



Mark Hall
Academy

Aspire, Endeavour, Achieve

Safeguarding & Child Protection Policy

This Policy was reviewed	September 2018
It was adopted by the Local Governing Body on :	19 September 2018
This policy will be reviewed :	September 2019
This policy will be reviewed by:	DSL & Principal

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1. INTRODUCTION

Safeguarding is defined in the Children Act 2004 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.

Mark Hall Academy fully recognises the contribution it makes to safeguarding children. We recognise that all staff, including volunteers, have a full and active part to play in protecting children from harm. We are committed to safeguarding and we aim to create a culture of vigilance. The Academy works with social care, the police, health services and other services to promote the welfare of the child and to protect them from harm.

'The welfare of the child is paramount' (Children Act 1989)

This Child Protection Policy forms part of a set of documents and policies which relate to the safeguarding responsibilities of the Academy.

This policy should be read in conjunction with the following policies: ATT Safeguarding Policy, Safer Recruitment, Culture for Learning, Physical Intervention/Restraint, Anti-Bullying, Attendance, E-safety, Educational Visit policy, Social Media policy, Health and Safety, Data Protection, Staff Code of Conduct, Whistleblowing policy and Teachers' Standards (2013), Working Together to Safeguard Children (DfE 2018), Keeping Children Safe in Education September (2018).

Purpose of a Child Protection Policy

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

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

"Safeguarding and promoting the welfare of children is **everyone's** responsibility. **Everyone** who comes into contact with children and their families has a role to play. In order to fulfil this responsibility effectively, all professionals should make sure their approach is child-centred. This means that they should consider, at all times, what is in the **best interests** of the child."

(Keeping Children Safe in Education – DfE, September 2018)

There are four main elements to our Child Protection policy:

- **Prevention (impairment of health or development)** through the creation of a positive academy atmosphere and the teaching and care, guidance and support offered to our students. All staff should be aware of the early help and support available and should understand their role in identifying problems, and supporting the identification and assessment process
- **Protection (from maltreatment)** by following agreed procedures and ensuring all staff are trained and supported to respond appropriately and sensitively to child protection concerns.
- **Support** to students who may have been abused and ensuring safe and effective care for all.

- **Action** – taking action to enable all children to have the best outcomes.

The academy recognises that it is an agent of referral and not of investigation

Essex Safeguarding Children Board

The Academy follows the procedures established by the Southend Essex and Thurrock (SET) *Safeguarding Children Board: a guide to procedure and practice for all agencies in Essex working with children and their families*. [SET Procedures \(ESCB, 2018\)](#). [Essex Safeguarding Children Board \(ESCB\)](#)

Academy Staff & Volunteers

Academy 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 Academy staff and volunteers will receive safeguarding children training so that they are knowledgeable and aware of and understand their role in the early recognition of the indicators of abuse or neglect and of the appropriate procedures to follow. This training is refreshed annually by the Designated Safeguarding Lead.

Volunteer Risk Assessments

Risk assessments will be completed for each volunteer to decide whether or not a DBS check is required.

Statement of Intent

We recognise that for all our students, high self-esteem, confidence, supportive friends and clear lines of communication with a trusted adult, helps to prevent abuse.

Mark Hall Academy therefore aims to:

- Establish and maintain an environment where students feel safe and secure, are encouraged to talk and are listened to
- Create a culture of vigilance where the welfare of our students is promoted and where timely and appropriate safeguarding action is taken
- Ensure that students know that there are adults within the academy they can approach if they are worried or are in difficulty
- Ensure students receive the right help at the right time to address risks and prevent issues escalating
- Understand that children with Special Educational Needs and Disability (SEND) are more vulnerable to bullying and abuse and may have additional communication needs which need to be taken into account through the provision of greater availability of mentoring and support and ensuring staff training enables staff to identify potential signs of abuse for these children.
- Understand that those pupils who are looked after, adopted, care leavers, or previously looked after are more vulnerable to bullying and abuse and, as such provision and training will take this into account. The most common reason for children becoming looked after is as a result of abuse and/or neglect.

- Include in the curriculum, activities and opportunities which equip students with the skills they need to stay safe from abuse and to develop healthy and safe relationships and feel safe.
- Include in the curriculum material which will help students develop realistic attitudes to the responsibilities of adult life, particularly with regard to childcare and parenting skills
- Protect children from harm and to ensure that they are taught in a way that is consistent with the law and our values and to promote respect for all others
- Facilitate understanding of wider issues within the context of learning about the values on which our society is founded and our system of democratic government
- Provide a curriculum which actively promotes the fundamental British values of democracy, the rule of law, individual liberty and mutual respect and tolerance of those with different faiths and beliefs.
- Make parents/carers aware of the academy policies and practice for safeguarding and ensure that, wherever possible, every effort will be made to establish open and honest effective working relationships with parents/carers and colleagues from partner agencies
- Ensure that the national agenda is understood and responded to, around issues such as radicalisation and extremism
- The Academy will ensure that children who have been abused will be supported in line with a child protection plan, where deemed necessary.

2. STATUTORY FRAMEWORK

In order to safeguard and promote the welfare of children, the Academy will act in accordance with the following legislation and guidance:

- *The Children Act 1989*
- *Education Act 2002 (section 175) (section 157 for Independent schools)*
- *The Children Act 2004*
- *Southend Essex and Thurrock (SET) Inter-agency Child Protection and Safeguarding Children Procedures* <http://www.escb.co.uk>
- [Effective Support for Children and Families in Essex](#) (ESCB, 2018)
- *Working Together to Safeguard Children (DfE 2018)*
- *What to do if you are worried a child is being abused (DfE March 2015)*
- *The Teachers Standards (DfE 2013)*
- *Keeping Children Safe in Education (DfE 2018)*
- [Counter-Terrorism and Security Act \(HMG, 2015\)](#)
- [Serious Crime Act 2015](#) (Home Office, 2015)
- *Sexual Offences Act (2003)*
- *Education (Pupil Registration) Regulations 2006*
- *Information sharing advice for safeguarding practitioners (HMG, 2015)*
- [Data Protection Act \(2018\)](#)
- [What to do if you're worried a child is being abused](#) (HMG, 2015)
- [Searching, screening and confiscation](#) (DfE, 2018)
- *Children Act (1989)*
- *Children Act (2004)*
- [Preventing and Tackling Bullying \(DfE, 2017\)](#),
- *Female Genital Mutilation Act 2003 (S. 74 - Serious Crime Act 2015)*
- [Sexual violence and sexual harassment between children in schools and colleges](#) (DfE, May 2018)
- *Promoting positive emotional well-being and reducing the risk of suicide (ESCB,2018)*

- Keeping pupils and staff safe – management of behavior in schools, including use of physical contact and restrictive/non-restrictive physical intervention to address difficult and harmful behavior (ESCB,2018)

Keeping Children Safe in Education (DfE 2018) sets out the expectations for all staff and volunteers who come into contact with children, and the role they play in carrying out their safeguarding duties. The main focus of this document is to highlight the importance of identifying concerns early in order to prevent those concerns from escalating. It also reinforces the mind-set that staff should have which is **‘it could happen here’**. It also emphasises that a school’s policy should meet the needs of their children in their community, with the particular kinds of issues that may be most important for them.

All academy staff have a responsibility to provide a safe environment where children can learn. The following are key matters to ensure the academy provides a safe environment:

1. **Early help is a priority.** All staff should be aware of the early help processes in place. Staff should **understand** their role in identifying problems, sharing information and supporting identification and assessment processes.
2. **The Designated Safeguarding Lead** should have the authority to carry out their role. This includes time, funding, training and resources to take part in strategy meetings and inter agency meetings. They should have regular training at appropriate intervals (**at least annually**)
3. **On line safety.** There should be appropriate filters and monitoring systems in place and the governors should be confident that these systems are in place. The academy should follow the advice of The National Education Network regarding e-safety www.nen.gov.uk and ensure that all pupils are clear about the academy’s policy for accessing the internet whilst at school.
4. **Children with SEND** continue to be highlighted as a priority. It should not be assumed that indicators of a possible abuse such as behaviour, mood, and injury, relate to the child’s impairment. It is recognised that children with SEND are vulnerable to bullying and abuse and that they can have additional communication barriers.

This updated policy, following on from KCSIE September 2018, includes the following, additional key areas:

1. **Peer on peer abuse** – Our academy recognises that some children may abuse their peers and any incidents of peer on peer abuse will be managed in the same way as any other child protection concern and will follow the same procedures.

All staff should be aware that children are capable of abusing their peers and that they should follow our referral process to the DSL if there is an incident of peer on peer abuse. We take the stand that abuse is abuse and should never be tolerated or passed off as ‘banter’, ‘just having a laugh’, or ‘part of growing up’. We recognise the gendered nature of peer on peer abuse (i.e. that it is more likely that girls will be victims and boys perpetrators) but that all peer on peer abuse is unacceptable and will be taken seriously.

Peer on peer abuse can manifest itself in many ways. This may include bullying (including cyber bullying), on-line abuse, gender-based abuse, ‘sexting’ or initiation/hazing type violence and rituals. (See our Anti-bullying and E-safety policies). We do not tolerate any harmful behaviour in school and will take swift action to intervene where this occurs. We use lessons and assemblies to help children understand, in an age-appropriate way, what abuse is and we encourage them to tell a trusted adult if someone is behaving in a way that makes them feel uncomfortable. Our academy understands the different gender issues that can be prevalent when dealing with peer on peer abuse.

Peer on peer abuse will be dealt with following our Culture for Learning Consequence ladder and recorded in accordance with our behaviour policy.

There is a clear process as to how victims, perpetrators and any other child affected will be supported in terms of E-Safety/Sexting, where we follow the UKCCIS Guidance: 'Sexting in Schools and colleges, responding to incidents and safeguarding young people.'

2. Sexual violence and sexual harassment – All staff should be aware of, understand and know what to do in cases of sexual violence and sexual harassment. Staff training will include this issue.

3. Contextual safeguarding - is an approach to understanding, and responding to, young people's experiences of significant harm beyond their families. It recognises that the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse. Staff and other practitioners need to consider the wider environmental factors present in a child's life that are a threat to their safety and/or welfare. Any referral process should provide as much information as possible.

4. The use of reasonable force – The term 'reasonable force' covers a broad range of actions used by staff that involve degree of physical contact to restrain children. There are circumstances when it is appropriate for staff to use reasonable force to safeguard children and young people, such as guiding a child to safety or breaking up a fight. 'Reasonable' means using no more force than is needed. Our school works in accordance with statutory and local guidance on the use of reasonable force (see our Use of Reasonable Policy) and recognises that where intervention is required, it should always be considered in a safeguarding context.

Working Together to Safeguard Children (HM Government 2018) requires all schools and academies to follow the procedures for protecting children from abuse which are established by the Essex Safeguarding Children Board.

In Essex, all professionals **must** work in accordance with the SET Procedures (ESCB July 2018)

Schools and academies 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.

The Teachers Standards (2013) state that teachers, including headteachers, should safeguard children's wellbeing and maintain public trust in the teaching profession as part of their professional duties.

As of July 2015, the Counter-Terrorism and Security Act (HMG, 2015) placed a new duty on schools and other education providers. Under section 26 of the Act, schools and academies are required, in the exercise of their functions, to have 'due regard to the need to prevent people from being drawn into terrorism'. This is known as the Prevent Duty.

Our academy works in accordance with the PREVENT Duty and approaches this issue as any other child protection matter. Any concerns that one of our students is at risk will be referred to Children's Social care in line with the SET procedures.

3. THE DESIGNATED SAFEGUARDING LEAD

All adults working with or on behalf of children have a responsibility to protect them. There are, however, key people within schools/academies and the Local Authority who have specific responsibilities under child protection procedures.

The Designated Safeguarding Lead (DSL) for Child Protection in this Academy is:

Laurel Lee, Extension 259 l.lee@mha.attrust.org.uk

The Deputy Designated Safeguarding Lead for Child Protection in this Academy is:

Vikki Butler (Vice Principal), Extension 239 v.butler@mha.attrust.org.uk

If both the DSL and the Deputy DSL are unavailable, **contact the Principal, Jonathan Fuller, extension 228.**

'Keeping Children Safe in Education' (DfE, September 2018) identifies three main areas of responsibility for Designated Safeguarding Leads:

- Managing child protection referrals
- Training
- Raising awareness

The Principal and / or the Designated Safeguarding Lead provide an annual report for the governing body detailing any changes to the policy and procedures, training undertaken by all staff and governors and other relevant issues.

The Principal/Designated Safeguarding Lead and Designated Governor will undertake an annual Safeguarding Audit in line with their responsibilities under S.175 of the Education Act 2002.

The academy will publish its Child Protection policy on its school website alongside 'Keeping Children Safe in Education' (DfE,2018).'

The academy will actively promote online safety on its website and signpost stakeholders to information that will help keep children safe online.

It is the role of the Designated Safeguarding Lead for Child Protection to:

- Ensure that they attend refresher training annually to keep 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 annually.
- 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 Academy's arrangements for safeguarding children within 7 working days of their commencement of work.

- Ensure that the Academy operates within the legislative framework and recommended guidance
- Ensure that all staff and volunteers are aware of the ESCB 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/carers, access the Family Operations Hub or refer to Family Solutions.
- 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, fire proof filing cabinet marked 'Strictly Confidential' and are passed securely should the child transfer to a new provision and that confirmation of receipt of the file is logged.
- Submit reports, ensure the academy's attendance at child protection conferences and contribute to decision making and delivery of actions planned to safeguard the child
- Ensure that the academy 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/carers, children and staff about obtaining suitable support

4. THE GOVERNING BODY

The Governing Body has overall responsibility for ensuring that there are sufficient measures in place to safeguard the children in their establishment and for any of the academy's students who are at alternative provision sites.

The Designated Governor for Safeguarding is:

Julie Bloor who is contactable via the Principal's PA on 01279 866280

In particular, the Governing Body must ensure:

- The Governing Body and academy leadership team are responsible for ensuring that the academy follows recruitment procedures that help to deter, reject or identify people who might abuse children (*see 'Safer Recruitment' policy for further information*)
- An effective safeguarding policy and procedures are in place and that the policy is updated annually. Governors must not be given details relating to individual child protection cases or situations to ensure confidentiality is not breached.
- The appointment of a DSL who is a senior member of Academy Leadership Team is Laurel Lee, Assistant Principal, SENCO since Sept 2016

- Relevant safeguarding children training for Academy staff/volunteers is attended
- The appropriate filters and monitoring systems for online safety are in place
- Safe management of allegations against staff and volunteers
- That the Academy has received written statements from alternative provision establishments stating that they have completed all vetting and barring checks that are necessary on their staff.
- That DBS checks are undertaken for parents (as part of any 'home stays/exchanges') where children from the academy are staying with a family.
- 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. This is Ms Julie Bloor (by phone via the Principal's PA – ext. 228) julie.bloor@academytransformation.co.uk
- 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. TRAINING

The designated safeguarding lead (and deputy) undertake Level 3 child protection training at least every two years. The Principal, all staff members and governors receive appropriate child protection training which is regularly updated and in line with advice from the Essex Safeguarding Children Board (ESCB). In addition, all staff members receive safeguarding and child protection updates half termly through briefings, and Level 2 at least annually, to provide them with relevant skills and knowledge to safeguard children effectively. Records of any child protection training undertaken is kept for all staff and governors.

The academy ensures that the designated safeguarding lead (and deputy) also undertakes training in inter-agency working and other matters as appropriate.

All staff are issued with copies of:

- KCSIE (2018) Part 1 and Annex A,
- Staff Code of Conduct,
- Safeguarding and Child Protection policy (Academy)
- ATT Safeguarding policy
- ATT Behaviour policy
- Academy Culture for Learning policy
- Attendance policy

They are required to sign to say they have received them, read them and understood their role in delivering them.

6. ACADEMY PROCEDURES: STAFF RESPONSIBILITIES AND SPECIFIC SAFEGUARDING ISSUES

All action is taken in accordance with the following guidance:

- Essex Safeguarding Children Board Guidelines, the SET (Southend, Essex and Thurrock) Child Protection Procedures (July 2017)
- Keeping Children Safe in Education (DfE, September 2018)
- Working Together to Safeguard Children (DfE, 2018)
- 'Effective Support for Children and Families in Essex' (ESCB, July 2017).
- When new staff, volunteers or regular visitors join our academy they are informed of the safeguarding arrangements in place. They are provided with a copy of our academy's Child Protection policy and guidelines booklet, a credit card containing key contact details, advised who our Designated Safeguarding Lead (and Deputy) is and is informed how to share concerns with the Designated Safeguarding Lead or Deputy.

If any member of staff is concerned about a child, he or she must inform the Designated Safeguarding Lead **immediately**.

The member of staff must record information regarding the concerns on the same day on the yellow safeguarding form – copies located in the Staff Room – and pass this on to the DSL as soon as possible after verbally notifying the DSL. The recording must be a clear, precise, factual account of the observations.

The DSL 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/carers, unless to do so would place the child at further risk of harm.

The DSL follows the guidelines of referrals set out in the 'Effective Support for Children and Families in Essex' (ESCB, 2018). See the Children and Families Hub Flow chart and the Essex Windscreen of Need and levels of interventions.

Particular attention will be paid to the attendance and development of any child about whom the Academy 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 student who is/ or has been the subject of a child protection plan changes school, the DSL will inform the social worker responsible for the case and transfer the appropriate records to the DSL at the receiving school, in a secure manner, and separate from the child's academic file.

Safeguarding contact details will be kept prominently displayed in the school to ensure that all staff have unrestricted access to safeguarding support.

The academy will keep at least two emergency contacts for every child in the academy in case of emergencies and in case there are any welfare concerns at home.

SAFEGUARDING STUDENTS WHO ARE VULNERABLE TO EXTREMISM

Since 2010, when the Government published the Prevent Strategy, there has been an awareness of the specific need to safeguard children, young people and families from violent extremism. There have been several occasions both locally and nationally in which extremist groups have attempted to radicalise vulnerable children and young people to hold

extreme views including views justifying political, religious, sexist or racist violence, or to steer them into a rigid and narrow ideology that is intolerant of diversity and leaves them vulnerable to future radicalisation.

Mark Hall Academy values freedom of speech and the expression of beliefs / ideology as fundamental rights underpinning our society's values. Both pupils and teachers have the right to speak freely and voice their opinions. However, freedom comes with responsibility and free speech that is designed to manipulate the vulnerable or that leads to violence and harm of others goes against the moral principles in which freedom of speech is valued. Free speech is not an unqualified privilege; it is subject to laws and policies governing equality, human rights, community safety and community cohesion.

The current threat from terrorism in the United Kingdom may include the exploitation of vulnerable people, to involve them in terrorism or in activity in support of terrorism. The normalisation of extreme views may also make children and young people vulnerable to future manipulation and exploitation. The school/academy is clear that this exploitation and radicalisation should be viewed as a safeguarding concern.

Definitions of radicalisation and extremism, and indicators of vulnerability to radicalisation are in the Appendix 4 attached to this policy.

Our academy seeks to protect children and young people against the messages of all violent extremism including, but not restricted to, those linked to Islamist ideology, or to Far Right / Neo Nazi / White Supremacist ideology, Irish Nationalist and Loyalist paramilitary groups, and extremist Animal Rights movements.

Risk reduction

Mark Hall Academy governors and the Designated Safeguarding Lead will assess the level of risk within the academy and put actions in place to reduce that risk. Risk assessment may include consideration of the academy's RE curriculum, SEND policy, assembly policy, the use of academy premises by external agencies, integration of pupils by gender and SEN, anti-bullying policy and other issues specific to the academy's profile, community and philosophy.

This risk assessment will be reviewed at least annually.

Response

Mark Hall Academy, like all others, is required to identify a Prevent Single Point of Contact (SPOC) who will be the lead within the organisation for safeguarding in relation to protecting individuals from radicalisation and involvement in terrorism. The SPOC for this academy is the Designated Safeguarding Lead.

When any member of staff has concerns that a pupil may be at risk of radicalisation or involvement in terrorism, they should speak with the SPOC.

Numerous factors can contribute to and influence the range of behaviours that are defined as violent extremism, but most young people do not become involved in extremist action. For this reason, the appropriate interventions in any particular case may not have any specific connection to the threat of radicalisation, for example they may address mental health, relationship or drug/alcohol issues.

CHILDREN MISSING IN EDUCATION – All children, regardless of their age, ability, aptitude and any special education needs they may have are entitled to a full-time education. Our school recognises that a child missing education is a potential indicator of abuse or neglect and will follow the school procedures for unauthorised

absence and for children missing education. Parents should always inform us of the reason for any absence. Where contact is not made, a referral may be made to another appropriate agency (Missing Education and Child Employment Service, Social Care or Police). Parents are required to provide at least two emergency contact numbers to the school, so we are able to communicate with someone if we need to.

Our school must inform the local authority of any pupil who fails to attend school regularly, or has been absent without school permission for a continuous period of 10 days or more.

“Children missing education are at significant risk of underachieving, being victims of harm, exploitation or radicalisation, and becoming NEET (not in education, employment or training) later in life.” (Children Missing Education – DfE, September 2016)

SAFEGUARDING PUPILS/STUDENTS WHO ARE VULNERABLE TO EXPLOITATION, FORCED MARRIAGE, FEMALE GENITAL MUTILATION, BREAST IRONING OR TRAFFICKING

Mark Hall Academy’s safeguarding policy, through the academy’s values, ethos and culture for learning policies, provides the platform to ensure children and young people are given the support to respect themselves and others, stand up for themselves and protect each other.

Our academy keeps itself up to date on the latest advice and guidance provided to assist in addressing specific vulnerabilities and forms of exploitation.

Mark Hall Academy staff are supported to recognise warning signs and symptoms in relation to specific issues and include such issues in an age appropriate way in the curriculum.

Our staff are supported to talk to families about sensitive concerns in relation to their children and to find ways to address them together wherever possible.

The Designated Safeguarding Lead knows where to seek and get advice as necessary. For further information, see Appendix 2

7. 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**

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
- May be withdrawn, or display abusive relationships towards other children
- Appear wary of adults and display 'frozen watchfulness.'

In addition to the main categories of abuse, there are specific child protection issues that the Academy are aware of and keep updated with through training and briefings:

- Domestic Violence
- Honour Based abuse
- Forced marriages
- Honour based violence
- Female Genital Mutilation
- Child Sexual Exploitation (**CSE**)
- Private Fostering
- Children Missing in Education
- Radicalisation/extremism
- Fabricated or induced illness
- Faith abuse
- Gangs and Youth violence;
- Criminal exploitation of children and county lines
- Sexting
- Breast Ironing
- On-line safety
- Peer on peer abuse
- Sexual violence and sexual harassment

See Appendix 2

8. DEALING WITH A DISCLOSURE – PROCEDURES

All staff members have a duty to identify and respond to suspected / actual abuse or disclosures of abuse. Any member of staff, volunteer or visitor to the school who receives a disclosure or allegation of abuse, or suspects that abuse may have occurred **must** report it immediately to the designated safeguarding lead (or, in their absence, the deputy designated safeguarding lead).

All action is taken in accordance with the following guidance;

- Essex Safeguarding Children Board guidelines - the SET (Southend, Essex and Thurrock) Child Protection Procedures (ESCB, 2018)
- [Essex Effective Support](#)
- Keeping Children Safe in Education (DfE, 2018)
- Working Together to Safeguard Children (DfE, 2018)
- 'Effective Support for Children and Families in Essex' (ESCB, 2017)
- PREVENT Duty - Counter-Terrorism and Security Act (HMG, 2015)

Any staff member or visitor to the school will refer concerns to the designated safeguarding lead or deputy designated safeguarding lead. Where there is risk of immediate harm, concerns will be referred by telephone to the Children and Families Hub and / or the Police. Less urgent concerns or requests for support will be referred to the Children and Families Hub via the [Essex Effective Support](#) portal. Wherever possible, the school will share any safeguarding concerns, or an intention to refer a child to Children's Social Care, with parents or carers. However, we will not do so where it is felt that to do so could place the child at greater risk of harm or impede a criminal investigation. On occasions, it may be necessary to consult with the Children and Families Hub and / or Essex Police for advice on when to share information with parents / carers.

If a member of staff continues to have concerns about a child and feels the situation is not being addressed or does not appear to be improving, the staff member concerned should press for re-consideration of the case with the designated safeguarding lead.

If, for any reason, the designated safeguarding lead (or deputy) is not available, this should not delay appropriate action being taken. Safeguarding contact details are displayed in the academy to ensure that all staff members have unfettered access to safeguarding support, should it be required. Any individual may refer to Social Care where there is suspected or actual risk of harm to a child.

When new staff, volunteers or regular visitors join our academy they are informed of the safeguarding arrangements in place, the name of the designated safeguarding lead (and deputy) and how to share concerns with them.

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. The Designated Senior person and Deputy should also seek support through the Safeguarding advisor to schools, where appropriate.

9. 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).
- The Academy follows the 'Seven Golden Rules' to information sharing as set out in 'Information Sharing: advice for practitioners providing safeguarding services' (DfE 2015)
- 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 will be informed of relevant information in respect of individual cases regarding child protection on a 'need to know basis' only. Any information shared with a member of staff in this way must be held treated confidentially.
- **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.**

10. COMMUNICATION WITH PARENTS/CARERS

Mark Hall Academy will:

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

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

11. RECORD KEEPING

Well-kept records are essential to good child protection practice. Our school is clear about the need to record any concern held about a child or children within our school, the status of such records and when these records should be shared with other agencies.

Where there are concerns about the safety of a child, the sharing of information in a timely and effective manner between organisations can reduce the risk of harm. Whilst the Data Protection Act 2018 places duties on organisations and individuals to process personal information fairly and lawfully, it is not a barrier to sharing information where the failure to do so would result in a child or vulnerable adult being placed at risk of harm. Similarly, human rights concerns, such as respecting the right to a private and family life would not prevent sharing where there are real safeguarding concerns. Fears about sharing information cannot be allowed to stand in the way of the need to safeguard and promote the welfare of children at risk of abuse or neglect. Generic data flows related to child protection are recorded in our Records of Processing Activity and regularly reviewed; and our online school privacy notices accurately reflect our use of data for child protection purposes.

Any member of staff receiving a disclosure of abuse or noticing signs or indicators of abuse, will record it as soon as possible, noting what was said or seen (if appropriate, using a body map to record), giving the date, time and location. All records will be dated and signed and will include the action taken. This is then presented to the designated safeguarding lead (or deputy), who will decide on appropriate action and record this accordingly.

Any records related to child protection are kept in an individual child protection file for that child (which is separate to the pupil file). All child protection records are stored securely and confidentially and will be retained for 25 years after the pupil's date of birth, or until they transfer to another school / educational setting.

Where a pupil transfers from our school to another school / educational setting (including colleges), their child protection records will be forwarded to the new educational setting. These will be marked 'Confidential' and for the attention of the receiving school's designated safeguarding lead, with a return address on the envelope so it can be returned to us if it goes astray. We will obtain evidence that the paperwork has been received by the new school and then destroy any copies held in our school.

Where a pupil joins our school, we will request child protection records from the previous educational establishment (if none are received).

In summary:

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 academy record of concern sheet wherever possible. Copies of this are in the staffroom and have also been e mailed to all staff.
- 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 Safeguarding Lead promptly. No copies should be retained by the member of staff or volunteer.

12. ATTENDANCE AT CHILD PROTECTION CONFERENCES, CORE GROUP MEETINGS OR CHILD IN NEED MEETINGS

It is the responsibility of the Designated Safeguarding Lead to ensure that the academy is represented at and that a report is submitted to any child protection conference called for children on the academy roll or previously known to them. Whoever attends should be fully briefed on any issues or concerns the school has and be prepared to contribute to the discussions at the conference.

If a child is made subject to a Child Protection or a Child in Need Plan, it is the responsibility of the Designated Safeguarding Lead to ensure the child is monitored regarding their school attendance, welfare and presentation. If the academy is part of the core group, then the Designated Safeguarding Lead should ensure that the school is represented and contributes to the plan at these meetings; that there is a record of attendance and issues discussed. All concerns about the child protection plan and / or the child's welfare should be discussed and recorded at the core group meeting unless the child is at further risk of significant harm. In this case the Designated Safeguarding Lead must inform the child's key worker immediately and then record that they have done so and the actions agreed.

13. ALLEGATIONS INVOLVING ACADEMY STAFF/VOLUNTEERS

All staff members are made aware of the boundaries of appropriate behaviour and conduct. These matters form part of staff induction and are outlined in the Staff Handbook / Code of Conduct. The academy works in accordance with statutory guidance and the SET procedures (ESCB, 2018) in respect of allegations against an adult working with children (in a paid or voluntary capacity). Section 7 of the current SET procedures provides detailed information on this.

The academy has processes in place for reporting any concerns about a member of staff (or any adult working with children). Any concerns about the conduct of a member of staff will be referred to the Principal (or the Vice Principal in their absence). This role is distinct from the designated safeguarding lead as the named person should have sufficient status and authority in the school to manage employment procedures. Staffing matters are confidential and the academy operates within statutory guidance around Data Protection.

SET procedures (ESCB, 2018) require that, where an allegation against a member of staff is received, the Headteacher, senior named person or the Chair of Governors must inform the duty Local Authority Designated Officer (LADO) in the Children's Workforce Allegations Management Team on **03330 139 797** within one working day. However, wherever possible, contact with the LADO will be made immediately as they will then advise on how to proceed and whether the matter requires Police involvement. This will include advice on speaking to pupils and parents and HR. The academy does not carry out any investigation before speaking to the LADO.

The academy also follows the ATT flowchart for the initial management of allegations against staff or volunteers. As such, ATT, as the proprietor, must always be contacted when an allegation has been made against a member of staff.

It is essential that the high standards of concern and professional responsibility adopted with regard to alleged child abuse by parents/carers are similarly displayed when members of staff are accused of abuse.

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 that the member of staff/volunteer has contact with in 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 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 Academy is:

NAME:

CONTACT NUMBER:

Julie Bloor

Tel: 01279 866280 (via the Principal's PA)

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 Designated Officer (03330 139 797)

If it is decided that the allegation meets the threshold for further action through the ESCB Inter-agency Child Protection and Safeguarding Children Procedures, the Principal must immediately make a referral to CSF social care on **0345 603 7627**

If it is decided that the allegation does not meet the threshold for referral to CSF social care, the Principal and 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 Designated Officer inform the subject of the allegation.

For further information see:

ESCB Inter-agency Child Protection and Safeguarding Children Procedures (2010)
[Managing Allegations Against Adults who work with Children and Young People](#)

14. Promoting positive mental health and resilience

Positive mental health is the concern of the whole community and we recognise that schools play a key part in this. Our academy wants to develop the emotional wellbeing and resilience of all pupils and staff, as well as provide specific support for those with additional needs. We understand that there are risk factors which increase someone's vulnerability and protective factors that can promote or strengthen resiliency. The more risk factors present in an individual's life, the more protective factors or supportive interventions are required to counter balance and promote further growth of resilience.

It is vital that we work in partnership with parents to support the well-being of our pupils. Parents should share any concerns about the well-being of their child with school, so appropriate support and interventions can be identified and implemented.

15. WHISTLEBLOWING

Whistleblowing is 'making a disclosure in the public interest' and occurs when a worker (or member of the wider school community) raises a concern about danger or illegality that affects others, for example pupils in the school or members of the public.

All staff members are made aware of the duty to raise concerns about the attitude or actions of staff in line with the school's Code of Conduct / Whistleblowing policy.

We want everyone to feel able to report any child protection / safeguarding concerns. However, for members of staff who feel unable to raise these concerns internally, they can call the the NSPCC whistleblowing helpline on: 0800 028 0285 (line is available from 8:00 AM to 8:00 PM, Monday to Friday) or email: help@nspcc.org.uk.

Parents or others in the wider school community with concerns can contact the NSPCC general helpline on: 0808 800 5000 (24 hour helpline) or email: help@nspcc.org.uk.

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 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 of a baby or 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 may be self harm even in young children.

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 Academy 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 can indicate 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 but 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 Academy

An explanation which is inconsistent with an injury

Several different explanations provided for an injury

Indicators in the parent/carer

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 surgeries 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-Academy 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/carer

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 health, alcohol or drug misuse or domestic violence.

History of unexplained death, illness or multiple surgeries 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.

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

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 socialisation

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 Academy

Poor self esteem

Destructive tendencies

Thrives away from home environment

Aggressive and impulsive behaviour

Disturbed peer relationships

Self harming behaviour

Indicators in the parent/carer

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, and 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 health, alcohol or drug misuse or domestic violence.

History of unexplained death, illness or multiple surgeries 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, including prostitution, 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 Academy work habits, becomes a 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/carers

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 surgeries 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.

APPENDIX 2

ADDITIONAL CHILD PROTECTION CONCERNS

Domestic Abuse

Domestic violence and abuse: new definition

The cross-government definition of domestic violence and abuse is any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:

Psychological
Physical
Sexual
Financial
Emotional

Impact on children

- They may become aggressive
- They may internalise their distress and withdraw from other people
- They may have a lowered sense of self-worth
- Older children may start to use alcohol or drugs
- They may begin to self-harm by taking overdoses or cutting themselves
- They may develop an eating disorder

Honour Based Abuse

Honour based abuse is a crime or incident which has or may have been committed to protect or defend the 'honour' of the family and/or the community.

Forced marriage

'A marriage conducted without the valid consent of both parties, where duress is a factor' (A Choice by Right, HM Govt, 2000)

There is a clear distinction between forced marriage and an arranged marriage.

Forced marriage and honour-based violence

A forced marriage is one entered into without the full consent of one or both parties. It is where violence, threats or other forms of coercion is used and is a crime. Our staff understand how to report concerns where this may be an issue.

- Children and young people can be subjected to domestic abuses perpetrated in order to force them into marriage or to 'punish' him/her for 'bringing dishonour on the family'
- Whilst honour based violence can culminate in the death of the victim, this is not always the case. The child or young person may be subjected over a long period to a variety of different abusive behaviours ranging in severity. The abuse is often carried out by several members of a family and may, therefore, increase the child's sense of powerlessness and be harder for professionals to identify and respond to.

Female Genital Mutilation (FGM)

FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to female genital organs for cultural or other non-therapeutic reasons. It is illegal in the UK and a form of child abuse.

As of October 2015, the Serious Crime Act 2015 (Home Office, 2015) introduced a duty on teachers (and other professionals) to notify the police of known cases of female genital mutilation where it appears to have been carried out on a girl under the age of 18. Our academy will operate in accordance with the statutory requirements relating to this issue, and in line with existing local safeguarding procedures.

FGM is illegal in this country by the Female Genital Mutilation Act 2003.

- This form of physical abuse involves female genital mutilation by way of female circumcision, excision or infibulation.
- It causes long term mental and physical suffering, difficulty in giving birth, infertility and even death.
- Best estimates suggest around 74,000 women in the U.K. have undergone the procedure.
- It is estimated that up to 24,000 girls under the age of 15 are at risk in the U.K.
- FGM is much more common than many realise both worldwide and in the U.K.
- It is reportedly practised in 28 African countries and in parts of the Middle and Far East, but is increasingly found in Western Europe and other developed countries amongst immigrant and refugee communities.
- The procedure is typically performed on girls aged between 4 and 13 but can be performed on babies and young women before marriage or pregnancy.
- The age at which girls undergo FGM varies according to the community.

Risk Factors

- Parents from community that practise FGM
- Mother has had FGM
- Parents indicate prolonged holiday
- Frequent trips to country of origin
- Child may talk of long holiday
- Older sibling may have had FGM
- Child may confide she is to have 'special procedure' or 'celebration'.

Key facts about Child Sexual Exploitation

Child Sexual Exploitation (CSE) is a form of child abuse, which can happen to boys and girls from any background or community. In Essex, the definition of Child Sexual Exploitation (CSE) from the Department of Education (DfE, 2017) has been adopted:

"Child Sexual Exploitation is a form of child sexual abuse. It occurs when an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants,

and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child

sexual exploitation does not always involve physical contact; it can also occur through the use of technology".

It is understood that a significant number of children who are victims of CSE go missing from home, care and education at some point. Our school is alert to the signs and indicators of a child becoming at risk of, or subject to, CSE and will take appropriate action to respond to any concerns. The designated safeguarding lead will lead on these issues and work with other agencies as appropriate.

This [one page process map](#) sets out arrangements for CSE in Essex.

- Age- Sexual exploitation often starts age 12-13
- Gender – affects girls and boys (but lack of knowledge on young men, CEOP 2011)
- Ethnicity – happens in all communities
- Vulnerability – Any young person can be targeted
- Especially vulnerable groups
 - ❖ Looked after children
 - ❖ Children leaving care
 - ❖ Children missing from school, home or care
 - ❖ Children with learning difficulties
- Victims may be trafficked (locally, regionally, nationally and internationally) Jago and Pearce (2008)

Potential Indicators of CSE (DfE 2017):

- Acquisition of money, clothes, mobiles, etc. without a plausible explanation;
- Gang association and/or isolation from peers/social network;
- Exclusion or unexplained absences from school, college or work;
- Leaving home/care without explanation and persistently going missing or coming home late;
- Excessive receipt of texts/phone calls;
- Returning home under the influence of drugs/alcohol;
- Inappropriate sexualised behaviour for age/sexually transmitted infections;
- Evidence of/suspicions of physical or sexual assault;
- Relationships with controlling or significantly older individuals or groups;
- Multiple callers (unknown adults or peers);
- Frequenting areas known for sex work;
- Concerning use of internet or other social medias
- Increasing secretiveness around behaviours; and
- Self-harm or significant changes in emotional well-being.

Private Fostering

- When a child under 16 (18 if disabled) lives with someone who is not a parent or close relative for more than 28 days
- There is a mandatory duty to inform the local authority of children in such arrangements.

- To notify a private fostering arrangement call 0800 801 530

Radicalisation/extremism

As of July 2015, the **Counter-Terrorism and Security Act (HMG, 2015)** placed a new duty on schools and other education providers. Under section 26 of the Act, schools are required, in the exercise of their functions, to have “due regard to the need to prevent people from being drawn into terrorism”. This duty is known as the Prevent duty.

It requires schools to:

- teach a broad and balanced curriculum which promotes spiritual, moral, cultural, mental and physical development of pupils and prepares them for the opportunities, responsibilities and experiences of life and must promote community cohesion;
- be safe spaces in which children / young people can understand and discuss sensitive topics, including terrorism and the extremist ideas that are part of terrorist ideology, and learn how to challenge these ideas;
- be mindful of their existing duties to forbid political indoctrination and secure a balanced presentation of political issues

CHANNEL is a national programme which focuses on providing support at an early stage to people identified as vulnerable to being drawn into terrorism. All staff members understand how to identify those who may benefit from this support and how to make a referral to the Essex CHANNEL panel.

Channel works on a local level in a very similar way as to other safeguarding projects. Its aim is to provide a degree of protection to individuals who have been brought to the attention of the Panel. This could be done by utilising the skills from one of the partners such as Education or Mental Health, but where necessary Channel has the ability to bring in skill interventionists if the issues involved concern Ideology/religion or in some cases extreme political views.

*Channel: Protecting
Vulnerable People
from being drawn into
Terrorism
A guide for local partnership
October 2012*

Fabricated or induced illness

The fabrication or induction of illness in children by a carer has been referred to by a number of different terms, most commonly Munchausen Syndrome by Proxy (Meadow, 1977), Factitious Illness by Proxy (Bools, 1996; Jones and Bools, 1999) or Illness Induction syndrome (Gray et al,1995). This terminology is also used by some as if it were a psychiatric diagnosis.

There are three main ways of the carer fabricating or inducing illness in a child. These are not mutually exclusive and include:

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

Safeguarding children in whom illness (HM Government 2008) is fabricated or induced.

Faith abuse

Faith abuse is belief in concepts of witchcraft and spirit possession, demons or the devil acting through children or leading them astray (traditionally seen in some Christian beliefs), the evil eye or djinns (traditionally known in some Islamic faith contexts) and dakini (in the Hindu context); ritual or muti murders where the killing of children is believed to bring supernatural benefits or the use of their body parts is believed to produce potent magical remedies; and use of belief in magic or witchcraft to create fear in children to make them more compliant when they are being trafficked for domestic slavery or sexual exploitation. This is not an exhaustive list and there will be other examples where children have been harmed when adults think that their actions have brought bad fortune, such as telephoning a wrong number which is believed by some to allow malevolent spirits to enter the home.

National action plan to tackle child abuse linked to faith or belief (DfE 2012)

Gangs and youth violence

While pupils and students generally see educational establishments as safe places, even low levels of youth violence can have a disproportionate impact on any educational establishment. Schools and colleges are places where important interventions can take place to prevent violent behaviour, including more serious violence such as young people carrying a knife, and violence that takes place in the community.

Schools should ensure that pupils:

- Feel safe at school all the time;
- Understand very clearly what unsafe situations are; and
- Be highly aware of how to keep themselves and others safe.

Addressing violence in schools and colleges can require a mix of universal, targeted or specialist interventions.

School and college leaders should be able to:

- Develop skills and knowledge to resolve conflict as part of the curriculum;
- Challenge aggressive behaviour in ways that prevent the recurrence of such behaviour;
- Understand risks for specific groups, including those that are gender-based, and target interventions;
- Safeguard, and specifically organise child protection, when needed;

- Carefully manage individual transitions between educational establishments, especially into Pupil Referral Units (PRUs) or alternative provision; and
- Work with local partners to prevent anti-social behaviour or crime.

Addressing youth violence and gangs - Practical advice for schools and colleges (Home Office 2013)

Criminal exploitation of children: county lines

County lines is the police term for urban gangs supplying drugs to suburban areas and market coastal towns using dedicated mobile phone lines or 'deal lines'. It involves child criminal exploitation (CCE) as gangs use children and vulnerable young people to move drugs and money.

Signs to look out for:

- Persistently going missing from school or home and/or being found out of area
- Unexplained acquisition of money, clothes or mobile phone
- Excessive receipt of text/phone calls
- Relationships with controlling/older individuals/groups
- Leaving home/care without explanation
- Suspicion of physical assault/unexplained injuries
- Parental concerns
- Carrying weapons
- Significant decline in school results/performance
- Gang association or isolation from peers or social networks
- Self harm or significant changes in emotional well-being

Breast Ironing

This is a form of abuse that is emerging, particularly amongst Western and Central African countries. It is a brutal ritual where girls as young as 10 are forced to have their breasts pounded and burned with hot stones to disguise signs of pubescent development.

It is possible that thousands of girls in the UK are at risk. Much like FGM, breast ironing is a harmful cultural practice and is child abuse. It is categorised as physical abuse and professionals must therefore follow the SET procedures when reporting it.

Risks

The girl generally believes that the practice is being carried out for her own good and she will often remain silent.

Indicators

Breast Ironing is frequently a well-kept secret between the young girl and her mother. Some indicators that a girl has undergone Breast Ironing are as follows:

- Unusual behaviour after an absence from school including depression, anxiety, aggression, withdrawn etc
- Reluctance to undergo normal medical examinations
- Some girls may ask for help, but may not be explicit about the problem due to embarrassment or fear
- Fear of changing for physical activities

On-line Safety

On-line safety of our children is taken very seriously and is covered during lessons and assemblies. Staff must follow the Staff Response to an E-Safety Incident of Concern flow chart. See the E-Safety policy.

APPENDIX 3

KEEPING CHILDREN SAFE IN EDUCATION (September 2018).

The most recent version of Keeping children safe in education can be found here:

<https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>

INDICATORS OF VULNERABILITY TO RADICALISATION

1. Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism leading to terrorism.
2. Extremism is defined by the Government in the Prevent Strategy as:

Vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces, whether in this country or overseas.
3. Extremism is defined by the Crown Prosecution Service as:

The demonstration of unacceptable behaviour by using any means or medium to express views which:
 - Encourage, justify or glorify terrorist violence in furtherance of particular beliefs;
 - Seek to provoke others to terrorist acts;
 - Encourage other serious criminal activity or seek to provoke others to serious criminal acts; or
 - Foster hatred which might lead to inter-community violence in the UK.
4. There is no such thing as a “typical extremist”: those who become involved in extremist actions come from a range of backgrounds and experiences, and most individuals, even those who hold radical views, do not become involved in violent extremist activity.
5. Pupils may become susceptible to radicalisation through a range of social, personal and environmental factors - it is known that violent extremists exploit vulnerabilities in individuals to drive a wedge between them and their families and communities. It is vital that school/ academy staff are able to recognise those vulnerabilities.
6. Indicators of vulnerability include:
 - Identity Crisis – the student / pupil is distanced from their cultural / religious heritage and experiences discomfort about their place in society;
 - Personal Crisis – the student / pupil may be experiencing family tensions; a sense of isolation; and low self-esteem; they may have dissociated from their existing friendship group and become involved with a new and different group of friends; they may be searching for answers to questions about identity, faith and belonging;
 - Personal Circumstances – migration; local community tensions; and events affecting the student / pupil’s country or region of origin may contribute to a sense of grievance that is triggered by personal experience of racism or discrimination or aspects of Government policy;
 - Unmet Aspirations – the student / pupil may have perceptions of injustice; a feeling of failure; rejection of civic life;
 - Experiences of Criminality – which may include involvement with criminal groups, imprisonment, and poor resettlement / reintegration;

- Special Educational Need – students / pupils may experience difficulties with social interaction, empathy with others, understanding the consequences of their actions and awareness of the motivations of others.

7. However, this list is not exhaustive, nor does it mean that all young people experiencing the above are at risk of radicalisation for the purposes of violent extremism.

8. More critical risk factors could include:

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