The Marlborough Science Academy GP11 – Child Protection Policy and Safeguarding	
Responsible Governing Body Committee:	**Personnel**
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Adopted by:	**Full GB**
Author:	**James Griggs**
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September 2020	September 2020	Y

GP11 – Child Protection Policy and Safeguarding

Contents

1. INTRODUCTION

Safeguarding is defined as protecting children from maltreatment, preventing impairment of health and/or development, ensuring that children grow up in the provision of safe and effective care and optimising children's life chances, as well as supporting their mental health and wellbeing.

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

In particular this policy should be read in conjunction with the:

1. Anti-Bullying Policy
2. Children in Care Policy
3. Safer Recruitment Policy
4. Use of Physical Restraint Policy
5. Whole School Behaviour Policy
6. Internet and Network Usage Policy
7. Whistle Blowing Policy

Purpose of a Child Protection Policy

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

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

Hertfordshire Safeguarding Children Partnership Inter-agency Child Protection and Safeguarding Children Procedures
The school follows the procedures established by the Hertfordshire Safeguarding Children Partnership; a guide to procedure and practice for all agencies in Hertfordshire working with children and their families.

School Staff & Volunteers
All school staff have a responsibility to provide a safe environment in which children can learn.
School staff and volunteers are particularly well placed to observe outward signs of abuse, changes in behaviour and failure to develop because they have daily contact with children.

All school staff and volunteers will receive appropriate safeguarding children training annually, so that they are knowledgeable and aware of their role in the early recognition of the indicators of abuse or neglect and of the appropriate procedures to follow.

The Designated Senior Lead will carry out refresher training every two years from a recognised training authority. (Designated Senior Lead Role – Appendix 1)

Temporary staff and volunteers will be made aware of the safeguarding policies and procedures by the Designated Senior Lead or Deputy Designated Senior Lead.

Mission Statement
Establish and maintain an environment where children feel secure and are encouraged to talk, and are listened to when they have a worry or concern.

Establish and maintain an environment where school staff and volunteers feel safe, are encouraged to talk and are listened to when they have concerns about the safety and wellbeing of a child. Safeguarding is what we do for children whilst child protection refers to the procedures we use for children at risk of significant harm.

Ensure students know that there are adults and trained sixth formers in the school whom they can approach if they are worried.

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

Ensure all staff are aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation.

Include opportunities in the curriculum for children to develop the skills they need to recognise and stay safe from abuse.

Contribute to the five outcomes which are key to children's wellbeing:

- be healthy

- stay safe
- enjoy and achieve
- make a positive contribution
- achieve economic wellbeing

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

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

Implementation, Monitoring and Review of the Child Protection Policy
The policy will be reviewed annually by the governing body and will be a standing item on meetings of the Governors Personnel Committee. It will be implemented through the school's induction and training programmes, and as part of day to day practice. Compliance with the policy will be monitored by the Designated Senior Lead and through staff performance measures.

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

- The Children Act 1989
- The Children Act 2004
- Education Act 2002 (section 175)
- Multi Agency Practice Guidelines Female Genital Mutilation Oct 2003
- Hertfordshire Safeguarding Children Partnership Procedures Manual (Electronic) Hertfordshire Safeguarding Children Partnership Inter-agency Child Protection and Safeguarding Children Procedures (Electronic)
- Keeping Children Safe in Education (DfE 2020)
- Keeping Children Safe in Education: information for all school staff (DfE 2020) – Appendix 3
- Working Together to Safeguard Children (DfE 2018)
- The Education (Student Information) (England) Regulations 2015
- Dealing with Allegations of Abuse Against Teachers and non-teaching staff (DfE 2012)
- Counter Terrorism and Security Act 2015

Working Together to Safeguard Children (DfE 2018) requires all schools to follow the procedures for protecting children from abuse, which are established by the Hertfordshire Safeguarding Children Partnership.

The Marlborough Science Academy will have appropriate procedures in place for responding to any situation in which it believes that a child has been abused or is at risk of abuse – these procedures should also cover circumstances in which a member of staff is accused of, or suspected of, abuse.

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

Furthermore Keeping Children Safe in Education (DfE 2020) places the following responsibilities on all schools:

- Staff should be aware of and follow the procedures established by the Hertfordshire Safeguarding Children Partnership.
- Staff should be alert to signs of abuse and know to whom they should report any concerns or suspicions.
- We have procedures (of which all staff are aware) for handling suspected cases of abuse of students, including procedures to be followed if a member of staff is accused of abuse, or suspected of abuse.
- The Designated Senior Lead (referred to in 'Keeping Children Safe in Education (DfE 2020) as Designated Safeguarding Lead') should have responsibility for coordinating action within the school and liaising with other agencies.
- Staff with the designated safeguarding lead should undergo updated child protection training every two years.
- All staff have a responsibility to identify children who would benefit from early help. There are vulnerable children in school and there is a duty of care from all staff to be extra vigilant in ensuring their well-being.
- Staff will be trained to understand the difference between a safeguarding concern and a child in immediate danger of significant risk of harm. Should a member of staff think a child needs early help this information needs to be flagged with the relevant people and recorded – DSL, DoL, SLM and tutor.
- It is a fundamental principle that vulnerable children and those with disabilities have the same rights as all children to be protected from harm and abuse and that standard procedures should be followed for referrals. Whilst guidance does not identify specific groups of children with disabilities particular reference is made to children with speech, language and communication needs. This includes those who use non-verbal means of communication as well as a wider group of children who have difficulties communicating with others.
- The SENCO at Marlborough has responsibility to make these children known to staff and will do so using staff meetings, management briefings, staff room noticeboards and information meetings. Staff will be made aware of particular vulnerabilities and a school culture is in place whereby all students feel safe and secure in talking to staff should they feel vulnerable. All students are seen by a member of the leadership team to ensure that they are safe in 'Learning Counts' meetings and the school ethos is re-

enforced in every school policy, scheme of work and written communications within the school.

Safeguarding Children and Safer Recruitment in Education (DfE 2011) also states:
"Governing bodies and proprietors should ensure that there is an effective child protection policy in place together with a staff behaviour policy (code of conduct). Both should be provided to all staff, including temporary staff and volunteers, on induction. The child protection policy should describe procedures which are in accordance with government guidance and refer to locally agreed inter-agency procedures put in place by the Hertfordshire Safeguarding Children's Board (HSCP) and be updated annually, and be available publicly either via our website or by other means."
The school will liaise with the Virtual Schools headteacher with particular focus on children in care and participate fully in annual reviews regarding said children.

3. THE DESIGNATED SENIOR LEAD

The Safeguarding team in the school consists of four members of staff with the Designated Senior Lead taking responsibility for all Safeguarding concerns across the key stages (including KS5) and makes the final decision on all aspects of safeguarding.

The Designated Senior Lead for Child Protection in this school is:

NAME: James Griggs
Contact: 01727 731333

The Deputy Designated Senior Lead (KS4) for Child Protection in this school is:

NAME: Wendy Aylward
Contact: 01727 731339

The Deputy Designated Senior Lead (KS3) for Child Protection in this school is:

NAME: Myrian Pounnas
Contact: 01727 731386

The Deputy Designated Senior Lead for Child Protection in this school is:

NAME: Louise Bullock
Contact: 01727 731378

The NSPCC whistle blowing number is 0800 028 02 85. This number is available for staff who do not feel able to raise concerns about child protection internally. help@nspcc.org.uk
Children's Services 0300 123 4043

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

Managing referrals

Refer all cases of suspected abuse to the local authority children's social care and:

- Police (cases where a crime may have been committed)
- Liaise with the Headteacher to inform her of issues especially ongoing enquiries under Section 47 of the Children Act 1989 and police investigations
- Act as a source of support, advice and expertise to staff on matters of safety and safeguarding and when deciding whether to make a referral by liaising with relevant agencies

Training

The designated safeguarding lead should receive appropriate training carried out every two years in order to:

- Understand the assessment process for providing early help and intervention, for example through locally agreed common and shared assessment processes such as early help assessments
- Have a working knowledge of how local authorities conduct a child protection case conference and a child protection review conference and be able to attend and contribute to these effectively when required to do so
- Ensure each member of staff has access to and understand the school's child protection policy and procedures, especially new and part time staff
- Be alert to the specific needs of children in need, those with special educational needs and young carers
- Be able to keep detailed, accurate, secure written records of concerns and referrals
- Obtain access to resources and attend any relevant or refresher training courses.
- Encourage a culture of listening to children taking into account their wishes and feelings, so that all staff will act sensitively and be aware of any measures the school may put in place to protect them

Raising Awareness

- The designated safeguarding lead should ensure the school's policies are known and used appropriately
- Ensure the school's child protection policy is reviewed annually and the procedures and implementation are updated and reviewed regularly, and work with governing bodies or proprietors regarding this
- Ensure the child protection policy is available publicly and that parents are aware of the fact that referrals about suspected abuse or neglect may be made, and the role the school plays in this process.
- Link with the local LSCB to make sure staff are aware of training opportunities and the latest policies on safeguarding
- Where children leave school ensure their child protection file is copied for any new school or college as soon as possible but transferred separately from the main student file
- The designated safeguarding lead will provide regular updates and safeguarding bulletins during staff briefing, allowing staff to contribute ideas to the implementation of safeguarding in the school.

4. THE GOVERNING BODY

The Governing Body must ensure that it complies with its duties under legislation. It must also have regard to this guidance to ensure that the policies, procedures and training in our school are effective and comply with the law at all times.

The nominated governor for child protection is:

NAME: Andrea Caldwell
Contact: Via The Marlborough Science Academy 01727 856874

In particular the Governing Body must ensure:

- The responsibilities placed on governing bodies and proprietors include:
  - ~ Their contribution to inter-agency working, which includes providing a coordinated offer of early help when additional needs of children are identified.
  - ~ Ensuring that an effective child protection policy is in place together with a staff behaviour policy.
  - ~ Appointing a designated safeguarding lead who should undergo child protection training every two years.
  - ~ Prioritising the welfare of children and young people and creating a culture where staff are confident to challenge senior leaders over any safeguarding concerns.
  - ~ Making sure that children are taught about how to keep themselves safe.
  - ~ Discharge its responsibilities under the Prevent duty.

5. SCHOOL PROCEDURES – STAFF RESPONSIBILITIES

All staff have a responsibility to keep up to date with their Child Protection and Safeguarding training. All staff **must** read Keeping Children Safe in Education (September 2020 Part 1 and Appendix A), the school's Code of Conduct and the school's Safeguarding Policy. They must sign the school register showing that not only have they read the section, but also that they have understood their duties relating to it.

If any member of staff is concerned about a child he or she must inform the Designated Senior Lead or Deputy Designated Lead.

The member of staff must record information regarding the concerns on the same day. The recording must be a clear, precise, factual account of the observations through MyConcern
The Designated Senior Lead will decide whether the concerns should be referred to Children's Services: Safeguarding and Specialist Services. If it is decided a referral is to be made this will be discussed with the parents, unless to do so would place the child at further risk of harm.

Particular attention will be paid to the attendance and development of any child about whom the school has concerns, or who has been identified as being the subject of a child protection plan and a written record will be kept. Staff should also be aware that DSEN children are particularly

vulnerable and as previously mentioned there is a duty to flag up any concerns about a student who may need early help.

If a student who is/or has been the subject of a child protection plan changes school, the Designated Senior Lead will inform the social worker responsible for the case and transfer the appropriate records to the Designated Senior Lead at the receiving school, in a secure manner, and separate from the child's academic file.
The Designated Senior Lead is responsible for making the senior leadership team aware of trends in behaviour that may affect student welfare. If necessary, training will be arranged.

As a person who works with children, staff have a duty to refer safeguarding concerns to the Designated Senior Lead for child protection. However if:

- Concerns are not taken seriously by an organisation or
- Action to safeguard the child is not taken by professional and
- The child is considered to be at continuing risk of harm

then staff should speak to the DSL or contact Hertfordshire Children's Services (including out of hours) on 0300 123 4043.

If at any point there is a risk of immediate serious harm to a child, a referral should be made to Hertfordshire Safeguarding Children's Partnership immediately if the Designated Senior Lead, Deputy Designated Senior Lead or the Headteacher are not available. The telephone number is 0300 123 4043 which will take the caller through to the Customer Service Centre who in turn will direct the caller to Social Services and the Hertfordshire Safeguarding Children's Partnership. Anybody can make a referral. If the child's situation does not appear to be improving the staff member with concerns should press for reconsideration. Concerns should always lead to help for the child at some point.

If the allegations raised by the staff member are against other children, the school should follow section 4.3 of the Hertfordshire Safeguarding Child Partnership Procedures manual – Children Who Abuse Others

Mandatory Reporting Duty
Section 5B of the Female Genital Mutilation Act 2003 (as inserted by section 74 of the Serious Crime Act 2015 and in force from 31/10/15) places a statutory duty upon **teachers, along with social workers and healthcare professionals, to report to the police** where they discover (either through disclosure by the victim or visual evidence) that FGM appears to have been carried out on a girl under 18. Those failing to report such cases will face disciplinary sanctions. It will be rare for teachers to see visual evidence, and they should not be examining students, but the same definition or what is meant by "to discover that an act of FGM appears to have been carried out" is used for all professional to whom this mandatory reporting duty applies.

6. WHEN TO BE CONCERNED
All staff and volunteers should be aware that the main categories of abuse are:

- Physical abuse
- Emotional abuse
- Sexual abuse

- Neglect
- Peer on Peer abuse
- Honour based violence

All staff and volunteers should be concerned about a child if he/she presents with any indicators of possible significant harm – **see Appendix 2 for details**.

Generally, in an abusive relationship the child may:

- Appear frightened of the parent/s or other household members e.g. siblings or others outside of the home
- Act in a way that is inappropriate to her/his age and development. (full account needs to be taken of different patterns of development and different ethnic groups)
- Display insufficient sense of 'boundaries', lack stranger awareness
- Appear wary of adults and display 'frozen watchfulness'

7. DEALING WITH A DISCLOSURE

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

- Listen to what is being said without displaying shock or disbelief
- Accept what is being said
- Allow the child to talk freely
- Reassure the child, but not make promises which it might not be possible to keep
- Not promise confidentiality – it might be necessary to refer to Children's Services: Safeguarding and Specialist Services
- Reassure him or her that what has happened is not his or her fault
- Stress that it was the right thing to tell
- Listen, only asking questions when necessary to clarify
- Not criticise the alleged perpetrator
- Explain what has to be done next and who has to be told
- Make a written record (see Record Keeping)
- Pass the information to the Designated Senior Lead without delay

Support

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

8. CONFIDENTIALITY

Safeguarding children raises issues of confidentiality that must be clearly understood by all staff/volunteers in schools.

- All Marlborough staff, both teaching and non-teaching staff as well as volunteers have a responsibility to share relevant information about the protection of children with other professionals, particularly the investigative agencies (Children's Services: Safeguarding and Specialist Services and the Police).

- If a child confides in a member of staff/volunteer and requests that the information is kept secret, it is important that the member of staff/volunteer tell the child in a manner appropriate to the child's age/stage of development that they cannot promise complete confidentiality – instead they must explain that they may need to pass information to other professionals to help keep the child or other children safe.
- Staff/volunteers who receive information about children and their families in the course of their work should share that information only within appropriate professional contexts.

9. COMMUNICATIONS WITH PARENTS
The Marlborough Science Academy will:

Ensure the child protection policy is available publicly either via the school website or by other means

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

- The behavioural response it prompts eg a child being subjected to abuse, maltreatment or threats/forced to remain silent if alleged abuser informed;
- Leading to an unreasonable delay;
- Leading to the risk of loss of evidential material;
- Placing a member of staff from any agency at risk

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

10. SEXUAL VIOLENCE AND SEXUAL HARRASSMENT BETWEEN CHILDREN

Sexual violence and sexual harassment is not acceptable and will never be tolerated, or seen as an inevitable part of growing up. All staff are made aware of this through training and will report any incident of sexual violence or harassment to the DSL.

The school will liaise with the Police and children's social care in providing support for both the victim and alleged perpetrator. This support may include;

- Removal of the alleged perpetrator from any shared classes with the victim
- Counselling support
- Work with the interventions officer
- Facilitation of a move to an alternative educational setting should this be requested
- Support from external agencies in agreement with the children involved

The school will also take disciplinary measures in accordance with the behaviour policy unless to do so would impact on an ongoing Police investigation.

11. RECORD KEEPING
When a child has made a disclosure, the member of staff/volunteer should:

- Make brief notes as soon as possible after any conversation. Use Myconcern to inform the DSPs of the disclosure immediately. the school record of concern sheet wherever possible. (pro-forma available in staff room)
- Not destroy the original notes in case they are needed by a court
- Record the date, time, place and any noticeable non-verbal behaviour and the words used by the child
- Draw a diagram Use the body map on MyConcern to indicate the position of any injuries
- Record statements and observations rather than interpretations or assumptions
- All records need to be given to the Designated Senior Lead promptly. No copies should be retained by the member of staff or volunteer.

The Designated Senior Lead will ensure that all safeguarding records are managed in accordance with the Education (Student Information) (England) Regulations 2005.

11. ALLEGATIONS INVOLVING SCHOOL STAFF/VOLUNTEERS

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

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

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

The person to whom an allegation is first reported should take the matter seriously and keep an open mind. S/he should not investigate or ask leading questions if seeking clarification; it is important not to make assumptions. Confidentiality should not be promised, (see section 8 above) and the person should be advised that the concern will be shared on a 'need to know' basis only. Actions to be taken include making an immediate written record of the allegation using the informant's words - including time, date and place where the alleged incident took place, brief details of what happened, what was said and who was present. This record should be signed, dated and immediately passed on to the Headteacher.

If the concerns are about the Headteacher, then the Chair of Governors, Jane Walker-Smith, should be contacted on 01727 856874. In the absence of the Chair of Governors, the Vice Chair, Nicky Mitchell, should be contacted on the same number.

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

The Headteacher will not investigate the allegation itself, or take written or detailed statements, but will assess whether it is necessary to refer the concern to the Local Authority Designated Officer:

Children's Services – 0300 123 4043
SOOHS (Out of Hours Service – Children's Services) – 0300 123 40403

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

If it is decided that the allegation meets the threshold for safeguarding, this will take place in accordance with section 4.1 of the Hertfordshire Safeguarding Children Board Inter-agency Child Protection and Safeguarding Children Procedures.

If it is decided that the allegation does not meet the threshold for safeguarding, it will be handed back to the employer for consideration via the school's internal procedures.

The Headteacher should, as soon as possible, **following briefing** from the Local Authority Designated Officer inform the subject of the allegation.

For further information see:
HSCB Inter-agency Child Protection and Safeguarding Children Procedures (2010)
Section 4.1 Managing Allegations Against Adults who work with Children and Young People

Appendix 1
The Role of the Marlborough DSL

The broad areas of responsibility for the designated safeguarding lead are.

Managing Referrals

- Refer all cases of suspected abuse to the local authority children's social care
- Disclosure and barring service cases where a person is dismissed or left due to risk/harm to a child.
- Police cases where a crime may have been committed.
- Liaise with headteacher to inform her of issues especially on-going enquires under section 47 of the Children Act 1989 and police investigations.
- Act as a source of support, advice and expertise to staff on matters of safety and safeguarding and then deciding whether to make a referral by liaising with relevant agencies.

Training

- The designated safeguarding lead should receive appropriate training carried out every 2 years in order to understand the assessment process.
- Have a working knowledge of how local authorities conduct a child protection case conference and a child protection review conference and be able to attend and contribute to these effectively when required to do so.
- Ensure every member of staff has access to and understands the school child protection/safeguarding policy especially new or part time staff who may arrive from different educational establishments.
- Ensure each member of staff has access to and understand the school's child protection policy and procedures especially new and part – time staff.
- Be alert to the specific needs of children in need, those with DSEN requirements and young carers.
- Obtain access to resources and attend any relevant or refresher training courses.

Raising Awareness

- The Designated Safeguarding Lead should ensure the school policies are known and used appropriately.
- Ensure the school's child protection policy is reviewed annually and the procedures and implementation are updated and reviewed regularly, working with the school governors regarding this.
- Ensure the child protection policy is available publically and parents are aware of the fact that referrals about suspected abuse or neglect may be made and the role of the school in this.
- Link with HFL to make sure staff are aware of training opportunities and the latest policies on safeguarding.
- Where children leave the school ensure their child protection file is transferred to the new school or college as soon as possible. This should be transferred separately from the main student file exchange ensuring secure transfer and confirmation of a receipt should be obtained.

APPENDIX 2
INDICATORS OF HARM

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

INDICATORS IN THE CHILD

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

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

Fractures
Fractures may cause pain, swelling and discolouration over a bone or joint. It is unlikely that a child will have had a fracture without the carers being aware of the child's distress. If the child is not using a limb, has pain on movement and/or swelling of the limb, there may be a fracture.
There are grounds for concern if:

- The history provided is vague, non-existent or inconsistent
- There are associated old fractures
- Medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement

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

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

Mouth Injuries
Tears to the frenulum (tissue attaching upper lip to gum) often indicates force feeding. There is often finger bruising to the cheeks and around the mouth. Rarely, there may also be grazing on the palate.

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

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

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

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

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

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

A child getting into too hot water of his or her own accord will struggle to get out and there will be splash marks

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

Emotional/behavioural presentation:

- Refusal to discuss injuries
- Admission of punishment which appears excessive
- Fear of parents being contacted and fear of returning home
- Withdrawal from physical contact
- Arms and legs kept covered in hot weather
- Fear of medical help
- Aggression towards others
- Frequently absent from school
- An explanation which is inconsistent with an injury
- Several different explanations provided for an injury

Indicators in the parent

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

Indicators in the family/environment

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

EMOTIONAL ABUSE

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.

It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.

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

It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.

Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Indicators in the child:

- Developmental delay
- Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or no attachment
- Aggressive behaviour towards others
- Child scapegoated within the family
- Frozen watchfulness, particularly in pre-school children
- Low self esteem and lack of confidence
- Withdrawn or seen as a 'loner' - difficulty relating to others
- Over-reaction to mistakes
- Fear of new situations
- Inappropriate emotional responses to painful situations
- Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)
- Self harm
- Fear of parents being contacted
- Extremes of passivity or aggression
- Drug/solvent abuse
- Chronic running away
- Compulsive stealing
- Low self-esteem
- Air of detachment – 'don't care' attitude
- Social isolation – does not join in and has few friends
- Depression, withdrawal
- Behavioural problems e.g. aggression, attention seeking, hyperactivity, poor attention
- Low self esteem, lack of confidence, fearful, distressed, anxious
- Poor peer relationships including withdrawn or isolated behaviour

Indicators in the parent

- Domestic abuse, adult mental health problems and parental substance misuse may be features in families where children are exposed to abuse.
- Abnormal attachment to child e.g. overly anxious or disinterest in the child

- Scapegoats one child in the family
- Imposes inappropriate expectations on the child e.g. prevents the child's developmental exploration or learning, or normal social interaction through overprotection.
- Wider parenting difficulties may (or may not) be associated with this form of abuse.

Indicators of in the family/environment

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

NEGLECT

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.

<u>Indicators in the child:</u>

Physical presentation

- Failure to thrive or, in older children, short stature
- Underweight
- Frequent hunger
- Dirty, unkempt condition
- Inadequately clothed, clothing in a poor state of repair
- Red/purple mottled skin, particularly on the hands and feet, seen in the winter due to cold
- Swollen limbs with sores that are slow to heal, usually associated with cold injury
- Abnormal voracious appetite
- Dry, sparse hair
- Recurrent / untreated infections or skin conditions e.g. severe nappy rash, eczema or persistent head lice / scabies/ diarrhoea
- Unmanaged / untreated health / medical conditions including poor dental health
- Frequent accidents or injuries

Development

- General delay, especially speech and language delay

- Inadequate social skills and poor socialization

Emotional/behavioural presentation

- Attachment disorders
- Absence of normal social responsiveness
- Indiscriminate behaviour in relationships with adults
- Emotionally needy
- Compulsive stealing
- Constant tiredness
- Frequently absent or late at school
- Poor self esteem
- Destructive tendencies
- Thrives away from home environment
- Aggressive and impulsive behaviour
- Disturbed peer relationships
- Self-harming behaviour

Indicators in the parent

- Dirty, unkempt presentation
- Inadequately clothed
- Inadequate social skills and poor socialisation
- Abnormal attachment to the child .e.g. anxious
- Low self esteem and lack of confidence
- Failure to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene
- Failure to meet the child's health and medical needs e.g. poor dental health; failure to attend or keep appointments with health visitor, GP or hospital; lack of GP registration; failure to seek or comply with appropriate medical treatment; failure to address parental substance misuse during pregnancy
- Child left with adults who are intoxicated or violent
- Child abandoned or left alone for excessive periods
- Wider parenting difficulties, may (or may not) be associated with this form of abuse

Indicators in the family/environment

- History of neglect in the family
- Family marginalised or isolated by the community.
- Family has history of mental heath, alcohol or drug misuse or domestic violence.
- History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
- Family has a past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.
- Dangerous or hazardous home environment including failure to use home safety equipment; risk from animals
- Poor state of home environment e.g. unhygienic facilities, lack of appropriate sleeping arrangements, inadequate ventilation (including passive smoking) and lack of adequate heating
- Lack of opportunities for child to play and learn

Peer on Peer Abuse.

Definition
There is no clear boundary between incidents that should be regarded as abusive and incidents that are more properly dealt with as bullying and sexual experimentation, this should not be regarded as banter and it is wise to use one's professional judgement.

If one child or young person causes harm to another this should not necessarily be dealt with as abuse, bullying, fighting and harassment between children are not generally seen as child protection issues, however, it may be appropriate to regard a young person's behaviour as abusive if,

- There is a large difference in power (for example age, size, ability development) between the young people concerned or
- The perpetrator has repeatedly tried to harm one or more children or
- There are concerns about the intention of the alleged perpetrator. If the evidence suggests that there was an intention to cause serious harm to the victim this should be regarded as abusive whether or not severe harm was caused.

How Peer to Peer abuse occurs

- Impulsive offense
- Acting in the moment
- Can happen during times of stress or anger

Students at high risk of offending

- Exhibit sexualised behaviour
- Uses sexually explicit behaviours
- Taunts or harasses other students
- Displays anger or aggression
- Violates other's boundaries
- Avoids suspicion
- Dominates other youths
- Youths with clinical disorders.

Students at higher risk of victimisation

- Smaller and / or bigger
- Lonely, quiet or shy
- With physical, developmental or intellectual disability
- Inadequate in sports or other recreational activities
- Treated differently by adults
- Considered an outsider by peers.

Warning signs in individual behaviours

- Changes in demeanour
- Sudden reluctance or refusal to participate or engage
- Avoiding other students or teachers.
- Avoiding group activities
- Clinging to adults or certain routines.
- Seeking constant supervision.
- Decline in performance.
- Unexplained injuries.
- Vague disclosures.
- Reluctance or refusal of routine activities.
- Sudden development of sexualised behaviour.

'SEXTING or YOUTH PRODUCED SEXUAL IMAGERY'

Whilst there is no clear definition for what is considered 'Sexting' the Academy will intervene and investigate any of the following disclosures or incidents.

- Sending or posting sexually suggestive images, including nude or semi-nude photographs.
- Writing and sharing explicit messages

The Academy recognises that 'Sexting' is first and foremost a Safeguarding issue that will be investigated and then passed onto the Police.

In the case of 'Youth produced sexual imagery' the following things will be considered;

- That the image is clearly sexual rather than indecent.
- That the person is under the age of 18 and therefore considered a youth.
- That the term Imagery covers both photos and videos.

In the event of 'Youth produced sexual images' the Academy will take advice from the Police at the discretion of the DSL and sanctions or Police involvement will then be decided upon dependant on the incident. A safeguarding referral will be made regardless.

Further information and guidance relating to Sexting and Youth produced sexual imagery can be found in the UKCCSI Guidance 'Sexting in schools and Colleges (2016)

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.

Child Sexual Exploitation

Child sexual exploitation (CSE) involves exploitative situation, contexts and relationships where young people receive something (for example food, accommodation, drugs, alcohol, gifts, money or in some cases simply affection) as a result of engaging in sexual activities. Sexual exploitation can take many forms ranging from the seemingly 'consensual' relationship where sex is exchanged for affection or gifts, to serious organised crime by gangs and groups. What marks out exploitation is an imbalance of power in the relationship. The perpetrator always holds some kind of power over the victim, which increases as the exploitative relationship develops. Sexual exploitation involves varying degrees of coercion, intimidation or enticement, including unwanted pressure from peers to have sex, sexual bullying including cyberbullying and grooming. However, it is also important to recognise that some young people who are being sexually exploited do not exhibit any external signs of this abuse **(Keeping Children Safe in Education – DfE, 2016)**.

<u>Indicators in the child:</u>

Physical presentation

- Urinary infections, bleeding or soreness in the genital or anal areas
- Recurrent pain on passing urine or faeces
- Blood on underclothes
- Sexually transmitted infections
- Vaginal soreness or bleeding
- Pregnancy in a younger girl where the identity of the father is not disclosed and/or there is secrecy or vagueness about the identity of the father
- Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing

Emotional/behavioural presentation

- Makes a disclosure.
- Demonstrates sexual knowledge or behaviour inappropriate to age/stage of development, or that is unusually explicit
- Inexplicable changes in behaviour, such as becoming aggressive or withdrawn
- Self-harm - eating disorders, self mutilation and suicide attempts
- Poor self-image, self-harm, self-hatred

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

Indicators in the parents

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

Indicators in the family/environment

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

FGM

There are a range of potential indicators that a child or young person may be at risk of FGM, which individually may not indicate a risk but if there are two or more indicators present this could signal a risk to the young person.

Specific factors that may heighten a girl's or woman's risk of being affected by FGM.

- The position of the family and level of integration within UK society; the less integrated are more likely to carry out FGM.
- Any girl born to a woman who has been subjected to FGM
- Any girl who has a sister who has already undergone FGM
- Any girl withdrawn from PSHE may be at risk as a result of parents wishing to keep her uninformed.

Indications that FGM is about to take place.

- Families will practise FGM when a female elder is around, particularly when visiting from the country of origin.
- A professional may hear reference to FGM in a conversation.
- A girl may confide that she is to have a special procedure or attend a special occasion.

- A girl may request help from a teacher or other adult if she is aware or suspects that she is at immediate risk.
- Parents state that they or a relative will take the child out of the country for a prolonged period.
- A girl may talk about a prolonged holiday to her country of origin where the practice is prevalent.
- Parents seeking to withdraw their children from learning about FGM.

Indications that FGM may have already taken place.

- A girl or woman may have difficulty walking or standing and may even look uncomfortable.
- A girl or woman may spend longer than normal in the bathroom or toilet due to difficulties urinating. A girl may spend long periods away from the classroom during the day with bladder or menstrual problems.
- A girl may have frequent urinary, menstrual or stomach problems.
- There may be prolonged or repeated absences from school.
- A prolonged absence from school with noticeable behaviour changes on the girls return to school could be an indication of FGM.
- A girl or woman may be particularly reluctant to undergo normal medical examinations.
- A girl or woman may confide in a teacher or other adult.
- A girl or woman 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 the legs.

APPENDIX 3
USEFUL LINKS AND FURTHER INFORMATION

Keeping Children Safe in Education
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/912593/Keeping_children_safe_in_education_part_1_Sep_2020.pdf

Working together to Safeguard children

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard-Children.pdf

Hertfordshire Safeguarding Children Partnership Procedures Manual

https://hertsscb.proceduresonline.com/chapters/contents.html

Monitoring, Evaluation and Review
The Governing Body will review this policy at least every two years and assess its implementation and effectiveness. The policy will be promoted and implemented throughout the Academy.

Policy Review
The Governing Body on an annual basis or when amendments arise will review this policy in full.
The policy was last adopted and agreed by the Governing Body on 6th December 2018
It is due for review in September 2020.

Signature Date:
Headteacher

Signature Date:
Chair of Governors

Signature Date:
DSL

Signature Date:
Deputy DSL