



Child Protection & Safeguarding Policy

Oliver Goldsmith Primary

"Inspiring a love of learning."

Date Ratified: September 2020

Date to be reviewed: September 2021



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| Role | Person |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| Designated Safeguarding Lead (DSL) | Zakiya Dean (DH) |
| Deputy Designated Safeguarding Leads (DDSL) | James Simmons (HT) Annette McAndrew (AHT) – currently on maternity leave and will return in April 2021 |
| Safeguarding and Child Protection Governor | Nick Rozanski |
| Local Authority Designated Officer (LADO) and Brent Family Front Door (Social Services) | Yvonne Prince email: family.frontdoor@brent.gov.uk Tel: 020 8937 4300 - Option 1 |
| Chair of Governors | Hannah Panayiotou |

1. Introduction

- 1.1 Safeguarding and promoting the welfare of children is defined as (KCSiE 2020):
- protecting children from maltreatment;
 - preventing impairment of children’s mental and physical health or development;
 - ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
 - taking action to enable all children to have the best outcomes.
- 1.2 Promoting the welfare of pupils – spiritual, moral, mental, emotional and physical – is central to all the work that the school undertakes. Children fail to succeed if they are unsafe or feel that they are unsafe. Accordingly, this policy on safeguarding and child protection aims to take all the measures necessary to protect the pupils in our care and create a culture of vigilance.
- 1.3 The governors and staff of Oliver Goldsmith Primary School fully recognise the contribution it makes to safeguarding children. **All staff**, including volunteers, have a full and active part to play in protecting our pupils from harm.
- 1.4 All staff and governors believe that our school should provide a caring, positive, safe and stimulating environment, which promotes the development of the individual child.
- 1.5 The aims of this policy are to:
- Support children’s development in ways that will foster security, confidence and independence;
 - Raise the awareness of teaching, administrative and support staff of the need to safeguard children and of their responsibilities in identifying and reporting possible cases of abuse;
 - Provide a systematic means of monitoring children known or thought to be at risk of harm;
 - Emphasise the need for good levels of communication among all members of staff;
 - Develop a structured procedure within the school which will be followed by all members of the school community in cases of suspected abuse;
 - Develop and promote effective working relationships with other agencies, especially the Police and Social Services;
 - Ensure that all adults within our school, who have access to children, have been checked as to their suitability.

This policy reflects these key documents:

1. Keeping Children Safe in Education (KCSiE) September 2020
2. Working Together to Safeguard Children July 2018
3. Sexual Violence and Sexual Harassment between Children in Schools and Colleges May 2018



4. Information sharing (advice for practitioners providing safeguarding services to children, young people, parents and carers) July 2018
5. Child Sexual Exploitation February 2017
6. Children Missing in Education September 2016
7. The Prevent Duty June 2015
8. What to do if you're worried a child is being abused March 2015
9. Sexting in schools and colleges (UKCCIS)
10. Criminal Exploitation of children and vulnerable adults: County Lines Guidance July 2017

2. Procedures

2.1 Our school procedures for safeguarding children are in line with the Local Authority's (LA) and Local Safeguarding Children's Board's (LSCB) procedures.

2.2

We will ensure that:

- We have designated members of staff who undertake regular training: Zakiya Dean (Deputy Headteacher) and Annette McAndrew (Assistant Headteacher);
- We have members of staff who will act in the designated teachers' absence: James Simmons (Headteacher);
- Our child protection and safeguarding governor- Nick Rozanski (and in his absence, the Chair of Governors-Hannah Panayiotou) will have oversight of child protection responsibilities as it affects the school; the headteacher will report on child protection issues to the governing body each term;
- All members of staff develop their understanding of the signs and indicators of abuse and all staff will receive level 1 safeguarding and child protection training from the DSL annually with regular updates on a range of child protection/safeguarding related matters;
- All members of staff know how to respond to a pupil who discloses abuse:
 - i. Listen carefully to the pupil and do not ask any leading questions. You may ask '*Is there anything else you want to tell me?*'
 - ii. Record **accurately** what the pupil disclosed on an **INITIAL CONCERNS FORM** (on the CP/Safeguarding board in the staffroom or on the staff drive T:\Child Protection and Safeguarding).
 - iii. Immediately, inform the DSL (see above).
- Temporary staff and students will receive information about who the DSL is and guidelines on how to report concerns in their induction;
- All parents/carers are made aware of the responsibilities of staff members with regard to child protection procedures and parents are informed of the Child Protection policy via the school website;
- All staff members have enhanced checks with the Criminal Records Bureau and governors are appropriately checked as well in line with legislative requirements;
- During the recruitment of any staff, at least one member of the panel must have received Safer Recruitment Procedures training.

2.2 Health and safety and safeguarding will be an item on the agenda of weekly staff meetings.

2.4 All new members of staff will be given copies of our child protection procedures and working document as part of their induction into the school.

3. Responsibilities

3.1 The designated teacher is responsible for the following:



- Adhering to the LSCB, LA and school procedure working document with regard to referring a child if there are concerns about possible abuse- refer to the **'Keeping children safe in Education 2020'** document;
- Keeping written records of concerns about a child even if there is no need to make an immediate referral, the concerns being recorded on the school's **Initial Concerns Sheet**;
- Ensuring that all such records are kept confidentially and securely and are separate from pupil records (hard copies of records are kept in folders in locked cupboards in the office. Electronic copies are kept securely);
- Ensuring that any pupil currently on the child protection register who is absent without explanation for two days is referred to Social Services;
- Ensure they up-date their training at least every two years.
- Help promote educational outcomes by sharing the information about the welfare, safeguarding and child protection issues that children, including children with a social worker, are experiencing, or have experienced, with teachers and school and college leadership staff. Their role could include ensuring that the school or college, and their staff, know who these children are, understand their academic progress and attainment and maintain a culture of high aspirations for this cohort; supporting teaching staff to identify the challenges that children in this group might face and the additional academic support and adjustments that they could make to best support these children (KCSiE 2020).
- Liaising with the relevant agencies and know when to call the police:
<https://www.npcc.police.uk/documents/Children%20and%20Young%20people/When%20to%20call%20the%20police%20guidance%20for%20schools%20and%20colleges.pdf>

4. Supporting Children

- 4.1 We recognise that a child who is abused or witnesses violence may find it difficult to develop and maintain a sense of self worth. We recognise that a child in these circumstances may feel helpless and humiliated. We recognise that a child may feel self-blame.
- 4.2 We recognise that the school may provide the only stability in the lives of children who have been abused or who are at risk of harm.
- 4.3 We accept that research shows that the behaviour of a child in these circumstances may range from that which is perceived to be normal to aggressive or withdrawn.
- 4.4 Our school will support all pupils by:
 - Encouraging self-esteem and self-assertiveness whilst not condoning aggression or bullying- further details of which can be found in the school's behaviour and anti-bullying policy;
 - Promoting a caring, safe and positive environment within the school;
 - Liaising and working together with all other support services and those agencies involved in the safeguarding of children;
 - Notifying Social Services as soon as there is a significant concern; and
 - Providing continuing support to a pupil about whom there have been concerns who leaves the school by ensuring that appropriate information is forwarded under confidential cover to the pupil's new school;
 - Teach our children about safeguarding by delivering a thorough PSHE curriculum and e-safety curriculum;
 - Teaching children about their rights and their responsibilities to others.

5. Confidentiality

- 5.1 We recognise that all matters relating to Child Protection are confidential.
- 5.2 The Headteacher or DSLs will disclose any information about a pupil to other members of staff on a need-to- know basis only.



- 5.3 All staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard children.
- 5.4 All staff must be aware that they cannot make a promise to a child to keep information/disclosures secret.
- 5.5 Additional information can be found in 'Information sharing (advice for practitioners providing safeguarding services to children, young people, parents and carers)' July 2018

6. Supporting Staff

- 6.1 We recognise that staff working in the school who have become involved with a child who has suffered harm, or appears to be likely to suffer harm, may find the situation stressful and upsetting.
- 6.2 We will support such staff by providing an opportunity to talk through their anxieties with the DSL and to seek further support as appropriate.

7. Allegations against staff, including supply teachers and volunteers

- 7.1 We understand that a pupil may make an allegation against a member of staff.
- 7.2 The following should be followed where it is alleged that anyone working in the school or college that provides education for children under 18 years of age, including supply teachers and volunteers has:
 - behaved in a way that has harmed a child, or may have harmed a child;
 - possibly committed a criminal offence against or related to a child;
 - behaved towards a child or children in a way that indicates he or she may pose a risk of harm to children; or
 - behaved or may have behaved in a way that indicates they may not be suitable to work with children (an incident outside of school which did not involve children but could have an impact on their suitability to work with children e.g. domestic abuse).
- 7.3 If such an allegation is made, the member of staff receiving the allegation will immediately inform the Headteacher.
- 7.4 The Headteacher, on all such occasions, will discuss the content of the allegation with the Local Authority Designated Officer (LADO) for Child Protection.
- 7.5 If the allegation made to a member of staff concerns the Headteacher, the designated teacher will immediately inform the Chair of Governors- Hannah Panayiotou-who will consult with the LADO for Child Protection.
- 7.6 The school will follow the LA procedures for managing allegations against staff, a copy of which will be readily available in the school.
- 7.7 Where there is an allegation about a supply teacher: 'Whilst schools and colleges are not the employer of supply teachers, they should ensure allegations are dealt with properly. In no circumstances should a school or college decide to cease to use a supply teacher due to safeguarding concerns, without finding out the facts and liaising with the local authority designated officer (LADO) to determine a suitable outcome' (KCSiE 2020 paragraph 215).
The school or college will usually take the lead [in any investigation] because agencies do not have direct access to children or other school staff, so they will not be able to collect the facts when an allegation is made, nor do they have all the relevant information required by the LADO as part of the referral process.' (KCSiE paragraph 216)

8. Whistle-blowing

- 8.1 We recognise that children cannot be expected to raise concerns in an environment where staff fail to do so.
- 8.2 All staff should be aware of their duty to raise concerns, where they exist, about the attitude or actions of colleagues and operate in line with our school's Whistle-blowing Policy.



9. Physical Intervention

- 9.1 Our policy on physical intervention by staff is set out in a separate policy and acknowledges that staff must only ever use physical intervention as a last resort, and that at all times it must be the minimal force necessary to prevent injury to themselves or another person.
- 9.2 We understand that inappropriate physical intervention of a nature which causes injury or distress to a child may be considered child abuse and thus, could relate to disciplinary procedures.

10. Peer on Peer Abuse

- 10.1 We recognise that children are capable of abusing their peers and this can happen to any child.
- 10.2 Peer on peer abuse can include child sexual exploitation, sexual violence and sexual harassment such as upskirting, cyber, racist, homophobic or gender related issues.
- 10.4 We will:
- apply the child protection procedures to both the victim and alleged abuser (under 18 years of age)
 - put the victim's welfare first if there is any conflict of interest
 - ensure all abusers are held accountable for their behaviours
 - ensure early referral and intervention
 - recognise that comprehensive assessment and therapeutic intervention by skilled child care professionals is needed

11. Sexting

- 11.1 Sexting is considered to be sending or posting sexually suggestive images, including nude or semi-nude photographs, via mobiles or over the internet.
- 11.2 We are aware that creating and sharing sexual photos and videos of under 18s is illegal and therefore presents a range of risks and needs careful management.
- 11.3 All incidents involving youth produced sexual imagery will be:
- Reported immediately to the DSL
 - Interviews will be held with staff and young people involved (if appropriate)
 - Parents should be informed at an early stage and involved in the process unless there is good reason to believe that involving parents would put the young person at risk or harm.
 - If at any point in the process, there is a concern that the young person is at risk or has been harmed, a referral should be made to social services (BFFD) and/or the police immediately.

12. Bullying

- 12.1 Our policy on bullying is set out in a separate document and acknowledges that to allow or condone bullying may lead to taking action in line with child protection procedures. Please refer to the Behaviour and Anti-bullying policy.

13. Racist Incidents

- 13.1 Our policy on racist incidents is set out in our Behaviour and Anti-Bullying Policy and acknowledges that repeated racist incidents or a single serious incident may lead to taking action in line with the child protection procedures.



14. Forced Marriage

- 14.1 Forced marriage is a human rights abuse and falls within the Crown Prosecution Service definition of domestic violence (not arranged marriage).
- 14.2 Young men and women can be at risk in affected ethnic groups.
- 14.3 Whistle-blowing may come from younger siblings.
- 14.4 Other indicators may be detected by changes in adolescent behaviours.
- 14.5 Never attempt to intervene directly as a school or through a third party. Always call Social services (BFFD).

15. Children Missing in Education (CME)

- 15.1 Children missing from education are at risk because this is a potential indicator of abuse of neglect e.g. travelling to conflict zones, FGM, forced marriage.
- 15.2 OGPS works closely with the Education Welfare Officer (EWO) and Local Authority (LA) and rigorously monitors attendance and punctuality.
- 15.3 We will always inform our EWO if we have any concerns about punctuality or attendance.
- 15.4 We will alert the LA immediately when children are:
 - Taken off of roll by parents (to another school or to be home schooled);
 - Permanently excluded;
 - Fail to attend school regularly, or have been absent for a continuous period of 10 days or more.

16. Prevention

- 16.1 We recognise that the school plays a significant part in the prevention of harm to our pupils by providing pupils with good lines of communication with trusted adults, supportive friends and an ethos of protection.
- 16.2 The school community will therefore:
 - Establish and maintain an ethos where children feel secure and are encouraged to talk and are always listened to;
 - Ensure that all children know there are adults in the school whom they can approach if they are worried or in difficulty; and
 - Plan opportunities for Personal, Social, Health and Citizenship Education (PSHCE) in our curriculum, which equip children with the skills they need to stay safe from harm and the knowledge as to whom they should turn to for help.

17. Safer Recruitment

- 17.1 The school is committed to safer recruitment and ensures that members of staff have DBS and this is updated every 3 years.
- 17.2 The school holds a Single Central Record with relevant data for all members of staff.
- 17.3 The Headteacher monitors the SCR monthly and the governor for Safeguarding monitors this together with the Headteacher each term.

18. Health and Safety

- 18.1 Our Health and Safety Policy, set out in a separate document, reflects the consideration we give to the protection of our children, staff and visitors to the school both, within the school environment and when away from the school- when undertaking school trips and visits.
- 18.2 Fire drills are carried out half termly and the findings are reported to the governors and actions are written and followed up by site staff (see Health and Safety Policy for more details).



19. Risk Assessments

- 19.1 A risk assessment for any external visit takes place.
- 19.2 Where possible, we will endeavour to send a first aider on a trip.
- 19.3 Emergency exits and procedures for unexpected events are always accounted for.
- 19.4 Risk assessments are read and signed by the Headteacher or EVC in advance of any visit taking place.
- 19.5 The needs of children with special educational needs or medical provision and/or disability is accounted for and recorded in the risk assessment.
- 19.6 Appropriate arrangements with regard to security are planned for.

20. Accidents and Welfare

- 20.1 All visits to the First Aid room are recorded. A letter is sent to all parents where any head bumps/injuries have occurred along with a phone call. Where any visible mark is on the face or head or any swelling to any part of the body, parents are informed by phone call.
- 20.2 If a child has an accident which requires urgent hospital treatment, the school is responsible for calling an ambulance.
- 20.3 In the case of non-urgent hospital treatment, parents will be informed immediately and arrangements made for the parents to collect their child.
- 20.4 Where a child requires medication regularly, a meeting is held with the welfare officer and parent/carer and a plan is set out, outlining the frequency of the medication and dosage. The parent also signs a letter to consent that the welfare officer can administer the medication.

21. Intimate Care

- 21.1 Intimate care is any care which involves carrying out an invasive procedure (such as cleaning up a pupil after they have soiled themselves) to intimate personal areas.
- 21.2 The school is committed to ensuring that all staff responsible for intimate care of children will undertake their duties in a professional manner at all times.
- 21.3 Please refer to the Intimate Care Policy for more details.

22. Pupils with Special Educational Needs and/or Disabilities (SEND)

- 22.1 At OGPS, we recognise that children with SEND may be especially vulnerable to abuse and expect staff to take extra care to interpret apparent signs of abuse or neglect.
- 22.2 We will provide a school environment in which all pupils, including those with SEND, can feel confident and able to discuss their concerns.
- 22.3 The designated member of staff will work with the Inclusion Leader and SENDCo, where necessary, to ensure that the needs of SEND pupils in relation to child protection issues are responded to appropriately (e.g. for a child with particular communication needs).
- 22.4 Please refer to the SEND policy for more details.

23. CSE – Child Sexual Exploitation

- 23.1 The proposed definition of CSE by the DfE is:

'Child sexual exploitation is a form of child abuse. It occurs where anyone under the age of 18 is persuaded, coerced or forced into sexual activity in exchange for, amongst other things, money, drugs/alcohol, gifts, affection or status. Consent is irrelevant, even where a child may believe they are voluntarily engaging in sexual activity with the person who is exploiting them. Child sexual exploitation does not always involve physical contact and may occur online.'

- 23.2 CSE concerns will be treated by staff at OGPS in the same way as all safeguarding concerns.



24. Child Criminal Exploitation (CCE) including County Lines Exploitation and Serious Violent Crime

24.1 Criminal exploitation of children and vulnerable adults is a geographically widespread form of harm that is a typical feature of county lines activity.

24.2 County lines is the police term for urban gangs supplying drugs to suburban areas and coastal towns using dedicated mobile phones lines or 'deal lines'.

24.3 It involves CCE as gangs use children and vulnerable people to move drugs and money.

24.4 All staff need to know the indicators that may signal that children are at risk from, or are involved with CCE or serious violent crime, including:

- Unexplained gifts/new possessions - these can indicate children have been approached by/involved with individuals associated with criminal networks/gangs
- Increased absence from school
- Change in friendship/relationships with others/groups
- Significant decline in performance
- Signs of self-harm/significant change in wellbeing
- Signs of assault/unexplained injuries

Staff should also be aware of the associated risks and understand the measures in place to manage them.

24.5 If any member of staff is worried about a child at risk of child criminal exploitation or serious violent crime, they must follow the reporting procedures as all other safeguarding concerns and refer to the DSL immediately.

24.6 The DSL will inform social services or the police if they feel the child is at immediate risk of harm.

25. Prevent Duty

25.1 As of June 2015, the Counter-Terrorism & Security Act 2015 placed a duty on schools to "have a due regard to the need to prevent people from being drawn into terrorism".

25.2 The duty covers four key areas;

- Risk Assessment
- Working in Partnership
- Staff Training
- IT Policies

25.3 At OGPS, we seek to protect children and staff from all messages and forms of violent extremism and ideologies including those linked to, but not restricted, to the following: Far Right/Neo Nazi, White Supremacist ideology, extremist Islamic ideology, Irish Nationalist & Loyalist paramilitary groups and extremist Animal Rights groups.

25.4 OGPS is clear that extremism and radicalisation are safeguarding concerns and should be dealt with using the school's existing safeguarding procedures.

26. Female Genital Mutilation (FGM) - Mandatory reporting from 31st OCTOBER 2015

26.1 Section 5B of the 2003 FGM Act (as inserted by section 74 of the Serious Crime Act 2015) introduces a mandatory reporting duty which requires teachers (and regulated health and social care professionals) to report "KNOWN" cases of FGM in under 18s which they identify in the course of their professional work to the police. The duty applies from 31 October 2015 onwards.

26.2 **KNOWN** cases are defined as:

- where a girl **informs** the person that an act of FGM has been carried out



- where the professional **observes** physical signs that appear to show that an act of FGM has been carried out.

26.3 **Duty applies to:** qualified teachers or those carrying out teaching work

26.4 **Duty applies in relation to:**

- girls under the age of 18 at the time of the disclosure or identification
- cases directly disclosed by the victim

26.5 **Duty does not apply:**

- in relation to at risk or suspected cases or where the woman is over 18 (in these cases local safeguarding procedures should be followed)
- where the disclosure is not by the victim (though such disclosures should be handled in line with local safeguarding procedures)

26.6 **Reports under the duty:**

- **TIMESCALE** – should be made as soon as possible but definitely within 48 hours ie. close of the next working day.
- Should be made to the local police service by ringing 101 (unless you feel the girl is at risk of immediate harm and therefore 999 should be called) and inform the DSL.
- State you are making a report under the FGM mandatory reporting duty
- Have relevant details of yourself and the child/others involved to hand
- Keep comprehensive records
- Inform the girl and inform the child's parents that a report has been made under the mandatory duty (unless this could put the girl at risk)

26.7 **Steps taken following a report under the duty**– A multi-agency response will be initiated by the police which could lead to:

- Measures necessary to protect the girl/others (social care led)
- Possible criminal investigation
- The health and wellbeing requirements of the girl/ others (health led)
- Application by the police for a FGM Protection Orders (FGMPO)

26.8 FGM involves procedures that include the partial or total removal of the external female genital organs for non-medical reasons. It still exists as a traditional custom in many communities across the world and is practiced across faith groups. There are 4 types of FGM (Appendix B).

- FGM is known by a number of names, including 'female genital cutting', 'the cut', 'circumcision' or 'initiation'. The age at which girls undergo FGM varies enormously according to the community. The procedure may be carried out when the girl is new-born, during childhood or adolescence, just before marriage or during the first pregnancy. However, the majority of cases of FGM are thought to take place between the **ages of 5 and 8 years old** and therefore girls within that age bracket are at a higher risk.
- FGM is illegal in many countries across the world but is still a deeply rooted custom (In Kenya 96% of women have undergone FGM and yet it is illegal in this country). It is widely practised mainly among specific ethnic populations in Africa and parts of the Middle East and Asia. FGM has also been documented in communities in Iraq, Israel, Oman, the United Arab Emirates, Palestine, India, Indonesia, Malaysia and Pakistan.
- FGM, as a practice, is medically unnecessary, extremely painful and has serious health consequences, both at the time-when the mutilation is carried out and in later life. **FGM is a form of child abuse and violence against women, it is illegal in the UK** (FGM Act 2003) Suspicions of FGM having already taken place or knowledge of girls at risk must be reported (Section 5B (11) of the FGM Act 2003 – as inserted by Section 74 of the Serious Crime Act 2015.) It is also against the law to groom or prepare a girl to have any type of FGM.

26.9 **Impact of FGM**

- Immediate impact – severe pain and bleeding, shock, great pain and difficulty in passing urine, urinary infection, trauma and even death.



- Long term impact – Physical, sexual and psychological impact including- chronic pelvic infections and pain, decrease in sexual enjoyment, post-traumatic stress disorder, depression, menstrual and urinary disorders, adverse events during childbirth, tearing of scar tissue, extremely painful sex, infertility.

27. Sexual Violence and Sexual Harassment

27.1 According to the Sexual Offences Act 2003 sexual violence covers:

- Rape
- Assault by penetration
- Indecent assault

27.2 Sexual Harassment covers unwanted conduct of a sexual nature e.g.

- Sexual comments
- Sexual jokes
- Physical behaviour
- Online misconduct

27.3 Groups most at risk of sexual harassment are:

- Girls
- Pupils with SEND
- LGBT (lesbian, gay, bisexual and transsexual) or those perceived to be LGBT by their peers.

27.4 Harmful sexual behaviours include:

- Touching the genitals of other children
- Forcing children into sexual play
- A person exposing themselves or masturbating in public
- Sexually explicit talk or touching younger children

27.5 Harmful sexual behaviours are often seen in children who have been abused themselves or are suffering from trauma.

27.6 **Reporting** – staff must follow the reporting guidelines as any other child protection disclosure and pass on to the DSL. Staff must reassure the victim and not promise confidentiality.

In the event a child discloses a situation that appears to be defined under sexual violence, the member of staff must inform the DSL immediately and have two people present. Ideally the DSL, if not, another member of senior staff.

27.7 **Responding** – the DSL must make an informed decision, based on the disclosure, whether to:

1. Manage internally – one off incident that can be addressed under the behaviour policy.
2. Get early help – non-violent sexual behaviours may need an external support to help deal with the child's behaviours.
3. Inform social care – Where a child has been harmed, at risk of harm or in immediate danger. BFFD must be informed immediately.
4. Inform police – incidents that include rape, assault by penetration or any sexual assault must be passed on to the police immediately.

28. Upskirting

28.1 'Upskirting' typically involves taking a picture under a person's clothing without them knowing, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm. It is now a criminal offence.

28.2 The response to a report of upskirting: The initial response to a report from a child is important. It is essential that all victims are reassured that they are being taken seriously and that they will be supported and kept safe. A victim should never be given the impression that they are creating a problem by reporting sexual violence or sexual harassment. Nor should a victim ever be made to feel ashamed for making a report.



28.3 If staff have a concern about a child or a child makes a report to them, they should follow their school's recording and referral process. As is always the case, if staff are in any doubt as to what to do they should speak to the DSLs.

29.Private fostering

29.1 Private fostering is an arrangement whereby a child under the age of 16 (or 18 if the child has a disability) is placed for 28 days or more in the care of someone who is not the child's parent(s) or a 'connected person'.

29.2 A connected person is defined as a 'relative, friend or other person connected with a child'. The latter is likely to include person(s) who have a pre-existing relationship with the child, for example, a teacher who knows the child in a professional capacity.

29.3 Private foster carers can be from the extended family, e.g. a cousin or a great aunt, **but cannot be a relative** as defined under the **Children Act 1989, section 105**:

'A relative under the Children Act 1989 is defined as a 'grandparent, brother, sister, uncle or aunt (whether full blood or half blood or by marriage or civil partnership) or step-parent'.

29.4 It is imperative that the local authority are notified if a child is living with someone who is not their parent or a 'connected person' for longer than 28 days. The local authority need to be satisfied that the placement is suitable and the child is safe. To be defined as 'private fostering', the child must be living with that person for longer than 28 days and this should be continuous but can include occasional short breaks.

30.Safeguarding whilst working online (KCSiE 2020)

30.1 The use of technology has become a significant component of many safeguarding issues.

30.2 Child sexual exploitation; radicalisation; sexual predation: technology often provides the platform that facilitates harm.

30.3 An effective approach to online safety empowers a school or college to protect and educate the whole school or college community in their use of technology and establishes mechanisms to identify, intervene in, and escalate any incident where appropriate.

30.4 The breadth of issues classified within online safety is considerable, but can be categorised into three areas of risk:

- content: being exposed to illegal, inappropriate or harmful material; for example pornography, fake news, racist or radical and extremist views;
- contact: being subjected to harmful online interaction with other users; for example commercial advertising as well as adults posing as children or young adults; and
- conduct: personal online behaviour that increases the likelihood of, or causes, harm; for example making, sending and receiving explicit images, or online bullying.

30.5 Please refer to our online/e-safety policy for how we are minimising these risks.

31.List of related Policies

- Code of Conduct
- Behaviour and Anti Bullying
- Online and E-safety
- Acceptable Use Policies
- Health and Safety
- Inclusion and Equality
- Whistleblowing
- Intimate Care



APPENDIX A

SIGNS OF ABUSE

1. PHYSICAL ABUSE

DEFINITION: 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 feigns the symptoms of, or deliberately causes ill health to a child whom they are looking after. This situation is commonly described using terms such as factitious illness by proxy or uncaused syndrome by proxy.

What to look out for: the signs of physical abuse:

Physical signs

- Marks and Bruises
- Suspicious stories about how marks made
- Frequent bumps etc
- Broken Bones
- Jumping when adult raises voice
- Tearful
- Hair missing
- Scratches / burns
- Hitting or aggressive to other children
- Sleeping in class
- Self conscious when changing for PE
- Restless and fidgety
- Wetting / soiling them self
- Little contact with other children
- Poor attendance
- Use of bad language
- Physically threatening behaviour
- Shouting

Mental health or behavioural problems

- Introverted, shy or withdrawn
- Little contact with other children
- Aggression and violence
- Frightened / nervous at simple movements / jumpy
- Problems with relationships and socialising
- Stories include violent descriptions / pictures depict regularly violent scenarios
- Mood swings
- Change of character or behaviour
- Trying to hide injuries under clothing
- Not wanting to go home
- Depression or anxiety



2. SEXUAL ABUSE

DEFINITION: Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape or buggery) or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

What to look out for: the signs of sexual abuse:

Suddenly starting to behave differently

- Aggressive behaviour
- Sleep problems
- Bed-wetting or soiling
- Risk-taking behaviour during adolescence
- Negative thoughts
- Not looking after themselves
- Poor attendance
- Avoids physical contact.

Avoiding particular adults

- Avoids being alone with a particular family member
- Fears an adult or is reluctant to socialise with them.

Sexually inappropriate behaviour

- Inappropriate physical contact with other children
- Stories or drawings with sexual content
- Use of sexual language or information [that you would not expect them to know](#)
- Exposing self
- Re-enacting sexualised behaviour

Physical symptoms

- Anal or vaginal soreness
- An unusual discharge
- Pregnancy
- Repeated urine problems
- Bruising

3. EMOTIONAL ABUSE

DEFINITION: Emotional abuse is the persistent emotional ill-treatment 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 feature age or developmentally inappropriate expectations being imposed on children. It may involve 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 ill-treatment of a child, though it may occur alone. Witnessing domestic abuse between their parents or carers is also emotional abuse.

What to look out for: the signs of emotional abuse:

Physical signs

- Eating disorders
- Risk taking behaviours



- Self harm
- Aggression

Mental health or behavioural problems

- Low self esteem
- Withdrawn / frightened / shy
- Secretive
- Makes little eye contact
- Emotionally finds it difficult to maintain relationships with peers and adults
- Jumpy or stuttering during conversations with adults
- Cries a lot / very sensitive
- Socially isolated
- Mood swings
- Lack of concentration
- Very quiet, speaks little
- Poor social skills, lack of empathy
- Bullies others
- Very unsettled
- Anti-social behaviour
- Lack of confidence

4. NEGLECT

DEFINITION: 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. It may involve a parent or carer failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

What to look out for: the signs of neglect:

Signs that a child could be suffering from neglect include:

- Living in an inadequate home environment
- Being left alone for long periods
- Being persistently ignored by parents or carers
- Poor appearance and delayed development
- No contact with parents, do not attend parents' evening
- Travelling to and from school alone when very young
- Taking on the role of carer for other family members.

Physical effects of neglect may include:

- Poor muscle tone/prominent joints
- Poor skin: sores, rashes, flea bites
- Thin or swollen tummy
- Poor hygiene, like being dirty or smelly
- Untreated health problems, such as bad teeth, head lice, ringworm
- Unwashed clothing
- Inadequate clothing, e.g. not having a coat in winter
- Appears unhealthy but is always in school
- Hungry, no breakfast, poor packed lunch
- Unfamiliar with basic routines of feeding and toileting
- Tiredness, irregular bed times

Emotional and behavioural effects may include:

- Difficulties with school work
- Homework not completed/PE kit regularly forgotten



- Poor attendance
- Poor punctuality
- Being anxious about, or avoiding, people
- Difficulty in making friends
- Withdrawn
- Anti-social behaviour
- Stealing and lying



APPENDIX B

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| <p>FEMALE GENITAL MUTILATION (FGM) IS PHYSICAL ABUSE</p> |
| <p>WHAT SIGNS MAY A CHILD EXHIBIT IF THEY ARE A VICTIM OF FGM?</p> <p>DEFINITION: "FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. It has no health benefits and harms girls and women in many ways. It involves removing and damaging healthy and normal female genital tissue, and hence interferes with the natural function of girls' and women's bodies. The practice causes severe pain and has several immediate and long-term health consequences, including difficulties in childbirth also causing dangers to the child." Multi-Agency Practice Guidelines: FGM FGM is against the law, it is also illegal for a child to be taken abroad in order that FGM can be carried out.</p> |
| <p>THE 4 MAIN TYPES OF FGM :</p> <ul style="list-style-type: none"> ▶ TYPE 1 –clitoridectomy– removing part or all of the clitoris. ▶ TYPE 2 – excision – removing part or all of the clitoris and the inner labia (lips that surround the vagina), with or without removal of the labia majora (larger outer lips). ▶ TYPE 3 – infibulation – narrowing of the vaginal opening by creating a seal, formed by cutting and repositioning the labia. ▶ TYPE 4 - other harmful procedures to the female genitals -which include pricking, piercing, cutting, scraping and burning the area. |
| <p>WHO IS MOST LIKELY TO BE AT RISK?</p> <ul style="list-style-type: none"> ▶ Likely to come from a community that is known to practice FGM ▶ The position of the family and integration within UK society ▶ 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. ▶ In the UK, the Home Office has identified girls from the Somali, Kenyan, Sudanese, Sierra Leonean, Egyptian, Nigerian, Eritrean, Yemeni, Kurdish and Indonesian communities as most risk of FGM (2014). ▶ Age bracket of between 5-8 years of age - BUT NOT ONLY |
| <p>INDICATORS WHICH CAN SUGGEST THAT FGM IS ABOUT TO HAPPEN OR HAS BEEN CARRIED OUT</p> <ul style="list-style-type: none"> • Difficulty walking, sitting or standing • Spending longer than normal in the bathroom or toilet due to difficulties urinating. • Fracture or dislocation of legs/arms as a result of restraint • Spend long periods of time away from a classroom during the day with bladder or menstrual problems |



- Severe pain in groin area / Haemorrhage
- Being withdrawn - emotional and psychological shock (exacerbated by having to reconcile being subjected to the trauma by loving parents, extended family and friends);
- Urinary infections
- A girl having difficulty walking, sitting or standing and may even look uncomfortable.
- Repetitive urine problems / menstrual problems
- Spend longer than normal in the bathroom or toilet
- Repeated absences
- Noticeable changes in behaviour / withdrawn
- A girl may talk about pain or discomfort
- Reluctant to get changed for PE or undergo normal medical examinations
- Change in physical appearance/dress & body language / Detached or isolated / Withdrawn or aggressive / Extremes of emotion
- Unable to form relationships with adults
- Changes in attitude, personality or behaviour OR Changes in interaction with others
- Feelings shown through writing or art work
- Peer group problems
- Suddenly underachieving / different approach attitude at school
- Long absence from school / Holiday abroad during extended holidays / Being taken 'home' to visit family
- Visit to the UK of female family elder from country of origin
- Over hearing a conversation / A girl may talk about a special procedure or occasion, talk about becoming a woman
- Discussing being given gifts / A special occasion to 'become a woman'
- Has unusual behaviour after an absence from school or college
- Be particularly reluctant to undergo normal medical examinations
- Ask for help, but may not be explicit about the problem due to embarrassment or fear

Any suspicions of a child at risk of having or having had FGM must be reported immediately to the DSL. Girls aged 5 to 8 years are at most risk.



Annex A – FGM mandatory reporting process map

This process map is intended to demonstrate where the FGM mandatory reporting duty fits within existing processes. It is not intended to be an exhaustive guide, and should be considered in the context of wider safeguarding guidance and processes.

