**Silver Birch School**

**Child protection policy**

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# 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.

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 Selection and Recruitment Policy, Behaviour Policy, Physical Intervention Policy and Anti-Bullying Policy.

**Purpose of a Child** To inform staff, parents, volunteers and governors about the

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| **Protection Policy**    **Safeguarding Children** **Board, Inter-agency Child** **Protection and** **Safeguarding Children** **Procedures**    | school's responsibilities for safeguarding children. To enable everyone to have a clear understanding of how these responsibilities should be carried out.  The school follows the procedures established by the Safeguarding Children Board; a guide to procedure and practice for all agencies in working with children and their families.  |
| **School Staff &** **Volunteers**          **Mission Statement**    | 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 safeguarding children training, 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. This training is refreshed every three years. It is good practice for the Designated Senior Person to deliver an annual update.  Establish and maintain an environment where children feel secure, 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 well being of a child.  |

Ensure children know that there are adults in the school whom they can approach if they are worried.

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

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

Contribute to the five Every Child Matters Outcomes:

* Be healthy
* Stay safe
* Enjoy and achieving
* Make a positive contribution
* Achieve economic well-being

# 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)
* HSCB inter-agency Child Protection and Safeguarding Children Procedures (2010)
* Keeping Children Safe in Education’ (2015)
* Working together to safeguard Children (HM Government 2010)

Working Together to Safeguard Children (HM Government 2010) requires all schools to follow the procedures for protecting children from abuse which are established by the Birmingham Safeguarding Children Board. Schools are also expected to ensure that they have appropriate procedures in place for responding to situations in which they believe that a child has been abused or are at risk of abuse - these procedures should also cover circumstances in which a member of staff is accused of, or suspected of, abuse.

Keeping Children Safe in Education’ (2014) places the following responsibilities on all schools:

* Schools should be aware of and follow the procedures established by the Birmingham Safeguarding Children Board
* Staff should be alert to signs of abuse and know to whom they should report any concerns or suspicions
* Schools should have procedures (of which all staff are aware) for handling suspected cases of abuse of pupils, including procedures to be followed if a member of staff is accused of abuse, or suspected of abuse
* A Designated Senior Person should have responsibility for co-coordinating action within the school and liaising with other agencies
* Staff with designated responsibility for child protection should receive appropriate training

Keeping Children Safe in Education’ (2014) also states:

**"All parents need to understand that schools and FE colleges have a duty to safeguard and promote the welfare of children who are their pupils or students, that this responsibility necessitates a child protection policy and procedures, and that a school or FE college may need to share information and work in partnership with other agencies when there are concerns about a child's welfare."**

3. **THE DESIGNATED SENIOR PERSON**

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

# Noel Thomas

It is the role of the Designated Senior Person for Child Protection to:

* Ensure that he/she receives refresher training at two yearly intervals to keep his or her knowledge and skills up to date
* Ensure that all staff who work with children undertake appropriate training to equip them to carry out their responsibilities for safeguarding children effectively and that this is kept up to date by refresher training at three yearly intervals
* the school operates safer recruitment procedures by ensuring that there is at least one person on every recruitment panel has completed Safer Recruitment training
* Ensure that new staff receive a safeguarding children induction within 7 working days of commencement of their contract
* Ensure that temporary staff and volunteers are made aware of the school's arrangements for safeguarding children within 7 working days of their commencement of work.
* Ensure that the school operates within the legislative framework and recommended guidance
* Ensure that all staff and volunteers are aware of the HSCB Inter-agency Child Protection and Safeguarding Children Procedures
* Ensure that the Principal is kept fully informed of any concerns
* Develop effective working relationships with other agencies and services
* Decide upon the appropriate level of response to specific concerns about a child e.g. discuss with parents, offer an assessment under the Common Assessment Framework (CAF) or refer to Children, Schools and Families social care.
* Liaise and work with CSF social care teams over suspected cases of child abuse
* Ensure that accurate safeguarding records relating to individual children are kept separate from the academic file in a secure place, marked 'Strictly Confidential' and are passed securely should the child transfer to a new provision

■ Submit reports to ensure the school’s attendance at child protectionconferences and contribute to decision making and delivery of actions planned to safeguard the child

* Ensure that the school effectively monitors children about whom there are concerns, including notifying CSF social care when there is an unexplained absence of more than two days for a child who is the subject of a child protection plan
* Provide guidance to parents, children and staff about obtaining suitable support

# 4. THE GOVERNING BODY

The Governing Body have overall responsibility for ensuring that there are sufficient measures in place to safeguard the children in their establishment. It is recommended that a nominated governor for child protection is appointed to take lead responsibility.

The nominated governor for child protection is **Angela Solomon.**

In particular the Governing Body must ensure:

* Child protection policy and procedures
* Safe recruitment procedures
* Appointment of a DSP who is a senior member of school leadership team
* Relevant safeguarding children training for school staff/volunteers is attended
* Safe management of allegations
* Deficiencies or weaknesses in safeguarding arrangements are remedied without delay
* A member of the Governing Body (usually the Chair) is nominated to be responsible in the event of an allegation of abuse being made against the Principal
* Safeguarding policies and procedures are reviewed annually and information provided to the local authority about them and about how the above duties have been discharged

# 5. SCHOOL PROCEDURES - STAFF RESPONSIBILITIES

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

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. (Pro-forma is available on the Birmingham Grid for Learning).

The Designated Senior Person will decide whether the concerns should be referred to CSF social care. If it is decided to make a referral to CSF social care this will be done with prior discussion

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.

If a pupil who is/or has been the subject of a child protection plan changes school, the Designated Senior Person will inform the social worker responsible for the case and transfer the appropriate records to the Designated Senior Person at the receiving school, in a secure manner, and separate from the child's academic file.

# 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

All staff and volunteers should be concerned about a child if he/she presents with indicators of possible significant harm - **see Appendix 1 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 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 Schools and Families
* 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 Person 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 Person.

# 8. CONFIDENTIALITY

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

* All staff in schools, both teaching and non-teaching staff, have a responsibility to share relevant information about the protection of children with other professionals, particularly the investigative agencies (CSF social care 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. COMMUNICATION WITH PARENTS

Silver BirchSchool will:

Undertake appropriate discussion with parents prior to involvement of another agency unless to do so would place the child at further risk of harm.

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

# 10. RECORDKEEPING

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

* Make brief notes as soon as possible after the conversation. Use the school Child

Protection Concern Report sheet wherever possible,

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* 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 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 Person promptly. No copies should be retained by the member of staff or volunteer.

# 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 toward a child in a way which indicates s/he is unsuitable to work with children

This applies to any child the member of staff/volunteer has contact with in the 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 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 a written record of the allegation using the informant's words - including time, date and place where the alleged incident took place, what was said and anyone else present. This record should be signed and dated and immediately passed on to the Principal.

If the concerns are about the Principal, then the Chair of Governors should be contacted. The Chair of Governors in this school is:

NAME: CONTACT NUMBER:

Angela Solomon 0121 303 1888

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 Principal will not investigate the allegation itself, or take written or detailed statements, but will assess whether it is necessary to refer the concern to CSF social care in consultation with the Local Authority Designated Officer (0121 303 3360).

If it is decided that the allegation meets the threshold for further action through the HSCB Inter-agency Child Protection and Safeguarding Children Procedures, the Principal must immediately make a referral to CSF social care on 0121 303 3360.

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If it is decided that the allegation does not meet the threshold for referral to CSF social care, the Principal and Local Authority Designated Officer will consider the appropriate course of action, e.g. joint evaluation meeting, internal investigation.

The Principal 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 4.1.1 Managing Allegations Against Adults who work with Children and Young People

**APPENDIX 1 - 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

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

# Poisoning

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

# Fabricated or Induced Illness

Professionals maybe 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 heath
* Non organic failure to thrive - a child does not put on weight and grow and there is no underlying medical cause
* Speech, language or motor developmental delays
* Dislike of close physical contact
* Attachment disorders
* Low self esteem
* Poor quality or no relationships with peers because social interactions are restricted
* Poor attendance at school and under-achievement **Bite Marks**

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

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

It can be difficult to distinguish between accidental and non-accidental burns and scalds. Scalds are the most common intentional burn injury recorded. Any burn with a clear outline may be suspicious e.g. circular burns from cigarettes, linear burns from hot metal rods or electrical fire elements, burns of uniform depth over a large area, scalds that have a line indicating immersion or poured liquid.

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

The following points are also worth remembering:

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

# Scars

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

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# Emotional/behavioural presentation

Refusal to discuss injuries

Admission of punishment which appears excessive

Fear of parents being contacted and fear of returning home

Withdrawal from physical contact

Arms and legs kept covered in hot weather

Fear of medical help

Aggression towards others

Frequently absent from school

An explanation which is inconsistent with an injury

Several different explanations provided for an injury

## Indicators in the parent

May have injuries themselves that suggest domestic violence

Not seeking medical help/unexplained delay in seeking treatment

Reluctant to give information or mention previous injuries

Absent without good reason when their child is presented for treatment

Disinterested or undisturbed by accident or injury

Aggressive towards child or others

Unauthorised attempts to administer medication Tries to draw the child into their own illness.

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

Parent/carer may be over involved in participating in medical tests, taking temperatures and measuring bodily fluids

Observed to be intensely involved with their children, never taking a much needed break nor allowing anyone else to undertake their child's care. May appear unusually concerned about the results of investigations which may indicate physical illness in the child Wider parenting difficulties, may (or may not) be associated with this form of abuse.

Parent/carer has convictions for violent crimes.

**Indicators in the family/environment**

Marginalised or isolated by the community

History of mental health, alcohol or drug misuse or domestic violence

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

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

# EMOTIONAL ABUSE

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 chid e.g. overly anxious or disinterest in the child Scapegoats one child in the family Imposes inappropriate expectations on the child e.g. prevents the child's developmental exploration or learning, or normal social interaction through overprotection.

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

**Indicators of in the family/environment**

Lack of support from family or social network.

Marginalised or isolated by the community.

History of mental health, alcohol or drug misuse or domestic violence.

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

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

# NEGLECT

Neglect is the persistent failure to meet a child's basic physical and/or psychologicalneeds, likely to result in the serious impairment of the child's health or development. Neglect mayoccur during pregnancy as a result of maternal substanceabuse.

Once a child is born, neglect may involve a parent or carer failingto:

* 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 caregivers); or
* ensure access to appropriate medical care or treatment.

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

**Indicators in the child**

# Physical presentation

Failure to thrive or, in older children, short stature Underweight Frequent hunger Dirty, unkempt condition inadequately clothed, clothing in a poor state of repair

Red/purple mottled skin, particularly on the hands and feet, seen in the winter due to cold Swollen limbs with sores that are slow to heal, usually associated with cold injury

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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

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

Child left with adults who are intoxicated or violent

Child abandoned or left alone for excessive periods

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

**indicators in the family/environment**

History of neglect in the family

Family marginalised or isolated by the community.

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

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

Poor state of home environment e.g. unhygienic facilities, lack of appropriate sleeping arrangements, inadequate ventilation (including passive smoking) and lack of adequate heating Lack of opportunities for child to play and learn

# SEXUAL ABUSE

**Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening.**

# The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual

**activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.**

**Indicators in the child**

# Physical presentation

Urinary infections, bleeding or soreness in the genital or anal areas Recurrent pain on passing urine or faeces Blood on underclothes Sexually transmitted infections Vaginal soreness or bleeding

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

Physical symptoms such as injuries to the genital or anal area, bruising to

buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing

**Emotional/behavioural presentation** Makes a disclosure.

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

Inexplicable changes in behaviour, such as becoming aggressive or withdrawn

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

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

Reluctant to undress for PE

Running away from home

Poor attention / concentration (world of their own)

Sudden changes in school work habits, become truant

Withdrawal, isolation or excessive worrying

Inappropriate sexualised conduct

Sexually exploited or indiscriminate choice of sexual partners Wetting or other regressive behaviours e.g. thumb sucking Draws sexually explicit pictures Depression

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**Indicators in the parents**

Comments made by the parent/carer about the child. Lack of sexual boundaries

Wider parenting difficulties or vulnerabilities, may (or may not) be associated with this form of abuse Grooming behaviour Parent is a sex offender

**Indicators in the family/environment**

Marginalised or isolated by the community.

History of mental health, alcohol or drug misuse or domestic violence.

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

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

Child Sexual Exploitation

The following list of indicators is not exhaustive or definitive but it does highlight common signs which can assist professionals in identifying children or young people who may be victims of sexual exploitation.

Signs include:

* underage sexual activity
* inappropriate sexual or sexualised behaviour
* sexually risky behaviour, 'swapping' sex
* repeat sexually transmitted infections
* in girls, repeat pregnancy, abortions, miscarriage
* receiving unexplained gifts or gifts from unknown sources
* having multiple mobile phones and worrying about losing contact via mobile
* having unaffordable new things (clothes, mobile) or expensive habits (alcohol, drugs)
* changes in the way they dress
* going to hotels or other unusual locations to meet friends
* seen at known places of concern
* moving around the country, appearing in new towns or cities, not knowing where they are
* getting in/out of different cars driven by unknown adults
* having older boyfriends or girlfriends
* contact with known perpetrators
* involved in abusive relationships, intimidated and fearful of certain people or situations • hanging out with groups of older people, or anti-social groups, or with other vulnerable peers
* associating with other young people involved in sexual exploitation
* recruiting other young people to exploitative situations
* truancy, exclusion, disengagement with school, opting out of education altogether
* unexplained changes in behaviour or personality (chaotic, aggressive, sexual)
* mood swings, volatile behaviour, emotional distress
* self-harming, suicidal thoughts, suicide attempts, overdosing, eating disorders
* drug or alcohol misuse
* getting involved in crime
* police involvement, police records
* involved in gangs, gang fights, gang membership
* injuries from physical assault, physical restraint, sexual assault.

Appendix two

**Forced Marriage (FM)**

This is an entirely separate issue from arranged marriage. It is a human rights abuse and falls within the Crown Prosecution Service definition of domestic violence. Young men and women can be at risk in affected ethnic groups. Whistle-blowing may come from younger siblings. Other indicators may be detected by changes in adolescent behaviours. Never attempt to intervene directly as a school or through a third party.

**Female Genital Mutilation (FGM)**

It is essential that staff are aware of FGM practices and the need to look for signs, symptoms and other indicators of FGM.

What is FGM?

It involves procedures that intentionally alter/injure the female genital organs for non-medical reasons.

4 types of procedure:

Type 1 Clitoridectomy – partial/total removal of clitoris

Type 2 Excision – partial/total removal of clitoris and labia minora

Type 3 Infibulation entrance to vagina is narrowed by repositioning the inner/outer labia Type 4 all other procedures that may include: pricking, piercing, incising, cauterising and scraping the genital area.

Why is it carried out?

Belief that:

* FGM brings status/respect to the girl – social acceptance for marriage
* Preserves a girl’s virginity
* Part of being a woman / rite of passage
* Upholds family honour
* Cleanses and purifies the girl
* Gives a sense of belonging to the community
* Fulfils a religious requirement
* Perpetuates a custom/tradition
* Helps girls be clean / hygienic
* Is cosmetically desirable
* Mistakenly believed to make childbirth easier

Is FGM legal?

FGM is internationally recognised as a violation of human rights of girls and women. It is illegal in most countries including the UK.

Circumstances and occurrences that may point to FGM happening

* Child talking about getting ready for a special ceremony
* Family taking a long trip abroad
* Child’s family being from one of the ‘at risk’ communities for FGM (Kenya, Somalia,

Sudan, Sierra Leon, Egypt, Nigeria, Eritrea as well as non-African communities including

Yemeni, Afghani, Kurdistan, Indonesia and Pakistan)

* Knowledge that the child’s sibling has undergone FGM
* Child talks about going abroad to be ‘cut’ or to prepare for marriage

Signs that may indicate a child has undergone FGM:

* Prolonged absence from school and other activities
* Behaviour change on return from a holiday abroad, such as being withdrawn and appearing subdued
* Bladder or menstrual problems
* Finding it difficult to sit still and looking uncomfortable
* Complaining about pain between the legs
* Mentioning something somebody did to them that they are not allowed to talk about
* Secretive behaviour, including isolating themselves from the group
* Reluctance to take part in physical activity
* Repeated urinal tract infection
* Disclosure

The ‘One Chance’ rule

As with Forced Marriage there is the ‘One Chance’ rule. It is essential that settings /schools/colleges take action without delay.

 **Radicalisation and Prevent**

 Radicalisation is defined as the process by which people come to support terrorism and violent extremism and, in some cases, to then participate in terrorist groups. The process of radicalisation is different for every individual and is a process, not a one off event; it can take place over an extended period or within a very short time frame. It is important that staff are able to recognise possible signs and indicators of radicalisation. Children and young people may be vulnerable to exposure or involvement with groups or individuals who advocate violence as a means to a political or ideological end. From more than 4,000 referrals to the Channel process (A multi-agency safeguarding programme to identify and support people at risk of radicalisation) more than half of the concerns raised are about children. Children and young people can be drawn into violence or they can be exposed to the messages of extremist groups by many means. These can include family members or friends, direct contact with members groups and organisations or, increasingly, through the internet, including through social media sites. This can put children and young people at risk of being drawn into criminal activity and has the potential to cause significant harm. Examples of extremist causes that have used violence to achieve their ends include animal rights, the far right (UK) and international terrorist organisations such as Al Qaeda and the Islamic State.

* Potential indicators identified include:
* Use of inappropriate language
* Possession of violent extremist literature
* Changes in behaviour, language, clothing or appearance
* The expression of extremist views
* Advocating violent actions and means
* Association with known extremists
* Seeking to recruit others to an extremist ideology

 PREVENT is part of the UK’s counter terrorism strategy, it focusses on supporting and protecting vulnerable individuals who may be at risk of being exploited by radicalisers and subsequently drawn into terrorist related activity. PREVENT is not about race, religion or ethnicity, the programme is to prevent the exploitation of susceptible people. Responding to concerns If staff are concerned about a change in the behaviour of an individual or see something that concerns them (this could be a colleague too) they should seek advice appropriately with the designated safeguarding lead who should contact the Local Authority and Multi Agency Safeguarding Hub. PREVENT does not require staff to do anything in addition to their normal duties, what is important is that if staff are concerned that someone is being exploited in this way they have the confidence to raise these concerns. The Education & Early Years Child Protection Team and the PREVENT lead can advise and identify local referral pathways. Effective early help relies on all staff to be vigilant and aware of the nature of the risk for children and young people, and what support may be available.

#  E-Safety

Most of our children will use mobile phones and computers at some time. They are a source of fun, entertainment, communication and education. However, we know that some men, women and young people will use these technologies to harm children. The harm might range from sending hurtful or abusive texts and emails, to enticing children to engage in sexually harmful conversations, webcam photography or face-to-face meetings. The school’s e-safety policy explains how we try to keep children safe in school. Cyber-bullying by children, via texts and emails, will be treated as seriously as any other type of bullying and will be managed through our anti-bullying procedures.

Chat rooms and social networking sites are the more obvious sources of inappropriate and harmful behaviour and children are not allowed to access these sites whilst in school. Some children will undoubtedly be ‘chatting’ on mobiles or social networking sites at home and we have a short factsheet to help parents and children understand the possible risks

# Child Missing from Education

 All children, regardless of their circumstances, are entitled to a full time education which is suitable to their age, ability, aptitude and any special educational needs they may have. Local authorities have a duty to establish, as far as it is possible to do so, the identity of children of compulsory school age who are missing education in their area The law requires all schools to have an admission register and, with the exception of schools where all pupils are boarders, an attendance register. All pupils must be placed on both registers .Children missing education may be an indicator of abuse.

 We will inform the local authority and referrer of any pupil who is going to be deleted from the admission register where they:

* have been taken out of school by their parents and are being educated outside the school system e.g. home education; •
* have ceased to attend school and no longer live within reasonable distance of the school at which they are registered;
* are in custody for a period of more than four months due to a final court order and the proprietor does not reasonably believe they will be returning to the school at the end of that period

We are required to inform the local authority of any child that is absent from education for 10 days or more.

Child Sexual Exploitation

Child sexual exploitation (CSE) involves exploitative situations, 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 also important to recognise that some young people who are being sexually exploited do not exhibit any external signs of this abuse.