



Policy for Safeguarding Children

Written with regard to *Working Together to Safeguard Children 2015*, *Keeping Children Safe in Education (KCSIE) Sep 2016* and *Prevent Duty Guidance: for England and Wales March 2015*.

Greenfield School is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment. This means we have a Safeguarding and Child Protection Policy and procedures in place. All staff (including volunteers and Governors) must ensure they are aware of these procedures.

Designated Safeguarding Lead for Child Protection – Sachin Sukhdeo

Deputy Designated Safeguarding Lead -

Mr Will Gudgeon- Assistant Head

Mrs Jan Hardy- Head of Early Years

Miss Lucy Bunyon – Head of Early Years (from Jan 2018)

Miss Lydia Botting - Head of Learning Enhancement

Headmistress – Mrs Tania Botting

These members of staff can be contacted via the school on **01483 772525**

Safeguarding Governor – Mr John Attwater

Chair of Governors – Mrs Janet Day

Governors can be contacted via the school on **01483 772525**

If at any point, there is a risk of immediate serious harm to a child a referral should be made to the children's social care immediately via Surrey County Council's Multi-Agency Safeguarding Hub (MASH), which can be contacted on 0300 470 9100.- anybody can make a referral.

If you are concerned about a child, inform the **DSL immediately**.

Allegations against staff should be made to the Headmistress immediately who will contact Surrey County Council's local authority child protection designated officer (**LADO**) on **0300 123 1650**.

For advice and support about extremism please contact David Stewart at David.Stewart@surrey.pnn.police.uk mobile number 07967 987952 or telephone 101 and ask for extension 36914 or the DfE dedicated telephone helpline and mailbox for staff and governors – 0207 340 7264 and counter-extremism@education.gsi.gov.uk

To report **FGM** please contact Woking Police on 01483 571212

In an emergency where the immediate safety of a child, young person or adult is at risk, then [Surrey Police](#) on 999, should be called.

In addition to this policy Greenfield School takes due regard for, and refers to, any additional details found in the following DfE publications:

[https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/526153/Keeping children safe in education guidance from 5 September 2016.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/526153/Keeping_children_safe_in_education_guidance_from_5_September_2016.pdf)

<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

<https://www.gov.uk/government/publications/what-to-do-if-youre-worried-a-child-is-being-abused--2>

<https://www.gov.uk/government/publications/disqualification-under-the-childcare-act-2006>

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/439598/prevent-duty-departmental-advice-v6.pdf

[https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/417943/Prevent Duty Guidance England Wales.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/417943/Prevent_Duty_Guidance_England_Wales.pdf)

[https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/440450/How social media is used to encourage travel to Syria and Iraq.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/440450/How_social_media_is_used_to_encourage_travel_to_Syria_and_Iraq.pdf)

[https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/322307/HMG MULTI AGENCY PRACTICE GUIDELINES v1 180614 FINAL.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/322307/HMG_MULTI_AGENCY_PRACTICE_GUIDELINES_v1_180614_FINAL.pdf)

[https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/512906/Multi Agency Statutory Guidance on FGM - FINAL.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/512906/Multi_Agency_Statutory_Guidance_on_FGM_-_FINAL.pdf)

[https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/508847/Mental Health and Behaviour - advice for Schools 160316.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/508847/Mental_Health_and_Behaviour_-_advice_for_Schools_160316.pdf)

Additional and relevant information on the expectations of conduct for staff can be found in the Code of Conduct for Staff Policy, the Staff Handbook, the Intimate Care Policy, Restraint Policy, Supervision of Pupils Policy, Missing Child Policy, Disaster and Emergency Policy and Social Media Policy.

The Foundation Stage is fully included in this policy and all aspects of the following is relevant to the Early Years department and children of this age (under 5's) in Wrap Around Care.

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1. SUBJECT DEFINITION

Safeguarding is a term which relates to the action taken to promote the welfare of children and protect them from maltreatment; preventing impairment of children's 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 possible outcomes. Children includes everyone under the age of 18.

Child Protection is preventing and responding to violence, exploitation and abuse against children.

The School and its staff form part of the wider safeguarding system for children. Safeguarding and promoting the welfare of children is everyone's responsibility. Everyone who comes into contact with children and their families and carers has a role to play in safeguarding children. 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. As no single professional can have a full picture of a child's needs and circumstances, if children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action.

2. AIMS AND OBJECTIVES OF THE SAFEGUARDING AND CHILD PROTECTION POLICY

Our aim is to ensure through our child protection system the safeguarding and protection of Greenfield pupils who are suffering from, or are at risk of significant harm or abuse, by peers or an adult, and those children who may be in need of extra help. We endeavour to:

- Support each child's development in ways that will foster security, confidence and independence.
- Provide an environment in which children can feel safe, secure, valued and respected, confident, and know how to approach adults if they are in difficulties, knowing they will be listened to.
- Raise awareness that all teaching and non-teaching staff are responsible for safeguarding children and identifying and reporting possible cases of abuse.
- Provide a systematic means of monitoring children known or thought to be at risk of harm, and ensure we contribute to assessments of need and support packages for those children.
- Emphasise the need for good levels of communication between all members of staff.
- Develop a structured procedure 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 Surrey Children's Social Care and the Police.
- Ensure that all staff working within our school who have access to children have been checked as to their suitability, including verification of their identity, qualifications and a satisfactory enhanced DBS check and that a central record is kept for audit. A new DBS check is sought every five years.

2.1. PRINCIPLES OF CHILD PROTECTION

- All children have the right to be protected
- Child abuse occurs in all cultures, all religions, all social classes
- Abused children need the same care, whoever the perpetrator of the abuse
- The school should aim to minimise damage and help to promote recovery

- All agencies involved in any child protection investigation should adhere to a principle of confidentiality
- Families, children and staff involved in investigations should receive sensitive handling

3. RESPONSIBILITIES

All adults working with, or on behalf, of children have a responsibility to safeguard children. Every child must receive the right help at the right time to stop a situation escalating. It is every member of staffs' responsibility to record any concerns, however small, on a *Concern Form*, file it electronically on 'Staff Common' and send a copy to the DSL immediately.

There are, however, key people within the school who have specific responsibilities for leading safeguarding and Child Protection Procedures. These persons should ensure that mechanisms are in place to assist staff to understand and discharge their role and responsibilities as set out in Part 1 of KCSIE Sep 2016.

Our Designated Safeguarding Lead (DSL) is:

Mr Sachin Sukhdeo – Head of Pastoral Care / Designated Safeguarding Lead with responsibility for Child Protection for the whole school.

The DSL has responsibility for liaising with other Surrey agencies and professionals and for referring cases of suspected abuse to the relevant investigating agencies according to the procedures established by the Surrey Children's Social Care team. The DSL also acts as a source of advice, support and expertise within the school, ensuring there is a policy in place and offering training to staff. The DSL is responsible for keeping written records of concerns about a child even if there is no need to make an immediate referral and for ensuring that records are kept confidentially and securely and separately from pupil records.

The DSL ensures that an indication of further record-keeping is marked on the pupil records (front of file is marked with an orange sticker). The DSL is responsible for ensuring that they (or an appointed representative) attend case conferences or other multi-agency planning meetings, contributes to assessments and provides a report which has been shared with parents/carers. The DSL also ensures that any pupil currently subject to a Child Protection Plan who is absent without explanation for two days is referred to their key worker's Social Care Team. The DSL is responsible for providing an annual report for the governing body, detailing any changes to procedures; training undertaken by the DSL, staff and governors; number and type of incidents/cases and the number of children subject to a Child Protection Plan.

The DSL is ultimately responsible for any action within the School deemed necessary to safeguard a child believed to be at risk of/or suffering physical, emotional or sexual abuse by a parent/carer/teacher/peer/other adult, or is in need of extra support. The DSL will liaise with Children's Services according to Surrey County Council guidelines and procedures.

The DSL and Designated Child Protection Governor will be trained in Child Protection as required by the Surrey Safeguarding Children's Board (SSCB) and in Safer Recruitment procedures (see Safer Recruitment Policy) for the selection of staff and volunteers. The DSL will undergo updated child protection training every two years, in accordance with locally agreed procedures and includes inter-agency working. In addition to

formal training the DSL will also update their own knowledge via e-bulletins, meeting other DSLs or taking time to read and digest safeguarding developments.

Deputy Designated Safeguarding Leads (DDSL)

Mr Will Gudgeon – Assistant Head

Mrs Jan Hardy – Head of Early Years

Miss Lucy Bunyon – Head of Early Years (from Jan 2018)

Miss Lydia Botting- Head of Learning Enhancement

The DSL is able to delegate their activities to appropriately trained deputies, however, the ultimate lead responsibility for safeguarding and child protection, as set out above, remains with the DSL. This responsibility should not be delegated. DDSL shall be trained to the same standard as the DSL allowing them to provide advice and training to colleagues and deal with safeguarding concerns appropriately.

During term time the DSL and or a DDSL should always be available (during school hours) for staff in the school to discuss any safeguarding concerns. It is the responsibility of the DSL and or DDSL to arrange adequate and appropriate cover arrangements for any out of hours/out of term activities.

Mr John Attwater – Link Governor with responsibility for Child Protection & Safeguarding. The nominated Child Protection Link Governor ensures, in liaison with the Headmistress or DSL that the School has a policy and procedures in place for safeguarding children. They will lead termly Safeguarding Sub-Committee meetings, ensure an item is placed on the whole Governors' meeting agenda to discuss child protection issues and ensure that the school contributes to inter-agency working in line with statutory guidance (Working together to keep children safe 2015). The Child Protection Governor is involved with the effective implementation and monitoring of the Child Protection Policy and procedures. The nominated governor has responsibility for the overview of procedures relating to handling of allegations against staff. The Link Governor for Child Protection also ensures that the School is carrying out proper DBS checks and maintaining a suitable Single Central Record.

Mrs Tania Botting – Headmistress

Allegations against staff are reported directly to the Headmistress. Should the DSL be made aware of any allegation then they should inform the Headmistress immediately. The DSL also liaises and makes referrals to the police in cases where a crime may have been committed. In the event that the allegations are against the DSL, the Headmistress must be informed immediately and will contact the LADO. In the event that there is an allegation against the Head, the Governors will refer this to the LADO.

The Staff

Staff play a key role in the safeguarding of our children. The expertise staff build up by undertaking training and managing safeguarding concerns contribute to the shape of safeguarding arrangements and child protection policy. All staff members receive appropriate safeguarding and child protection training as part of their induction (see induction checklist) and should be in line with advice from the LSCB. A detailed

explanation of policy and procedure is given, including the identity of the Designated Safeguarding Leads/Deputies and information as to the whereabouts of paperwork and how to deal with a disclosure.

In addition all staff members receive regular safeguarding and child protection updates via email and at staff briefings/meetings, as required, but at least annually, to provide them with relevant skills and knowledge to safeguard children effectively.

All staff at induction are given:

- A copy of the school's Safeguarding Policy;
- The Staff Code of Conduct / Staff Handbook
- The identity of the designated Safeguarding Lead
- A copy of Part 1 of KCSIE Sep 2016 (All those in management positions are required to read the entire document)
- Information about the Prevent Duty
- Staff Handbook
- Information on Whistleblowing as stated on Page 17 of this policy and Page 31 of the Staff Handbook

Staff are responsible for ensuring that peers, parents, carers or other staff members inform the DSL of any suspicion of child abuse. All concerns, discussions and decisions made and the reasons for those decisions should be recorded in writing. If in doubt about recording requirements staff should discuss with the DSL.

Staff may, from time to time, be required to monitor pupils with regards to child safety concerns. **Telephone numbers are displayed in the staff room and on the front of this policy.** Staff are responsible for keeping records of behaviour/incidents and forwarding their concerns to the DSL.

4. VISITING SPEAKERS

Visitors to the school for 'one off' visits, e.g. speakers, workshops, must have an internet check carried out before they arrive, wear a red lanyard after signing in and be chaperoned at all times by a member of the Greenfield staff. Visiting speakers are the responsibility of the member of staff that organised their visit.

5. TYPES OF ABUSE AND NEGLECT (KCSIE 2016)

All of the forms of abuse highlighted below are referred to in the same way – Practical information about possible signs of abuse can be found in Appendix 1 Page 21.

Staff should be aware that abuse, neglect and safeguarding issues are rarely standalone events that can be covered by one definition or label. In most cases multiple issues will overlap with one another. Further information and advice for practitioners is available here: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419604/What_to_do_if_you_re_worried_a_child_is_being_abused.pdf

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

Physical abuse: a form of abuse which 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.

Emotional abuse: the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. It may involve conveying to a child 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 a child's developmental capability as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

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

Neglect: 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.

5.1. SPECIFIC SAFEGUARDING ISSUES (KCSIE 2016):

All staff should have an awareness of specific safeguarding issues which are listed below. Staff should be aware that behaviours linked to the likes of drug taking, alcohol abuse, truancy and sexting put children in danger. They should also be aware that safeguarding issues can manifest themselves via peer on peer abuse. This is most likely to include, but not limited to: bullying (including cyber bullying), gender based violence/sexual assaults and sexting.

- | | | |
|------------------------------------|---|-----------------------------------|
| • bullying including cyberbullying | • children missing education* | • child missing from home or care |
| • child sexual exploitation (CSE)* | • domestic violence | • drugs |
| • fabricated or induced illness | • faith abuse | • forced marriage* |
| • gangs and youth violence | • gender-based violence/violence against women and girls (VAWG) | • hate |
| • mental health | • Missing children & adults strategy | • private fostering |
| • preventing radicalisation* | • relationship abuse | • sexting |
| • trafficking | | |

Detailed information regarding these specific issues is available via gov.uk and in Annex A of the KCSIE (2016)*

5.2. MISSING CHILD

A child going missing from education is a potential indicator of abuse or neglect. Staff should inform the Headmistress if a pupil is absent on repeated occasions to help identify the risk of abuse and neglect, including sexual abuse or exploitation and to help prevent the risk of their going missing in future. The School Office will always telephone a parent to ascertain the whereabouts of a pupil that has not arrived at school. A daily register is recorded and attendance monitored. If a child has significant absence due to illness, is repeatedly absent, or is absent for more than 10 continuous school days without authorisation, the school will inform the Local Authority. The DSL will ensure that any pupil currently subject to a Child Protection Plan who is absent without explanation for two days is referred to their key worker's Social Care Team.

5.3. CHILD SEXUAL EXPLOITATION (CSE) -2017

CSE involves exploitative situations, contexts and relationships where young people receive something (for example, accommodation, drugs, alcohol, gifts, money or in some cases simply affection) as a result in engaging in sexual activities. Sexual exploitation can take many forms ranging from the seemingly 'consensual' relationship where sex is exchanged for affection or gifts, to serious organised crime by gangs and groups. What marks out exploitation is an imbalance of power in the relationship. It is important to recognise that some young people who are being sexually exploited do not exhibit any external signs of this abuse.

Expert and professional organisations are the best places to provide up-to-date guidance and practical support on specific safeguarding issues. For example the NSPCC offers information on its website www.nspcc.org.uk

Further information regarding CSE can be found by following the link: [CSE](#)

5.4. HONOUR-BASED VIOLENCE (HBV)

So-called 'honour-based' violence (HBV) encompasses crimes which have been committed to protect or defend the honour of the family and/or the community, including Female Genital Mutilation (FGM), forced marriage, and practices such as breast ironing. All forms of so called HBV are abuse (regardless of the motivation) and should be handled and escalated as such. If in any doubt staff should speak to the DSL. Staff need to be alert to the possibility of a child being at risk of HBV, or already having suffered HBV. FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs. It is illegal in the UK and a form of child abuse with long-lasting harmful consequences. The Female Genital Mutilation Act 2003 places a statutory duty upon teachers along with regulated health and social care professionals in England and Wales, to report to the police where they discover (either through disclosure by the victim or visual evidence) that FGM appears to have been carried out on a girl under 18. Those failing to report such cases will face disciplinary sanctions. Teachers must personally report their concerns to the police and unless the teacher has a good reason not to, they should also consult the DSL and involve children's social care as appropriate.

5.5. RADICALISATION AND TERRORISM – THE PREVENT STRATEGY

The school acknowledges and, if needed, participates in the Prevent Program. The DSL has taken the Channel General Awareness course and it is his/her responsibility to report any concerns to Channel via the local Prevent Officer. In addition, staff are briefed on the signs to look for when identifying children at risk – they can include things such as racist graffiti or comments being made on school premises, extremist content being shared on social media, terrorist or extremist propaganda being shared with students or vulnerable students being influenced by others with extreme views. A more detailed document can be found as Appendix III at the end of this document. The Prevent Self-Assessment has been carried out to ensure the school has adopted Prevent into its mainstream processes. In addition, Prevent has been considered, and appropriate aspects embedded into our IT policy and PSHE curriculum.

5.6. MENTAL HEALTH

The school is committed to offering important opportunities to prevent mental health problems by promoting resilience. We support pupils who are experiencing high levels of psychological stress or who are at risk of developing mental health problems. Providing pupils with inner resources that they can draw on as a buffer when negative or stressful things happen helps them to thrive even in the face of significant challenges. This is achieved through ensuring children have a wide support network including parents, supportive staff, friendship groups and a variety of ways of communicating concerns. This is fully embedded in our PSHE curriculum. Where there is a concern regarding mental health staff should communicate this to the DSL, along with a concern form detailing their observations. The DSL is then responsible for communicating with parents and if appropriate suggesting they seek advice from their GP and making a referral to The Children's, Adolescence Mental Health Services (CAMHS).

To make a referral:

- **Call CAMHS One Stop**
Call 0300 222 5755 open 8am-8pm Monday to Friday and 9am -12pm Saturday or write to CAMHS One Stop, 18 Mole Business Park, Leatherhead, KT22 7AD

6. DISCLOSURES FROM CHILDREN TO STAFF

All staff should know what to do if a child tells them he/she is being abused or neglected. Staff should know how to manage the requirement to maintain an appropriate level of confidentiality whilst at the same time liaising with relevant professionals such as the designated safeguarding lead and children's social care. Staff should never promise a child that they will not tell anyone about an allegation- as this may ultimately not be in the best interests of the child.

If a child makes a disclosure, the following advice applies.

- Listen to the child without displaying shock or disbelief.
- Reassure and acknowledge how hard it is for them to tell you.
- Let the child dictate the pace. Do not ask leading questions. **Do not promise confidentiality.**
- Make notes at the time, recording facts, not assumptions.
- All notes should be timed, dated and signed with the name printed alongside the signature.
- Take your notes to the Designated Safeguarding Lead or Deputy Safeguarding Lead as a matter of urgency.
- The DSL / DDSL will notify children's social care, without delay, of a disclosure or suspicion of abuse – Surrey County Council's Children's Social Care.
- **If, at any point, there is a risk of immediate serious harm to a child a referral should be made to the children's social care immediately, anybody can make a referral.**
- Child protection information held at Greenfield will be passed on to the DSL in any school to which a child transfers.

7. HOW TO MAKE A CONTACT OR REFERRAL ABOUT A CHILD:

From 5 October 2016, The Surrey Multi-Agency Safeguarding Hub (MASH) will be a single point of contact for reporting safeguarding concerns and this new 'front door' will provide a full and rich picture of need, risk and harm, bringing together data, information and knowledge from across the Surrey partnership.

For any concerns about a child call the Multi-Agency Safeguarding Hub on:

03004709100 Monday to Friday from 9am to 5pm.

Out of hours the emergency duty team can be contacted on **01483 517898** from 5pm to 9am and 24 hours/day on Saturdays, Sundays and Bank Holidays.

8. THE EARLY HELP ASSESSMENT (EHA)

Early help means providing support as soon as a problem emerges at any point in a child's life. Where a child would benefit from co-ordinated early help, an early help inter-agency assessment should be arranged.

EHA is the referral format that should be used by all professional referrers for children that are not at risk of serious harm, or have suffered harm, but are in need of additional support from one or more agencies. This will be completed, in most cases, by the SENCO or DSL/DDSL in consultation with other relevant staff. All relevant documentation can be obtained here: <https://www.surreycc.gov.uk/social-care-and-health/surrey->

[children-and-young-peoples-partnership/early-help-for-children-and-families/what-is-early-help/what-is-the-early-help-assessment](#)

The EHA can be used effectively to holistically assess the whole family as part of the Team Around the Family Approach. The Early Help Partnership Service (previously the CAF team) should be contacted initially and can offer support and guidance on all aspects of the Early Help Assessment, Family Action Plans and Lead Professional. This includes completing the EHA, signposting of local services to support the identified need and attending TAF meetings.

If we feel a child would benefit from an Early Help Assessment we will seek consent from the child's parents. EH can be contacted via the MASH. The Early Help Hubs:

- South West Hub (Guildford and Waverley) 01483 519722
- South East Hub (Tandridge, Reigate & Banstead, Mole Valley) 01737 733944
- North East Hub (Spelthorne, Elmbridge, Epsom & Ewell) 01372 833133
- North West Hub (Runnymede, Woking, Surrey Heath) 01932 795522

Address: Early Help Partnership Service, 35 Guildford Road, Woking, Surrey, GU23 6LH

Email: earlyhelp@surreycc.gov.uk (egress) earlyhelp@surreycc.gcsx.gov.uk (GCSX)

9. SUPPORTING CHILDREN:

We recognise that children who are in need, abused, or at risk of suffering harm, including self-harm may find it difficult to develop a sense of self-worth. They may feel helplessness, humiliation and some sense of blame. The school may be the only stable, secure and predictable element in the lives of the children at actual or likely risk. When at school their behaviour may be challenging and defiant or they may be withdrawn. The school will endeavour to support the pupil through:

- The content of the curriculum.
- The school ethos which promotes a positive, supportive and secure environment.
- Encouraging self-esteem, confidence and self-assertiveness, through the curriculum as well as our relationships, whilst not condoning aggression or bullying.
- The School is committed to attending Child Protection Conferences and Training Courses. Designated Persons are fully trained and attend Child Protection update training every 2 years. Staff are fully updated regularly, but, at least annually. Staff who are new to the school are immediately made fully aware of policy and procedures as part of the school's own induction process.
- The School will ensure effective liaison with supporting agencies, whilst listening to the wishes and feelings of the child.
- Notifying Social Care as soon as there is significant concern.
- It will implement the recommendations of a child protection plan.
- The school will continue to support the parents/carers as long as contact would not further compromise the child's welfare or safety.
- Where a child is removed from the child protection register, the school will continue to monitor progress carefully and, if necessary, make a further referral.

- The School recognises that a child who is abused or witnesses violence may feel helpless and humiliated, may blame themselves, and find it difficult to develop and maintain a sense of self-worth.
- 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.
- 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.
- Providing continuing support to a pupil about whom there have been concerns and who leaves the school – by ensuring that appropriate information is copied under confidential cover, to the child's receiving school.
- The school will allow the children to express their views and give feedback.
- Ultimately any systems and processes will operate in the best interest of the child at heart.

10. CONFIDENTIALITY:

Staff have a professional responsibility to share relevant information about the protection of children with other professionals, particularly investigating agencies. Staff who receive information about children and families in the course of their work should keep this information within the professional context of their work. Whilst the Data Protection Act 1998 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 being placed at risk of harm. Fears about sharing information cannot be allowed to stand in the way of the need to promote the welfare and protect the safety of children (KCSIE 2016).

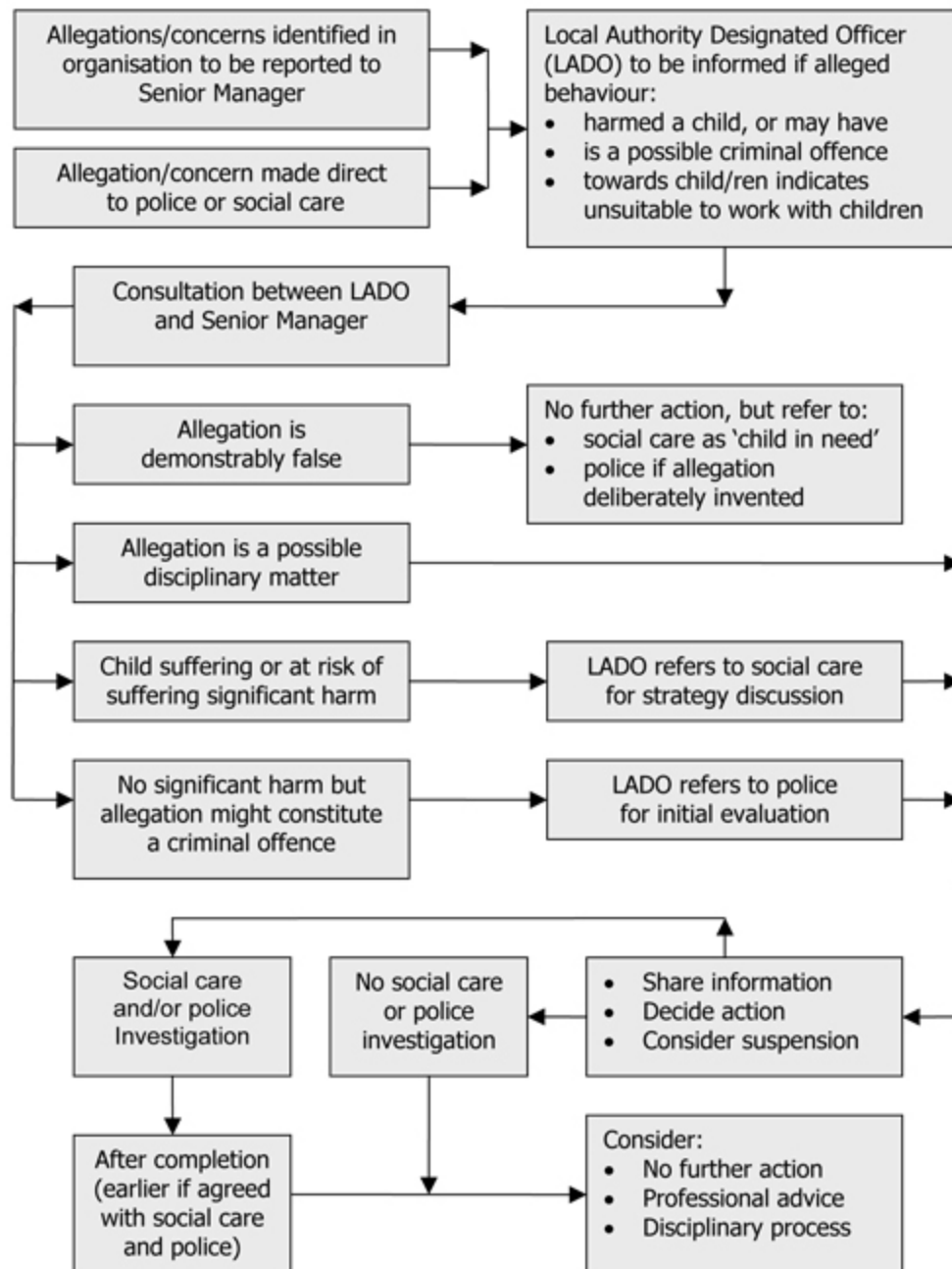
- All matters relating to child protection are confidential.
- The DSL will disclose any information about a pupil on a need to know basis only.
- All staff must be aware they have a professional responsibility to share information with other agencies in order to safeguard children.
- All staff must be aware that they cannot promise a child to keep secrets which might compromise the child's safety or wellbeing.
- The School will undertake to share its intention to refer a child to Social Care with parents /carers unless to do so could put the child at greater risk of harm, or impede criminal investigation.

11. SAFE STAFF

- All staff must be aware of the **Staff Code of Conduct**.
- All school staff should take care not to place themselves in a vulnerable position with a child. It is always advisable for interviews or work with individual children or parents to be conducted in view of other adults.
- All staff should be aware of the School's policy for Intimate Care.
- All staff should be aware of the School's Behaviour, Sanctions and Exclusion Policy and the Restraint Policy.
- Guidance about conduct and safe working practice will be given at induction and staff should be aware of the school's whistle blowing policy and the policy for safe working practice to avoid allegations of abuse.
- If a pupil makes an allegation against a member of staff, all procedures need to be applied with common sense and judgement.

- Any member of staff considered unsuitable to work with children will be notified to the secretary of state via the DBS, within 1 month of leaving the school.
- There is a requirement to report to DBS within 1 month of anyone whose services are no longer required in the context of a child protection issue.
- The School will ensure that assurance is obtained that Child Protection checks and procedures apply to any staff member employed by another organisation and working with the school's pupils on another site.

12. ALLEGATIONS OF ABUSE AGAINST TEACHERS AND OTHER STAFF



If you have an allegation or child protection concern about a member of staff or adult working with children which indicates that they have:

- 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; or behaved towards a child or children in a way that indicates s/he is unsuitable to work with children

it is your responsibility to inform the Headmistress immediately. Staff may consider discussing any concerns with the DSL and make a referral via them. If the allegations are about the DSL, the Headmistress must be informed. If the allegations are about the Headmistress, reports should be made to the Chair of Governors, without the Headmistress being informed.

The local authority designated officer (LADO) must be informed before an investigation is started by the school to avoid jeopardising the work of external agencies. The LADO must be informed within one working day.

If a crime may have been committed, the matter should be reported to the police.

Greenfield has a duty of care to its employees and will ensure that we provide effective support for anyone facing an allegation and provide the employee with a named contact if they are suspended. A quick resolution is the priority to the benefit of all concerned.

- Procedures need to be applied with common sense and judgement.
- Allegations found to be malicious should be removed from personnel records.
- Pupils that are found to have made malicious allegations will be dealt with under the Behaviour and Sanctions policy.
- Records must be kept of all other allegations, but any that are not substantiated, are unfounded or malicious, and should not be referred to in employer references.
- Any allegations that are substantiated, that show that a person is unsuitable to work with children, will be reported promptly to the DBS. Reports will include as much evidence about the circumstances as possible. Compromise agreements cannot apply in this connection.
- The school is under a duty of care to consider making a referral to the National College for Teaching and Leadership (NCTL) where a teacher has been dismissed (or would have been dismissed had she/he not resigned). The reasons such an order would be considered are: 'unacceptable professional conduct', 'conduct that may bring the profession into disrepute' or a 'conviction, at any time, for a relevant offence'. Advice about whether an allegation against a teacher is sufficiently serious to refer to the NCTL can be found on the NCTL website.

The framework for managing cases of allegations of abuse against people who work with children is set out in *Working together to safeguard children 2015*. A copy of this document can be found in the Headmistress' office and the staff work room.

Access the Surrey Child Protection procedure manual at : www.surreycc.gov.uk/safeguarding

13. ABUSE BY ONE OR MORE PUPILS AGAINST ANOTHER PUPIL

Staff should recognise that children are capable of abusing their peers. If there is reasonable cause to suspect that a child is suffering, or likely to suffer, significant harm from another pupil, or group of pupils, any such

abuse will be treated as a child protection concern and referred to local agencies. In the event of disclosures about pupil on pupil abuse, all children involved, whether perpetrator or victim, will be treated as being 'at risk'. See Anti Bullying Policy.

14. CHILDREN WITH SPECIAL EDUCATIONAL NEEDS AND DISABILITIES

Children with special educational needs (SEN) and disabilities can face additional safeguarding challenges. Governors should ensure their child protection policy reflects the fact that additional barriers can exist when recognising abuse and neglect in this group of children. This can include:

- assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration;
- children with SEN and disabilities can be disproportionately impacted by things like bullying- without outwardly showing any signs; and
- communication barriers and difficulties in overcoming these barriers.

15. WHISTLE BLOWING

Staff must acknowledge their individual responsibility to share their concerns about another staff member with the Headmistress immediately. Where there are concerns about the Headmistress this should be referred to the Chair of Governors. Staff may consider discussing any concerns with the DSL and make a referral via them.

All staff and volunteers should also feel able to raise concerns about poor or unsafe practice and potential failures in the school's safeguarding regime and that such concerns will be taken seriously by the senior leadership team.

Information regarding whistleblowing can be found at <https://www.gov.uk/whistleblowing>

Should a member of staff feel unable to raise their concerns then they should sought advice from the NSPCC whistleblowing helpline. This is available for staff who do not feel able to raise concerns regarding child protection failures internally. Staff can call: 0800 028 0285 – line is available from 8:00 AM to 8:00 PM, Monday to Friday and Email: help@nspcc.org.uk.

15.1. REASONS FOR WHISTLE BLOWING

- Each individual has a responsibility for raising concerns about unacceptable or unsafe practice or behaviour, including potential failures in the school's safeguarding procedures, provision for mediation and dispute resolution where necessary
- To prevent the problem worsening or widening
- To protect or reduce risks to others
- To prevent becoming implicated yourself

15.2. HOW TO RAISE A CONCERN

- You should voice your concerns, suspicions or uneasiness as soon as you feel you can. The earlier a concern is expressed the easier and sooner action can be taken.
- Try to pinpoint exactly what practice is concerning you and why.
- Inform the Headmistress immediately, who will then contact the LADO.
- If your concern is about the DSL, contact the Headmistress.
- If your concern is about the Headmistress, contact the Chair of Governors, or, if you feel you need to take it to someone outside the school, contact the LADO. Staff may consider discussing any concerns with the DSL and make a referral via them.
- Make sure you get a satisfactory response.
- You should put your concerns in writing, outlining the background and history, giving names, dates and places where you can.
- A member of staff is not expected to prove the truth of an allegation, but, will need to demonstrate sufficient grounds for the concern.

15.3. WHAT HAPPENS NEXT?

- You should be given information on the nature and progress of any enquiries
- Greenfield has a responsibility to protect you from harassment or victimisation
- No action will be taken against you if the concern proves to be unfounded and was raised in good faith
- Malicious allegations may be considered as a disciplinary offence.

16. SELF-REPORTING

There may be occasions where a member of staff has a personal difficulty, perhaps a physical or mental health problem, which they know to be impinging on their professional competence. Staff may also need to highlight that they meet the criteria for Disqualification by Association under to 2006 Act. Staff have a responsibility to discuss such a situation with their line manager so professional and personal support can be offered to the member of staff concerned. Whilst such reporting will remain confidential in most instances, this cannot be guaranteed where issues raise concerns about the welfare or safety of children.

17. PHYSICAL INTERVENTION

Staff should be aware of the school's Restraint Policy, which emphasises that physical intervention must only ever be used as a last resort and that at all times it must be the minimal force necessary to prevent injury to another person. Such events should be recorded. Physical intervention of a nature which causes injury or distress to a child may be considered under the child protection procedures.

18. PREVENTION

We recognise that the school plays a significant part in the prevention of harm to pupils by providing pupils with good lines of communication with trusted adults, supportive friends, and an ethos of protection. At school we will:

- Work to 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 is an adult in school whom they can approach if they are worried or in difficulty
- Include across the curriculum, including ICT/e-safety, assemblies and in PSHE and Sex & Relationship Education (SRE), opportunities which equip children with the necessary skills to stay safe from harm and to know to whom they should turn for help.
- For e-safety, the school has installed a new internet filtering system provided by BLOXX. This system provides real time content analysis and is flexible to block different sites for different groups of children and adults. We are also able to block any sites which may encourage radicalisation. This will be regularly checked to ensure that this is working, effective and reasonable. See e-Safety Policy
- Parents are invited to an e-safety talk biannually.

19. HEALTH AND SAFETY

Our Health and Safety Policy, set out in a separate document, (see Health and Safety Policy) reflects the consideration we give to the protection of our children both physically within the school environment, and, for example, in relation to internet use, (see ICT Policy and 'Safer Children in a Digital World' and summary for children) within the school environment and when away from school when undertaking school trips and visits.

20. SAFER RECRUITMENT – SEE SEPARATE SAFER RECRUITMENT POLICY

The school's rigorous appointment process ensures that all staff are checked for suitability to work with children, including the DfE's requirement to draw staffs' attention to Disqualification by Association. This is in keeping with our commitment to safeguard and promote the welfare of children and young people at all times. (see Safer Recruitment Policy)

21. MOBILE PHONES, I PADS AND CAMERAS

- Staff are aware of the dangers of taking photographs of children and mobile phones are to be locked by a password. All staff have a clear understanding of what constitutes the misuse of mobile phones and know how to minimise the risk.
- Staff will not use mobile phones in the classrooms or playground, unless with the prior permission of the Headmistress or a member of Senior Leadership Team..
- All calls must be made in either the staffroom or one of the school offices away from children.
- Staff must not use their personal mobiles to contact parents unless in an emergency.
- Staff are vigilant and alert to any potential warning signs of the misuse of mobile phones.
- Staff are informed that they are responsible for their own behaviour regarding the use of mobile phones and should avoid putting themselves into compromising situations, which could be misinterpreted and lead to potential allegations.
- Staff should be aware of the need for professional boundaries and they are given clear guidance regarding the acceptable use of mobile phones in your setting.

- Staff should be aware of the importance of reporting concerns immediately and tell them who they should report them to (See 'whistle blowing')
- Staff are informed that the recording, taking and sharing of images, video and audio on any mobile phone is not permitted unless it is authorised by a member of Senior Leadership Team who will make sure that it is monitored and recorded.
- Staff are informed that all mobile phone use is open to scrutiny and the SLT can withdraw or restrict authorisation at any time.
- If on special occasions staff use their phones for recording or photographs for evidence or on trips they will be with another member of staff and have permission. They will delete all photographs once they are taken and used for educational evidence only.
- Parents and visitors to the school should not use mobile phones while on site.

22. INFORMATION FOR PARENTS AND CARERS:

Greenfield School is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment.

This means that we have a Child Protection Policy and procedures in place. All staff (including volunteers and governors) must ensure they are aware of these procedures. Parents and carers are welcome to read the policy and is available on request from the school or on our website.

Sometimes we may need to share information and work in partnership with other agencies when there are concerns about a child's welfare. We will ensure that our concerns about our pupils are discussed with his/her parents/carers first unless we have reason to believe that such a move would be contrary to the child's welfare.

23. LOOKED AFTER CHILDREN

The most common reason for children becoming 'looked after' is a result of abuse and /or neglect. Some children may be the responsibility of someone other than their biological parents. The Governors will ensure that staff have the skills, knowledge and understanding necessary to keep safe any children at Greenfield who are looked after by a local authority, or where they are looked after under voluntary arrangements with consent of parents or on an interim or full care order. This includes ensuring that staff have the information they need in relation to a child's looked after legal status (whether they are looked after under voluntary arrangements with consent of parents or on an interim or full care order), contact arrangements with parents, care arrangements and delegated authority to carers.

Any deficiencies or weaknesses in child protection arrangements must be remedied without delay and the DSL, Governors and Headmistress will review the policy annually, or as and when updates are issued by the Government.

Reviewed September 2017


Chair

Chair of Governors Date of next review: Sep 2018

24. *APPENDIX I – SIGNS OF ABUSE*

Signs of Abuse in Children:

The following non-specific signs may indicate something is wrong:

- Significant change in behaviour
- Extreme anger or sadness
- Aggressive and attention-seeking behaviour
- Suspicious bruises with unsatisfactory explanations
- Lack of self-esteem
- Self-injury
- Depression
- Age inappropriate sexual behaviour
- Child Sexual Exploitation.

Risk Indicators

The factors described in this section are frequently found in cases of child abuse. Their presence is not proof that abuse has occurred, but:

- Must be regarded as indicators of the possibility of significant harm
- Justifies the need for careful assessment and discussion with designated / named / lead person, manager, (or in the absence of all those individuals, an experienced colleague)
- May require consultation with and / or referral to Children's Services

The absence of such indicators does not mean that abuse or neglect has not occurred.

In an abusive relationship the child may:

- Appear frightened of the parent/s
- Act in a way that is inappropriate to her/his age and development (though full account needs to be taken of different patterns of development and different ethnic groups)

The parent or carer may:

- Persistently avoid child health promotion services and treatment of the child's episodic illnesses
- Have unrealistic expectations of the child
- Frequently complain about/to the child and may fail to provide attention or praise (high criticism/low warmth environment)
- Be absent or misusing substances
- Persistently refuse to allow access on home visits
- Be involved in domestic abuse

Staff should be aware of the potential risk to children when individuals, previously known or suspected to have abused children, move into the household.

Categories of Abuse:

1. Physical Abuse
2. Emotional Abuse (including Domestic Abuse)
3. Sexual Abuse
4. Neglect

Recognising Physical Abuse

The following are often regarded as indicators of concern:

- An explanation which is inconsistent with an injury
- Several different explanations provided for an injury
- Unexplained delay in seeking treatment
- The parents/carers are uninterested or undisturbed by an accident or injury
- Parents are absent without good reason when their child is presented for treatment
- Repeated presentation of minor injuries (which may represent a “cry for help” and if ignored could lead to a more serious injury)
- Family use of different doctors and A&E departments
- Reluctance to give information or mention previous injuries

Bruising

Children can have accidental bruising, but the following must be considered as non-accidental unless there is evidence or an adequate explanation provided:

- Any bruising to a pre-crawling or pre-walking baby
- Bruising in or around the mouth, particularly in small babies which may indicate force feeding
- Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, 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
- Variation in colour possibly indicating injuries caused at different times
- The outline of an object used e.g. belt marks, hand prints or a hair brush
- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting
- Bruising around the face
- Grasp marks on small children
- Bruising on the arms, buttocks and thighs may be an indicator of sexual abuse

Bite Marks

Bite marks can leave clear impressions of the teeth. Human bite marks are oval or crescent shaped. Those over 3 cm in diameter are more likely to have been caused by an adult or older child.

A medical opinion 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, and will always require experienced medical opinion. Any burn with a clear outline may be suspicious e.g.:

- Circular burns from cigarettes (but may be friction burns if along the bony protuberance of the spine)
- Linear burns from hot metal rods or electrical fire elements
- Burns of uniform depth over a large area
- Scalds that have a line indicating immersion or poured liquid (a child getting into hot water is his/her own accord will struggle to get out and cause splash marks)
- Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation

Scalds to the buttocks of a small child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

Fractures

Fractures may cause pain, swelling and discolouration over a bone or joint.

Non-mobile children rarely sustain fractures.

There are grounds for concern if:

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

Scars

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

Recognising Emotional Abuse

Emotional abuse may be difficult to recognise, as the signs are usually behavioural rather than physical. The manifestations of emotional abuse might also indicate the presence of other kinds of abuse.

The indicators of emotional abuse are often also associated with other forms of abuse.

The following may be indicators of emotional abuse:

- Developmental delay
- Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or not attachment
- Indiscriminate attachment or failure to attach
- Aggressive behaviour towards others
- Scape-goated within the family
- Frozen watchfulness, particularly in pre-school children
- Low self-esteem and lack of confidence
- Withdrawn or seen as a “loner” – difficulty relating to others

1. Recognising Signs of Sexual Abuse

Boys and girls of all ages may be sexually abused and are frequently scared to say anything due to guilt and/or fear. This is particularly difficult for a child to talk about and full account should be taken of the cultural sensitivities of any individual child/family.

Recognition can be difficult, unless the child discloses and is believed. There may be no physical signs and indications are likely to be emotional/behavioural.

Some behavioural indicators associated with this form of abuse are:

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

Some physical indicators associated with this form of abuse are:

- Pain or itching of genital area
- Blood on underclothes
- Pregnancy in a younger girl where the identity of the father is not disclosed
- 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

Sexual Abuse by Young People

The boundary between what is abusive and what is part of normal childhood or youthful experimentation can be blurred. The determination of whether behaviour is developmental, inappropriate or abusive will hinge around the related concepts of true consent, power imbalance and exploitation. This may include children and young people who exhibit a range of sexually problematic behaviour such as indecent exposure, obscene telephone calls, fetishism, bestiality and sexual abuse against adults, peers or children.

Developmental Sexual Activity encompasses those actions that are to be expected from children and young people as they move from infancy through to an adult understanding of their physical, emotional and behavioural relationships with each other. Such sexual activity is essentially information gathering and experience testing. It is characterised by mutuality and of the seeking of consent, even though consent cannot be given by a child under the age of sixteen.

Inappropriate Sexual Behaviour can be inappropriate socially, in appropriate to development, or both. In considering whether behaviour fits into this category, it is important to consider what negative effects it has on any of the parties involved and what concerns it raises about a child or young person. It should be recognised that some actions may be motivated by information seeking, but still cause significant upset, confusion, worry, physical damage, etc. It may also be that the behaviour is “acting out” which may derive from other sexual situations to which the child or young person has been exposed.

If an act appears to have been inappropriate, there may still be a need for some form of behaviour management or intervention. For some children, educative inputs may be enough to address the behaviour.

Abusive sexual activity included any behaviour involving coercion, threats, aggression together with secrecy, or where one participant relies on an unequal power base.

Assessment

In order to more fully determine the nature of the incident the following factors should be given consideration. The presence of exploitation in terms of:

- Equality – consider differentials of physical, cognitive and emotional development, power and control and authority, passive and assertive tendencies
- Understanding that is proposed based on age, maturity, development level, functioning and experience
- Knowledge of society’s standards for what is being proposed
- Awareness of potential consequences and alternatives
- Assumption that agreements or disagreements will be respected equally
- Mental competence
 - Coercion – the young perpetrator who abuses may use techniques like bribing, manipulation and emotional threats of secondary gains and losses that is loss of love, friendship, etc. Some may use physical force, brutality or the threat of these regardless of victim resistance.

In evaluating sexual behaviour of children and young people, the above information should be used only as a guide. Further information and advice is available in the Surrey multi-agency protocol “Working with Sexually Active Young People” available at www.surreycc.gov.uk/safeguarding, by choosing Safeguarding Children – Protocols and Guidance for Professionals. Assessment, Consultation and Therapy (ACT) 01306 745310 can also assist professionals in identifying sexual behaviour of concern in children and adolescents.

Recognising Neglect

Evidence of neglect is built up over a period of time and can cover different aspects of parenting. Indicators include:

- Failure by parents or carers to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene and medical care
- A child seen to be listless, apathetic and unresponsive with no apparent medical cause
- Failure of child to grow within normal expected pattern, with accompanying weight loss
- Child thrives away from home environment
- Child frequently absent from school
- Child left with adults who are intoxicated or violent
- Child abandoned or left alone for excessive periods

Child Sexual Exploitation (CSE)

CSE is a form of sexual abuse where children are sexually exploited for money, power or status. It can involve violent, humiliating and degrading sexual assaults. In some cases, young people are persuaded or forced into exchanging sexual activity for money, drugs, gifts, affection or status. Consent cannot be given, 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 can happen online. A significant number of children who are victims of sexual exploitation go missing from home, care and education at some point. Some of the following signs may be indicators of sexual exploitation.

Indicators of CSE

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

- Children who appear with unexplained gifts or new possessions;
- Children who associate with other young people involved in exploitation;
- Children who have older boyfriends or girlfriends;
- Children who suffer from sexually transmitted infections or become pregnant;
- Children who suffer from changes in emotional well-being;
- Children who misuse drugs and alcohol;
- Children who go missing for periods of time or regularly come home late; and
- Children who regularly miss school or education or do not take part in education.

25. *APPENDIX II- SPECIFIC SAFEGUARDING ISSUES*

Forced Marriage (FM)

This is an entirely separate issue from arranged marriage. It is a human rights abuse and falls within the Crown Prosecution Service definition of domestic violence. Young men and women can be at risk in affected ethnic groups. Whistle-blowing may come from younger siblings. Other indicators may be detected by changes in adolescent behaviours. Never attempt to intervene directly as a school or through a third party. Always call either the Contact Centre or the Forced Marriage Unit 020 7008 0151.

Female Genital Mutilation (FGM)

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

What is FGM?

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

4 types of procedure:

- Type 1 Clitoridectomy – partial/total removal of clitoris
- Type 2 Excision – partial/total removal of clitoris and labia minora
- Type 3 Infibulation entrance to vagina is narrowed by repositioning the inner/outer labia
- Type 4 all other procedures that may include: pricking, piercing, incising, cauterising and scraping the genital area.

Why is it carried out?

Belief that:

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

Is FGM legal?

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

Circumstances and occurrences that may point to FGM happening are:

- Child talking about getting ready for a special ceremony
- Family taking a long trip abroad
- Child's family being from one of the 'at risk' communities for FGM (Kenya, Somalia, Sudan, Sierra Leon, Egypt, Nigeria, Eritrea as well as non-African communities including Yemeni, Afghani, Kurdistan, Indonesia and Pakistan)
- Knowledge that the child's sibling has undergone FGM
- Child talks about going abroad to be 'cut' or to prepare for marriage
- A female elder is around, particularly when she is visiting from a country of origin

Signs that may indicate a child has undergone FGM:

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

The 'One Chance' rule

As with Forced Marriage there is the 'One Chance' rule. It is essential that settings /schools/colleges take action without delay and call the Contact centre.

26. *APPENDIX III - RADICALISATION*

Indicators of Radicalisation

Vulnerability

- Identity Crisis - Distance from cultural/ religious heritage and uncomfortable with their place in the society around them
- Personal Crisis – Family tensions; sense of isolation; adolescence; low self-esteem; disassociating from existing friendship group and becoming involved with a new and different group of friends; searching for answers to questions about identity, faith and belonging
- Personal Circumstances – Migration; local community tensions; events affecting country or region of origin; alienation from UK values; having a sense of grievance that is triggered by personal experience of racism or discrimination or aspects of Government policy
- Unmet Aspirations – Perceptions of injustice; feeling of failure; rejection of civic life
- Criminality – Experiences of imprisonment; poor resettlement/ reintegration, previous involvement with criminal groups

Access to extremism / extremist influences

- Is there reason to believe that the child/young person associates with those known to be involved in extremism - either because they associate directly with known individuals or because they frequent key locations where these individuals are known to operate? (e.g. the child/young person is the partner, spouse, friend or family member of someone believed to be linked with extremist activity)
- Does the child/young person frequent, or is there evidence to suggest that they are accessing the internet for the purpose of extremist activity? (e.g. Use of closed network groups, access to or distribution of extremist material, contact associates covertly via Skype/email etc)
- Is there reason to believe that the child/young person has been or is likely to be involved with extremist/ military training camps/ locations?
- Is the child/young person known to have possessed or is actively seeking to possess and/ or distribute extremist literature/ other media material likely to incite racial/ religious hatred or acts of violence?
- Does the child/young person sympathise with, or support illegal/illicit groups e.g. propaganda distribution, fundraising and attendance at meetings?
- Does the child/young person support groups with links to extremist activity but not illegal/illicit e.g. propaganda distribution, fundraising and attendance at meetings?

Experiences, Behaviours and Influences

- Has the child/ young person encountered peer, social, family or faith group rejection?
- Is there evidence of extremist ideological, political or religious influence on the child/ young person from within or outside UK?
- Have international events in areas of conflict and civil unrest had a personal impact on the child/ young person resulting in a noticeable change in behaviour? It is important to recognise that many people may be emotionally affected by the plight of what is happening in areas of conflict (i.e. images of children dying) it is important to differentiate them from those that sympathise with or support extremist activity
- Has there been a significant shift in the child/ young person's behaviour or outward appearance that suggests a new social/political or religious influence?
- Has the child/ young person come into conflict with family over religious beliefs/lifestyle/ dress choices?
- Does the child/ young person vocally support terrorist attacks; either verbally or in their written work?

Has the child/ young person witnessed or been the perpetrator/ victim of racial or religious hate crime or sectarianism?

Travel

- Is there a pattern of regular or extended travel within the UK, with other evidence to suggest this is for purposes of extremist training or activity?
- Has the child/ young person travelled for extended periods of time to international locations known to be associated with extremism?
- Has the child/ young person employed any methods to disguise their true identity? Has the child/ young person used documents or cover to support this?

Social Factors

- Does the child/ young person have experience of poverty, disadvantage, discrimination or social exclusion?
- Does the child/ young person experience a lack of meaningful employment appropriate to their skills?
- Does the child/ young person display a lack of affinity or understanding for others, or social isolation from peer groups?
- Does the child/ young person demonstrate identity conflict and confusion normally associated with youth development?
- Does the child/ young person have any learning difficulties/ mental health support needs?
- Does the child/ young person demonstrate a simplistic or flawed understanding of religion or politics?
- Does the child/ young person have a history of crime, including episodes in prison?
- Is the child/young person a foreign national, refugee or awaiting a decision on their immigration/ national status?
- Does the child/ young person have insecure, conflicted or absent family relationships?
- Has the child/ young person experienced any trauma in their lives, particularly any trauma associated with war or sectarian conflict?
- Is there evidence that a significant adult or other in the child/young person's life has extremist view or sympathies?

More critical risk factors could include:-

- Being in contact with extremist recruiters
- Articulating support for extremist causes or leaders
- Accessing extremist websites, especially those with a social networking element
- Possessing extremist literature
- Using extremist narratives and a global ideology to explain personal disadvantage
- Justifying the use of violence to solve societal issues
- Joining extremist organisations
- Significant changes to appearance and/or behaviour

27. APPENDIX IV – MENTAL HEALTH

Good mental health

Children who are mentally healthy have the ability to:

- develop psychologically, emotionally, intellectually and spiritually;
- initiate, develop and sustain mutually satisfying personal relationships;
- use and enjoy solitude;
- become aware of others and empathise with them;
- play and learn;
- develop a sense of right and wrong; and
- resolve (face) problems and setbacks and learn from them.

Mental Health Issues

- Conduct disorders – defiance, aggression, anti-social behaviour, stealing and fire-setting.
- Anxiety
- Depression
- Hyperkinetic disorders – disturbance of activity and attention
- Attachment disorders
- Eating disorders
- Substance abuse
- Deliberate self-Harm
- Post-traumatic stress

Mental health problems in children and young people

Some children experience a range of emotional and behavioural problems that are outside the normal range for their age or gender. These children and young people could be described as experiencing mental health problems or disorders.

Mental health professionals have defined these as:

- emotional disorders, e.g. phobias, anxiety states and depression;
- conduct disorders, e.g. stealing, defiance, fire-setting, aggression and anti-social behaviour;
- hyperkinetic disorders, e.g. disturbance of activity and attention;
- developmental disorders, e.g. delay in acquiring certain skills such as speech, social ability or bladder control, primarily affecting children with autism and those with pervasive developmental disorders;
- attachment disorders, e.g. children who are markedly distressed or socially impaired as a result of an extremely abnormal pattern of attachment to parents or major care givers; and other mental health

problems include eating disorders, habit disorders, post-traumatic stress syndromes; somatic disorders; and psychotic disorders e.g. schizophrenia and manic depressive disorder.

Many of these problems will be experienced as mild and transitory challenges for the child and their family, whereas others will have serious and longer lasting effects. When a problem is particularly severe or persistent over time, or when a number of these difficulties are experienced at the same time, children are often described as having mental health disorders.