The Rydal Academy
Child Protection and Safeguarding Policy

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Approving Body : Local Governing Body
Committee : LGB
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1. INTRODUCTION

Safeguarding and promoting the welfare of children is defined as:-

- Protecting children from maltreatment
- Preventing impairment of children's mental and physical health or development
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
- And taking action to enable all children to have the best life chances

This Child Protection Policy forms part of a suite of documents and policies which relate to the safeguarding responsibilities of the school with reference to Keeping children safe in Education September 2020

In particular, this policy should be read in conjunction with the school's:

Keeping Children Safe in Education 2020 part 1 and Annex A
Recruitment and selection policy
Behaviour Policy
Anti-Bullying Policy
Attendance Procedures including children who go missing from education.
E-safety policy and acceptable use policy
Physical Restraint Policy
Records Management Policy
Health and Safety Policy
Data Protection Policy
Whistle blowing policy
Staff code of conduct
LAC/PLAC policy
'What to do if you are worried a child is being abused.' DFE guidance

Purpose of a Child Protection Policy

To inform staff, parents, volunteers and governors about the school's responsibilities for safeguarding children.
To enable everyone to have a clear understanding of how these responsibilities should be carried out.

The school's commitment to Safeguarding

At The Rydal Academy, we are committed to safeguarding children and young people and we expect everyone who works in our school to share this commitment.

Adults in our school take all welfare concerns seriously and encourage children to talk to us about anything that worries them.

The school also assesses the risks and issues in the wider community when considering the well being and safety of it's pupils.

We will always act in the best interest of the child.

At The Rydal Academy, pupils are taught about safeguarding, including online, through various teaching and learning opportunities, as part of providing a broad and balanced curriculum. Children are taught to recognise when they are at risk and how to get help when they need it.

Implementation, Monitoring and Review of the Child Protection Policy

The policy will be reviewed annually by the governing body. It will be implemented through the school's induction and training programme, and as part of day to day practice. Compliance with the policy will be monitored by the Designated Safeguarding Lead and through staff performance measures.

2. THE DESIGNATED SAFEGUARDING LEAD

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

NAME: **J Thurland** – Designated Safeguarding Lead (DSL)

A Deputy DSL should be appointed to act in the absence/unavailability of the DSL.

The Deputy Designated Persons for Child Protection in this school are:
A Galey-Assistant Head Teacher/Pastoral Lead
K Turnbull-Deputy Head teacher
L Peoples-Assistant Head Teacher
L Truby-Inclusion Lead
J Armitage-Head teacher

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

- To undertake training to keep his or her knowledge and skills up to date
- Ensure that all staff who work with children undertake appropriate training to equip them to carry out their responsibilities for safeguarding children effectively. To include, at least, annual training and regular safeguarding updates as necessary.
- Ensure that new staff receive safeguarding children induction within 7 working days of commencement of their contract. To include this policy, KCSIE, staff code of conduct.
- Ensure that temporary staff and volunteers are made aware of the school's arrangements for safeguarding children within 7 working days of their commencement of work.
- Be aware of pupils who have a social worker and help promote their educational outcomes by sharing the information about the welfare, safeguarding and child protection issues with teachers and leadership.
- Develop effective working relationships with other agencies and services. Liaise and work with Children's Services: Safeguarding and Specialist Services over suspected cases of child abuse.
- Decide upon the appropriate level of response to specific concerns about a child e.g. discuss with parents, offer an assessment under the Early Help Framework, referral to the Team Around the School process or refer to services such as Child, adolescent and mental health (CAMHs) or Darlington Social care, housing, family support.
- Ensure that accurate safeguarding records relating to individual children are kept separate from the academic file in a secure place and are passed securely should the child transfer to a new provision
- Submit reports to and ensure the school's attendance at child protection conferences and contribute to decision making and delivery of actions planned to safeguard the child. Share these reports with parents.
- Ensure that the school effectively monitors children about whom there are concerns, including notifying Children's Services: Safeguarding and Specialist Services when there is an unexplained absence of more than two days for a child who is the subject of a child protection plan
- Provide guidance to parents, children and staff about obtaining suitable support
- Discuss with parents the role of the DSL and the role of safeguarding in the school. Make parents aware of the safeguarding procedures used and how to access the child protection policy.

Supervision
The nature of the role can mean that members of the Safeguarding Team require further support in order to deal with the possible physiological demands of the role. As such, this support is given via:

- Internal peer support through fortnightly Safeguarding meetings and half termly trust DSL meetings
- Wider peer support through regular liaison with Safeguarding teams via Darlington Safeguarding Meetings
- In some circumstances further support, supervision and counselling may be signposted and sourced sometimes on the advice of Joanna Conway, Education Safeguarding Officer

3. 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.

The nominated governor for safeguarding is:

NAME :**Sarah Clough**

In particular, the Governing Body must ensure:

- Safeguarding and Child protection policy and procedures are in place
- Safe recruitment procedures are upheld
- Appointment of a DSL who is a senior member of school leadership team
- Relevant safeguarding children training for school staff/volunteers is attended
- Safe management of allegations
- Deficiencies or weaknesses in safeguarding arrangements are remedied without delay
- A member of the Governing Body (usually the Chair) **Mark Gray** is nominated to be responsible in the event of an allegation of abuse being made against the Head Teacher
- 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

4. SCHOOL PROCEDURES - STAFF RESPONSIBILITIES

If any member of staff is concerned about a child, he or she must inform the Designated Safeguarding Lead without delay.

The member of staff must record information regarding the concerns on the same day. The recording must be a clear, precise, factual account of the observations recorded on the school's CPOMs (child protection on line monitoring service). The concern must be alerted to the DSL and if there is an immediate risk if the child goes home, then the DSL (or one of the deputies on site) must be notified immediately in person.
For those staff who do not have access to CPOMS, (kitchen, premises and out of hours) the concern must be recorded promptly in writing on a school cause for concern form. These can be found in the pastoral room and in the kitchen storage area at the back of KS2 hall and given directly to the DSL or one of the deputies on site.

The Designated Safeguarding Lead will decide what route to take:

Early help means providing support as soon as a problem emerges at any point in a child's life, from the foundation years through to the teenage years via an Early Help Assessment (EHA)
Any child may benefit from early help, but all staff should be particularly alert to the potential need for early help for a child who:

- is disabled and has specific additional needs;
- has special educational needs (whether or not they have a statutory education, health and care plan);
- is a young carer;
- is showing signs of being drawn in to anti-social or criminal behaviour, including gang involvement and association with organised crime groups;

- is frequently missing/goes missing from care or from home;
- is misusing drugs or alcohol themselves;
- Is at risk of modern slavery, trafficking or exploitation;
- is in a family circumstance presenting challenges for the child, such as substance abuse, adult mental health problems or domestic abuse;
- has returned home to their family from care;
- is showing early signs of abuse and/or neglect;
- is at risk of being radicalised or exploited;

If early help is appropriate, the DSL (or deputy) will liaise with other agencies to set up an inter-agency assessment. Staff may be required to support in the assessment and in some cases be the lead professional. Cases should be kept under constant review and children's social care contacted if a child's situation is not improving. Children's Initial Advice Team (CIAT) will provide advice on the appropriate route to take. This will be discussed with the parents, unless to do so would place the child at further risk of harm.

A **child in need** is a child who is unlikely to achieve or maintain a reasonable level of health or development or whose health and development is likely to be significantly or further impaired without support services. They may be assessed under sec 17 of the children's act.

For children suffering or likely to suffer significant harm, the LA should make enquiries under sec 47 of the children's act.
If the child's situation does not improve, the DSL should consider escalation procedures.

Particular attention will be paid to the attendance and development of any child about whom the school has concerns, or who has been identified as being the subject of a child protection plan or a Child in Need plan and records will be kept.

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

The Designated Safeguarding Lead is responsible for making the senior leadership team aware of trends in behaviour that may affect pupil welfare. If necessary, training will be arranged.

Where reasonably possible, we will ensure that we hold more than one emergency contact number for each pupil.

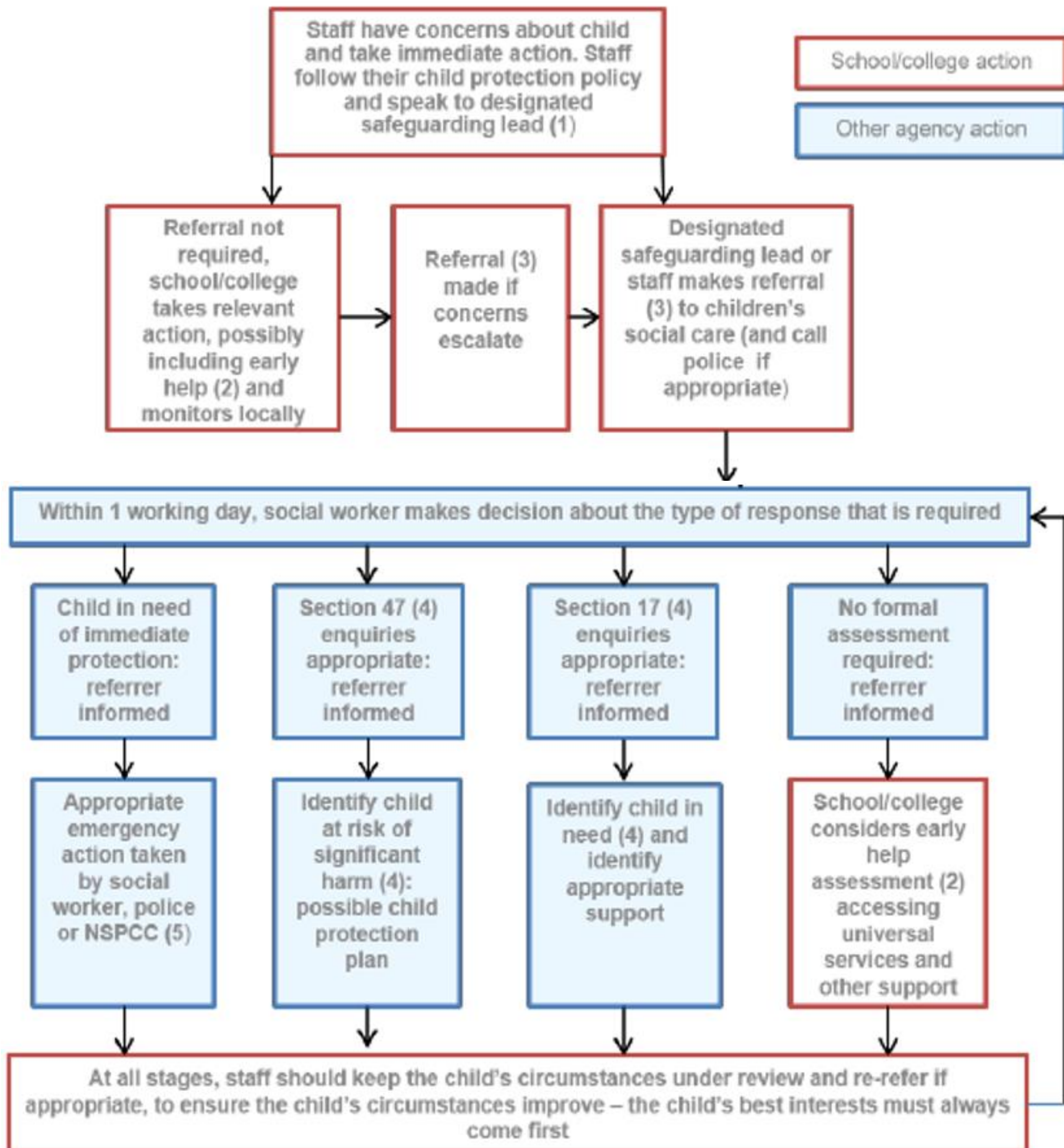
The use of 'reasonable force'
There are circumstances when it is appropriate for staff in school to use reasonable force to safeguard children.

Use of 'reasonable force' covers a broad range of actions involving a degree of physical contact to control or restrain children. This can also include: guiding a child, breaking up a fight, blocking a child's path.
As a school we will ensure we:

- have trained staff
- provide clear documentation-bound numbered books
- include staff account of incident and witness statements.
- any allegations reported to the Headteacher
  inform parents – evidence held
- individual behaviour plans in place,
- child's voice recorded,
- repair and rebuild work documented with child and staff member.
- lessons learnt / management oversight

By planning positive and proactive behaviour support and drawing up individual behaviour plans, school will reduce the occurrence of challenging behaviours which will in turn minimise the use of reasonable force for all children including those with SEND.

Actions where there are concerns about a child



5. WHEN TO BE CONCERNED

All staff and volunteers should be aware that the main categories of abuse are neglect, physical, sexual and emotional abuse (details of signs and symptoms can be found in appendix 1 of this document).
And specific safeguarding issues:

- Honour based abuse, including Female genital mutilation, forced marriage, breast ironing
- Children Missing from Education
- Radicalisation and extremism
- Self-harm-including eating disorders
- Child sexual exploitation
- Peer on peer abuse
- Children with SEND
- LAC/PLAC
- Criminal exploitation including county lines
- Domestic abuse
- Homelessness

In particular, staff need to be aware that, when a child has a social worker, it is an indicator that the child is more at risk than most pupils. They may be more vulnerable to harm as well as facing educational barriers to attendance, learning, behaviour and poor mental health. We need to take these needs into account when supporting those children with a social worker.

At The Rydal Academy, we are aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of abuse. For children who have suffered abuse, neglect or adverse child experiences, these can have a long lasting impact on their mental health, behaviour and education. Where a child has mental health issues and there are safeguarding concerns staff should notify the DSL.

Annex A of KCSIE contains important additional information about specific forms of abuse and safeguarding issues

Keeping children safe from these risks is a safeguarding matter and should be approached in the same way as safeguarding children from any other risks.

All staff and volunteers should be concerned about a child if he/she presents with indicators of possible significant harm – **see Appendix 1 and KCSIE part 1 and annex A**

What is abuse/neglect?
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. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. They may be abused by an adult or adults or by another child or children.

It is important to remember that those who abuse children can be of any age, gender, ethnic group or background and it is important not to allow personal preconceptions to prevent recognition or action taking place.

6. DEALING WITH A DISCLOSURE

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

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

Support
Dealing with a disclosure from a child, and safeguarding issues can be stressful. The member of staff/volunteer should, therefore, consider seeking support for him/herself and discuss this with the Designated Safeguarding Lead.
Should any member of staff, parent or member of the public have a safeguarding concern and do not wish to contact the DSL or the school directly, they should contact Children's Initial Advice Team (CIAT) 01325-406222 childrensfrontdoor@darlington.gov.uk
CIAT is open: Monday – Thursday: 8:30am – 5pm Friday: 8:30am – 4:30pm
Emergency Duty Team 08702 402994 or 01642 524573

7. 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-Children's Initial Advice Team, assessment and safeguarding teams and/or police.

- If a child confides in a member of staff/volunteer and requests that the information is kept secret, it is important that the member of staff/volunteer tell the child in a manner appropriate to the child's age/stage of development that they cannot promise complete confidentiality – instead they must explain that they may need to pass information to other professionals to help keep the child or other children safe.

- Staff/volunteers who receive information about children and their families in the course of their work should share that information only within appropriate professional contexts.

- No single practitioner 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.

The data protection act 2018 and GDPR do not prevent the sharing of information for the purposes of keeping children safe. This includes allowing practitioners to share information without consent.

8. COMMUNICATION WITH PARENTS

The Rydal Academy will:

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

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

9. RECORD KEEPING

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

- Record on the school CPOMS or a school 'Cause for Concern' as soon as possible after the conversation
- Record the date, time, place and any noticeable injuries, non-verbal behaviour and the words used by the child
- Record on CPOMS body map to indicate the position of any injuries or draw a diagram on the cause for concern.
- 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.
The Designated Safeguarding Lead will ensure that all safeguarding records are managed in accordance with the school's Record Management and Data Protection policies.

10. ALLEGATIONS INVOLVING SCHOOL STAFF/VOLUNTEERS

An allegation is any information which indicates that **anyone** working in the school may have:

- Behaved in a way that has, or may have harmed a child
- Possibly committed a criminal offence against or related to a child
- Behaved towards a child or children in a way which indicates s/he may pose a risk of harm to children
- Behaved or may have behaved in a way that indicates they may not be suitable to work with children. (This is in regard to a person's conduct outside school and need not include a child, e.g domestic abuse of a partner)

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

Whistle Blowing
At The Rydal Academy we recognise that children cannot be expected to raise concerns in an environment where staff fail to do so.
All staff should be aware of their duty to raise concerns about the management of child protection, which may include the attitude or actions of colleagues.

At The Rydal Academy we recognise the possibility that adults working in the school may harm children, including governors, volunteers, supply teachers and agency staff. Any concerns about the conduct of other adults in the school should be taken to the headteacher without delay (or where that is not possible, to the DSL).

If the concerns are about the Head teacher, then the Chair of Governors should be contacted.

The Chair of Governors in this school is: **Mark Gray** and can be contacted via the school on 01325 380784 or mgray@rydal.swiftacademies.org.uk

In the absence of the Chair of Governors, the Vice Chair should be contacted. The Vice Chair in this school is: **Michael Jeffries** and can be contacted via the school on 01325 380784 or mjeffries@rydal.swiftacademies.org.uk

In addition, staff must also refer their concern to the Local Authority Designated Officer.; Marian Garland or Carol Glasper on 01325 406459

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 an immediate written record of the allegation using the informant's words, including time, date and place where the alleged incident took place, brief details of what happened, what was said and who was present. This record should be signed and dated.

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 Head teacher will not investigate the allegation itself, or take written or detailed statements, but will assess whether it is necessary to refer the concern to the Designated Officer.
Designated Officers - sit within the LSCB Business Unit
Carol Glasper/ Marian Garland 01325 406459

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

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

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

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

Safe Working Practice

To reduce the risk of allegations, all staff should be aware of safer working practice and should be familiar with the guidance contained in the staff code of conduct or Government document '*Guidance for Safer Working Practice for Adults who work with Children and Young People in Education Settings*'.

All adults who work with and on behalf of pupils are accountable for the way in which they exercise authority, manage risk, use resources and safeguard pupils. In order to do this, we must attempt to follow basic advice listed below:

- Ensure confidentiality-be clear about what information can be shared and in what circumstances it is appropriate to do so.
- Maintain privacy outside of school and be mindful of placing yourself in vulnerable situations.
- Ensure that you have the appropriate business insurance for transporting pupils.
- Only give personal contact details with consent from a senior leader. Always try to use school contact details when on excursions.
- Notify a senior leader of any gifts received that may be misconstrued.
- No secret social contact with pupils
- Maintain appropriate boundaries in contact with pupils (see physical restraint policy)

Staff should be particularly aware of the professional risks associated with the use of electronic communication (e-mail, mobile phones, texting, social network sites) and should familiarise themselves with the school's Acceptable Use policy.

For further information see:
Darlington Safeguarding Partnership Procedures on line at www.darlingtonsafeguardingpartnership.co.uk -Professional/volunteers - Managing Allegations and the school's Whistle blowing Policy.
NSPCC-whistle blowing help line call 0808 800 5000 or email **help@nspcc.org.uk**

11. THE PREVENT DUTY

The Counter Terrorism and Security Act 2015 requires school to have "due regard to the need to prevent people from being drawn into terrorism."
School needs to:

- Carry out a risk assessment
- Ensure there are appropriate online filtering systems in place and equip children to stay safe online in and out of school.
- Ensure that internet safety is embedded in the curriculum.
- Protecting children from the risk of radicalisation needs to be an integral part of the school's wider safeguarding duties.
- Build pupil's resilience to radicalisation by enabling them to challenge extremist views.
- Provide a safe space in which children can understand the risks associated with terrorism and develop knowledge and skills to challenge extremist arguments.
- Enable pupils to resist pressure by encouraging resilience, determination, self-esteem and confidence.

If you have a concern:
Follow normal safeguarding procedures

- Report to the Designated Safeguarding Lead or SPOC (specific Point of Contact) for Prevent. In both cases this is **Mrs Jo Thurland**
- The SPOC will refer to Children's Initial Advice team (CIAT)
- The case may be referred to the CHANNEL programme to offer specific support and manage the risks-this is entirely voluntary-
  CHANNEL Panel Chair-Jo Benson, Head of Youth Offending Services 01325-406791.

For Further information:
D of E dedicated helpline:02073407264
Counter.extremism@education.gsi.gov.uk
To report illegal information, pictures, video on the internet:www.gov.uk/report-terrorism
Anti-terrorism hotline 0800789321

12.Online safety

Keeping Children Safe in Education is very specific that online safety education should be part of every pupil's education and threaded through the curriculum.
Technology is a significant component of many safeguarding issues: Child sexual exploitation, radicalisation, sexual predations and technology often provides the platform that facilitates harm

The risks can be categorized in three main areas:
- **Content**: being exposed to illegal, inappropriate or harmful material, e.g pornography, fake news, racist or radical and extremist views
- **Contact**: being subjected to harmful online interaction with other users, e.g commercial advertising as well as adults posing as children
- **Conduct**: personal online behavior that increases the likelihood of, or causes, harm, e.g making, sending and receiving explicit images or online bullying

Whilst it is essential that we have appropriate filters and monitoring systems in place, we need to take care that 'over-blocking' does not lead to unreasonable restrictions as to what children can be taught with regard to teaching and safeguarding.
Children will be given opportunities across the curriculum to consider all these areas of risk but particularly during PHSE, RE and computing.

When children are accessing online learning at home, they will only be directed to sites and programmes that have appropriate filtering and monitoring systems in place and are password protected. Only pre-recorded lessons will be available. Staff must adhere to the staff code of conduct and acceptable use policy.

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 school and under-achievement

Bite Marks

Bite marks can leave clear impressions of the teeth when seen shortly after the injury has been inflicted. The shape then becomes a more defused ring bruise or oval or crescent shaped. Those over 3cm in diameter are more likely to have been caused by an adult or older child.
A medical/dental opinion, preferably within the first 24 hours, should be sought where there is any doubt over the origin of the bite.

Burns and Scalds

It can be difficult to distinguish between accidental and non-accidental burns and scalds. Scalds are the most common intentional burn injury recorded.
Any burn with a clear outline may be suspicious e.g. circular burns from cigarettes, linear burns from hot metal rods or electrical fire elements, burns of uniform depth over a large area, scalds that have a line indicating immersion or poured liquid.
Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation. Scalds to the buttocks of a child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.
The following points are also worth remembering:

- A responsible adult checks the temperature of the bath before the child gets in.
- A child is unlikely to sit down voluntarily in a hot bath and cannot accidentally scald its bottom without also scalding his or her feet.
- A child getting into too hot water of his or her own accord will struggle to get out 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 school
An explanation which is inconsistent with an injury
Several different explanations provided for an injury

Indicators in the parent

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

Indicators in the family/environment

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

assault or a culture of physical chastisement.

EMOTIONAL ABUSE

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.
It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction.
It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including 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, though it may occur alone.

Indicators in the child

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

Indicators in the parent

Domestic abuse, adult mental health problems and parental substance misuse may be features in families where children are exposed to abuse.

Abnormal attachment to child e.g. overly anxious or disinterest in the child

Scapegoats one child in the family

Imposes inappropriate expectations on the child e.g. prevents the child's developmental exploration or learning, or normal social interaction through overprotection.

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

Indicators of in the family/environment

Lack of support from family or social network.

Marginalised or isolated by the community.

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

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

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

NEGLECT

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy, for example, 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 socialization

Emotional/behavioural presentation

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

Indicators in the parent

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

Indicators in the family/environment

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

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

Poor state of home environment e.g. unhygienic facilities, lack of appropriate sleeping arrangements, inadequate ventilation (including passive smoking) and lack of adequate heating

Lack of opportunities for child to play and learn

SEXUAL ABUSE

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

<u>Indicators in the child</u>

Physical presentation

Urinary infections, bleeding or soreness in the genital or anal areas

Recurrent pain on passing urine or faeces

Blood on underclothes

Sexually transmitted infections

Vaginal soreness or bleeding

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

Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing

Emotional/behavioural presentation

Makes a disclosure.

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

Inexplicable changes in behaviour, such as becoming aggressive or withdrawn

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

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

Reluctant to undress for PE

Running away from home

Poor attention / concentration (world of their own)

Sudden changes in school work habits, become truant

Withdrawal, isolation or excessive worrying

Inappropriate sexualised conduct

Sexually exploited or indiscriminate choice of sexual partners

Wetting or other regressive behaviours e.g. thumb sucking

Draws sexually explicit pictures

Depression

Indicators in the parents

Comments made by the parent/carer about the child.

Lack of sexual boundaries

Wider parenting difficulties or vulnerabilities

Grooming behaviour

Parent is a sex offender

Indicators in the family/environment

Marginalised or isolated by the community.

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

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

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

Family member is a sex offender.

Children with Special educational needs (SEN) and disabilities

As a school, we are aware that additional barriers can exist when recognising abuse and neglect in this group of children.

These can include:

- Assumptions that indicators of possible abuse such as behavior, mood and injury relate to the child's disability without further investigation;
- Being more prone to peer group isolation than other children
- The potential for pupils with SEND being disproportionately impacted by behaviours such as bullying, without outwardly showing any signs; and
- Communication barriers and difficulties in overcoming these barriers.

As a school, where appropriate, we will provide extra support for children with SEND to address these additional challenges.

Looked after and Previously looked after children (LAC/PLAC)

The most common reason for children becoming looked after is as a result of abuse and/or neglect. It is important that all agencies work together and prompt action is taken to safeguard these children, who are a particularly vulnerable group.

Staff should have information regarding the child's looked after legal status, the child's contact arrangements with parents/family. The DSL should have the details of the child's social worker, virtual head and the LA who looks after that child.

The school has a designated Teacher for LAC-**Jo Thurland** who is responsible for promoting the academic achievement of both LAC and PLAC. The Designated teacher should access appropriate training.

‘honour based’ abuse

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.

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. Staff must report to DSL if they suspect FGM has occurred. DSL will support staff member to report concerns to the Police as required under the serious crime act 2015. If staff fail to report this form of abuse disciplinary action will be taken.

What is FGM ?

It involves procedures that intentionally alter/injure the female genital organs for non-medical reasons.
There are four types of procedures:
Type 1-Clitoridectomy-partiel/total removal of the clitoris
Type 2- Excision-partial/total removal of the clitoris and labia minora
Type 3-Infibulation entrance to the vagina is narrowed by repositioning the inner/outer labia
Type 4- All other procedures that may include: pricking,piercing, incising, cauterizing and scraping the genital area.

Why is it carried out?

- Brings status/respect to the girl-social acceptance for marriage
- Preserving a girl’s virginity
- Rite of passage to become a woman
- Upholds family honour
- Cleanses and purifies the girl
- Gives a sense of belonging to a community
- Fulfils a religious requirement
- Perpetuates a custom/tradition
- Is cosmetically desirable
- Mistakenly believed to make childbirth easier

Is FGM legal?

FGM is internationally recognized 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:

- Pupil talking about getting ready for a special ceremony
- Family taking a long trip abroad
- Pupil’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 pupil's sibling has undergone FGM
- Pupil talks about going abroad to be 'cut' or to prepare for marriage.

Signs that may indicate a child has undergone FGM:

- Prolonged absence from school and other activities
- Behaviour change from a holiday abroad
- 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
- Isolating themselves from the group
- Reluctant to take part in physical activity
- Repeated urinary tract infection
- Disclosure

Children Missing Education

All staff should be aware that children going missing Can act as a vital warning sign of a range of safeguarding possibilities.This may include:

- abuse and neglect, sexual abuse or exploitation and child criminal exploitation.
- It may indicate mental health problems, risk of substance abuse, risk of travelling to conflict zones, risk of female genital mutilation or risk of forced marriage.

Early intervention is necessary to identify the existence of any underlying safeguarding risk and to help prevent the risks of a child going missing in future.

At The Rydal Academy we monitor attendance carefully and address poor or irregular attendance promptly. We encourage the full attendance of all of our children at school. Where we have concerns that a child is missing education because of suspected abuse, we will liaise with the appropriate agencies (CME Officer and Darlington's independent missing worker – (Barnardo's) to effectively manage the risks and to prevent abuse from taking place.

We ensure that children have more than one emergency contact number for pupils, wherever possible.

We will make reasonable enquiries to establish the whereabouts of the child jointly with the local authority, before deleting the pupil's name from the register.

We will notify the LA within 5 days of adding a new pupil at non-standard transition points.

Peer on peer abuse

We recognise that children are capable of abusing other children. Abuse will never be tolerated or passed off as "banter" 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. Most cases of pupils hurting other pupils will be dealt with under our school's behaviour policy, but this child protection and safeguarding policy will apply to any allegations that raise safeguarding concerns. Peer on peer abuse can take different forms, such as:

- Bullying (including cyberbullying)
- **sexual violence** such as rape, assault by penetration and sexual assault
- **sexual harassment :** sexual comments such as telling sexual stories, making lewd comments, making sexual remarks about clothes and appearance, jokes and online sexual harassment which may stand

alone or part of a broader pattern of abuse: Physical behavior such as deliberately brushing against someone, interfering with someone's clothes, displaying pictures, photos, drawing

- **Upskirting** which typically involves taking a picture under a person's clothing without them knowing , with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm
- physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm;
- sexting
- initiating/hazing type violence and rituals.

Abuse is abuse and should never be tolerated or passed off as "banter" or "part of growing up."

If a pupil makes an allegation of abuse against another pupil:

- You must tell the DSL and record the allegation, but do not investigate it
- The DSL will contact the local authority children's social care team and follow it's advice, as well as the police if the allegation involves a potential criminal offence
- The DSL will put a risk assessment and support plan into place for all children involved – both the victim(s) and the child(ren) against whom the allegation has been made – with a named person they can talk to if needed
- The DSL will contact the children and adolescent mental health services (CAMHS), if appropriate

We will minimise the risk of peer-on-peer abuse by:

- Challenging any form of derogatory or sexualised language or behaviour
- Being vigilant to issues that particularly affect different genders – for example, sexualised or aggressive touching or grabbing towards female pupils, and initiation or hazing type violence with respect to boys
- Ensuring our curriculum helps to educate pupils about appropriate behaviour and consent
- Ensuring pupils know they can talk to staff confidentially by allowing access to the pastoral support team and LISTENING to our children
- Ensuring staff are trained to understand that a pupil harming a peer could be a sign that the child is being abused themselves, and that this would fall under the scope of this policy

Actions following a report of Sexual violence and Harassment:

- DSL to make an immediate risk and needs analysis

Consider:

- The wishes and feelings of the victim in terms of how they wish to proceed
- The nature of the incident
- Ages of those involved the developmental stage of those involved
- Any power imbalance
- Is the alleged incident a one-off or sustained pattern of abuse
- Are there ongoing risks to the victim, other children, staff
- Contextual safeguarding
- Children sharing a classroom-how best to keep victim and alleged perpetrator a reasonable distance apart on school premises and on transport to and from etc..
- In cases of sexting school will refer to the government sexting in schools and colleges guidance 2017

Child criminal exploitation

CCE is where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child into any criminal activity in exchange for something the victim needs or wants, and/or for the financial or other advantage of the perpetrator or facilitator and/or through violence or the threat of violence. The victim may have been criminally exploited even if the activity appears consensual. CCE does not always involve physical contact; it can also occur through the use of technology.

Indicators of criminal exploitation:

- Children who appear with unexplained gifts or new possessions;
- Children who associate with other young people involved in exploitation;
- 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.

Child sexual exploitation

CSE is a form of child sexual abuse. It occurs where 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 in exchange for something the victim needs or wants and/or 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. CSE does not always involve physical contact; it can also occur through the use of technology.

The CCE indicators can also be indicators of CSE, as can

Indicators of sexual exploitation:

- Children who have older boyfriends or girlfriends;
- Children who suffer from sexually transmitted infections or become pregnant;

County Lines

Is a term used to describe gangs and organized criminal networks involved in exporting illegal drugs (primarily crack cocaine and heroin) into one or more importing areas of the UK, using dedicated mobile phone lines or other form of 'deal line'. Exploitation is an integral part of county lines with children and vulnerable adults exploited to move and store drugs and money.

Identifying potential involvement are missing episodes when the victim may be trafficked for the purpose of transporting drugs

Domestic Abuse

Any incident or pattern of incidents of controlling, coercive threatening behaviour, violence or abuse between those over 16 who are or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but not limited to :psychological, sexual, financial and emotional

Exposure to domestic abuse can have a serious, long lasting emotional and psychological impact on children. In some case children blame themselves or may have to leave the family home as a result of domestic abuse. It can affect their personal relationships as well as home life.

Homelessness

Being homeless or being at risk of becoming homeless presents a real risk to a child's welfare

Indicators that a family may be at risk:

- Household debt, rent arrears, domestic abuse, anti-social behaviour and simply being asked to leave the property.
- The Homelessness reduction act 2017 placed a new legal duty on councils so that everyone who is homeless, or at risk of, will have access to meaningful help
- The DSL should be aware of contact details and referral routes to LA housing

Private Fostering

Is an arrangement (without the involvement of the LA) for the care of a child under the age of 16 (18 if disabled) by someone other than a parent or close relative, in their own home, with the intention it should last for 28 days or more.

A close family relative is defined as a grandparent, brother, sister, uncle or aunt and includes half siblings and step-parents. It does not include great aunts, uncles or great grandparents or cousins. Parents and foster carers have a legal duty to inform the LA 6 weeks before the arrangement. School staff should notify the DSL when they become aware of a private fostering arrangement who will inform the LA. On admission to the school we will verify the relationship of the adult to the child.

The above list is not exhaustive and as new policy guidance and legislation develops within the remit of Safeguarding we will review and update our policies and procedures as appropriate and in line with Darlington Safeguarding Partnership.