Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism leading to terrorism. Extremism is defined by the Government in the Prevent Strategy as, 'vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs'. In our definition of extremism we also include calls for the death of members of our armed forces, whether in this country or overseas.

Extremism is defined by the Crown Prosecution Service as the demonstration of unacceptable behaviour by using any means or medium to express views which:

- Encourage, justify or glorify terrorist violence in furtherance of particular beliefs;
- Seek to provoke others to terrorist acts;
- Encourage other serious criminal activity or seek to provoke others to serious criminal acts; or
- Foster hatred which might lead to inter-community violence in the UK.

There is no such thing as a "typical extremist": those who become involved in extremist actions come from a range of backgrounds and experiences, and most individuals, even those who hold radical views, do not become involved in violent extremist activity.

Pupils may become susceptible to radicalisation through a range of social, personal and environmental factors - it is known that violent extremists exploit vulnerabilities in individuals to drive a wedge between them and their families and communities. It is vital that school staff are able to recognise those vulnerabilities.

This list of indicators of vulnerability is not exhaustive nor does it mean that all young people experiencing the below are at risk of radicalisation for the purposes of violent extremism:

- Identity Crisis – the student / pupil is distanced from their cultural / religious heritage and experiences discomfort about their place in society;
- Personal Crisis – the student / pupil may be experiencing family tensions; a sense of isolation; and low self-esteem; they may have dissociated from their existing friendship group and become involved with a new and different group of friends; they may be searching for answers to questions about identity, faith and belonging;
- Personal Circumstances – migration; local community tensions; and events affecting the student / pupil's country or region of origin may contribute to a sense of grievance that is triggered by personal experience of racism or discrimination or aspects of Government policy;
- Unmet Aspirations – the student / pupil may have perceptions of injustice; a feeling of failure; rejection of civic life;
- Experiences of Criminality – which may include involvement with criminal groups, imprisonment, and poor resettlement / reintegration;
- Special Educational Needs – students / pupils may experience difficulties with social interaction, empathy with others, understanding the consequences of their actions and awareness of the motivations of others.

More critical risk factors could include:

- Being in contact with extremist recruiters;
- Accessing violent extremist websites, especially those with a social networking element;
- Possessing or accessing violent extremist literature;
- Using extremist narratives and a global ideology to explain personal disadvantage;
- Justifying the use of violence to solve societal issues;
- Joining or seeking to join extremist organisations; and
- Significant changes to appearance and / or behaviour;
- Experiencing a high level of social isolation resulting in issues of identity crisis and / or personal crisis.

