CHILD PROTECTION POLICY

This policy was adopted: September 2015

The policy will be reviewed: September 2016

Key Contacts:	
Designated Member of Staff for Child Protection (DMS):	Neil Small Executive Headteacher Matt Lecuyer Headteacher Toria Bono Assistant Headteacher Kim Harper SENCO
Lead Governor for Child Protection:	Melanie King Contact via clerk@themill-tkat.org
West Sussex Children's Services: Children's Access Point: (CAP):	Tel: 01403 229900 Fax: 01403 754205 cap@westsussex.gcsx.gov.uk Out of hours (0330 2226664)
Local Authority Designated Officer (LADO): For allegations about a member of staff	0330 222 3339

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1 Introduction

1.1 The purpose of this policy is to inform staff[1], parents, volunteers and governors about the school's responsibilities for safeguarding children and to enable everyone to have a clear understanding of how these responsibilities should be carried out.

1.2 The Governing body takes seriously its responsibility to safeguard and promote the welfare of children in its care (see guidance).

1.3 We recognise that all adults, including temporary staff, volunteers and governors, have a full and active part to play in protecting children from harm, and that the child's welfare is our paramount concern.

1.4 All staff members know that our school should provide a caring, positive, safe and stimulating environment that promotes the social, physical and moral development of the individual child.

1.5 Staff members working with children are advised to maintain an attitude of 'it could happen to a child we know' where safeguarding is concerned. When concerned about the welfare of a child, staff members should always act in the interests of the child.

At the Mill Primary Academy we will:

- Support the child's development in ways that will foster security, confidence and independence.
- Provide an environment in which children and young people feel safe, secure, valued and respected. One in which they feel confident and know how to approach adults if they may be worried about being listened to.
- Provide a systematic means of monitoring children known or thought to be at risk of harm, and ensure we, the school, contribute to assessments of need and support packages for those children.
- Maintain good levels of communication between all members of staff and between the school and other agencies.
- Have and regularly review a structured procedure within the school which is followed by all members of the school community in cases of suspected abuse. **(See Safeguarding Flow Chart in guidance section).**
- Develop and promote effective working relationships with other agencies, especially the Police and Children's Services.

[1] Wherever the word "staff" is used, it covers ALL staff on site, including ancillary and supply staff, and volunteers working with children

- Ensure that all adults within our school who have substantial access to children have been recruited and checked as to their suitability in accordance with Part Three of Keeping Children Safe in Education (DfE 2015).

We do this by:

- Having weekly TAC (Team Around Child) meetings which include senior leaders and the Attendance Officer, and outside agencies when possible.
- Having Designated Members of Staff for Child Protection, who are known by all staff and children in the school.
- Having clear procedures and actions to follow when handling suspected cases of abuse of children, including procedures to be followed if a child harms another child or a member of staff is accused of abuse, or suspected abuse. **(see our Safeguarding Flow Chart)**
- Providing child friendly posters informing children of the named Designated CP officers in school.
- Providing a rich PSHE curriculum, including visits from external agencies such as the NSPCC (see PSHE policy and curriculum).
- Having a clear induction procedure for new employees, delivered by a named member of staff (see induction policy).
- Reporting to the governing body about Safeguarding during every Governors meeting.
- Publicising our Child Protection Policy to parents via the school website and having copies available in the school.

2. Statutory Framework

The school will act in accordance with the following government legislation and guidance:

- The Children Act 1989
- The Children Act 2004
- Education Act 2002:
- Keeping Children Safe in Education (DfE 2015):
  Keeping children safe in education: for schools and colleges
- Working Together to Safeguard Children (2015):
  Working together to safeguard children
- The Education (Child Information) (England) Regulations 2005
- The Counter-Terrorism and Security Act 2015 s. 26

3. Responsibilities

3.1 General school staff responsibilities:

- The Designated Members of Staff for Child Protection are aware of and follow the Sussex Child Protection & Safeguarding Procedures, produced by West Sussex, East Sussex, and Brighton & Hove and available as an electronic copy at http://pansussexscb.proceduresonline.com/index.htm.
- All staff will read Part 1 of Keeping Children Safe in Education 2015 and The Mill Child Protection Policy, and be alert to signs of abuse.
- All staff will know and follow the correct procedures described in The Mill Safeguarding Flow Chart, when reporting any concerns and suspicions. This includes contacting the Designated Member of Staff for Child Protection.
- The Mill Safeguarding Flow Chart indicates procedures and actions for handling suspected cases of abuse of children, including procedures to be followed if a child harms another child or a member of staff is accused of abuse, or suspected abuse. All staff will follow these procedures.
- If staff members are uncertain they should always speak to the Designated Member of Staff for Child Protection. In exceptional circumstances, such as in emergency or a genuine concern that appropriate action has not been taken, staff members can speak directly to children's social care. **This is part of any induction expectation (see induction policy).**
- The SENCO has responsibility for co-ordinating action within the school and liaising with other agencies (see Guidance for further details).

- Designated Members of Staff for Child Protection will undergo updated child protection training every two years

- The head teacher and all members of staff are provided with regular updated child protection training on the first INSET in September every year. Other regular updates are given in training as and when required

3.2 Responsibilities of the Governing Body:

The nominated governor for child protection in this school is: ***Melanie King***

Child protection is a standing item on all governing body meeting agendas.

The broad areas of responsibility for the designated member of staff are described in the Guidance section of this document (Part 1).

3.3 Responsibilities of the Designated Member of Staff for Child Protection

The role of the designated members of staff is to manage referrals and concerns regarding individual children.

The Designated Member of Staff for Child Protection at The Mill Primary Academy is:

NAME: ***Kim Harper SENCO*** DATE: September 2015

The Deputy Designated Member of Staff for Child Protection in this school is:

NAME: ***Toria Bono Assistant Headteacher*** DATE: September 2015

The broad areas of responsibility for the designated member of staff are described in the Guidance section of this document parts 2 and 3

4. When to be Concerned About a Child

All staff and volunteers should be aware of the main categories of abuse:
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. 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 cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, 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 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) by establishing a close relationship or friendship. 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.

For further details of these categories please see Appendix document.

Other aspects of risk requiring special attention

In addition school staff should be aware of the specific safeguarding issues listed below. Schools should ensure that, where such risks may be more likely, that staff are guided on how to understand and act accordingly where there is concern about:

- child sexual exploitation (CSE) - see Appendix
- bullying including cyber bullying
- domestic violence
- drugs
- fabricated or induced illness
- faith abuse
- female genital mutilation (FGM) – see Appendix
- forced marriage
- gangs and youth violence
- gender-based violence/violence against women and girls (VAWG)
- mental health
- private fostering
- preventing radicalisation - see also Appendix
- sexting
- teenage relationship abuse
- trafficking
- self-harm

Links to many of these topics can be found in Keeping Children Safe in Education: Keeping children safe in education: for schools and colleges

Note:

- Female genital mutilation (FGM) Please note that where a teacher (or any member of staff in this school) discovers that an act of FGM appears to have been carried out on a girl who is aged under 18, **there is be a statutory duty upon that individual to report it to the police**.

See Appendix 1 and Keeping Children Safe in Education Page 14.

7. Confidentiality

As a general principle all matters relating to child protection are confidential and should only be shared on a 'need-to-know' basis.

The Headteacher or DMS will disclose any child protection related information about a child to other members of staff on a need to know basis only.

All staff must be aware that 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 if doing so might compromise the child's safety or wellbeing.

The intention to refer a child to Children's Services will be shared with parents or carers, unless to do so could put the child at greater risk of harm or impede a criminal investigation. If in doubt, the Duty Manager at the Assessment Team at Children's Services will be consulted.

8. Dealing with a Disclosure

If a child discloses, then you must ensure that the child is safe, and **immediately** report it one of the designated officers.

All staff must follow the procedures described in the **Safeguarding Flow Chart**.

Further information about dealing with a disclosure and how to record the incident can be found in part 6 in the Guidance document.

9. Allegations Against a Member of Staff

If there is a concern about another member of staff, please talk immediately to the Headteacher and Designated Child Protection Officer

Where there are concerns about the Designated Child Protection Officer, this should be referred immediately to the chair of governors The Chair of Governors in this school is: ***David Nixon***

In the absence of the Chair of Governors, the Vice Chair should be contacted. The Vice Chair in this school is: ***Melanie King***

Contact with the Chair or the Vice Chair of Governors can be made through the school office. Email clerk@themill-tkat.org.

If for any reason this causes a delay, or you feel that this would be inappropriate, then the concerns should be referred immediately to:

Local Authority Designated Officer (LADO): 0330 222 3339
Further information can be found in the Guidance document (part 7)

10. Whistleblowing

Staff members and volunteers are encouraged to raise any concerns that they may have regarding poor or unsafe practice directly with the schools' management team.
See Whistleblowing Policy.
The Local Authority Designated Officer (LADO): 0330 222 3339 should be contacted on such occasions.

11. Physical Intervention

- Our policy on physical intervention by staff is set out separately, and acknowledges that staff must only ever use physical intervention as a last resort, when a child is endangering him/herself or others, and that at all times it must be the minimal force necessary to prevent injury to another person.
- Such events should be recorded and signed by a witness, in accordance with the Physical Intervention Policy
- Staff who are likely to need to use physical intervention have been appropriately trained in the Team Teach technique.
- We understand that physical intervention of a nature which causes injury or distress to a child may be considered under child protection or disciplinary procedures

12. Prevention

We recognise that the school plays a significant part in the prevention of harm to our children by providing them with good lines of communication with trusted adults, supportive friends and an ethos of protection. See Part 1 of this document

The school community will therefore:

- Establish and maintain an ethos where children feel secure and are encouraged to talk and are always listened to.
- Ensure that all children know there is an adult in the school whom they can approach if they are worried or in difficulty.
- Ensure children know who the designated officers are
- Invite NSPCC in to conduct an assembly on a regular basis.
- Include across the curriculum, including Personal, Social, Health and Economic Education and Citizenship (PSHCEd and C), opportunities which equip children with the skills they need to stay safe from harm and to know to whom they should turn for help.

13. Bullying, Racist Incidents, Health and Safety

- Our policy on bullying (this includes homophobic and gender related bullying) is set out in a separate document.
- Our policy on racist incidents is set out in a separate document.
- Our Health & Safety policy, set out in a separate document, 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, and when away from the school when undertaking school trips and visits.

Signed Headteacher M Lecuyer _____ 7/09/15

Signed Chair of Governors David Nixon _____ 7/09/15

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

Indicators in the family/environment

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

EMOTIONAL ABUSE

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

Indicators in the child

- Developmental delay
- Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or no attachment
- Aggressive behaviour towards others
- Child scapegoated within the family
- Frozen watchfulness, particularly in pre-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 health, alcohol or drug misuse or domestic violence
History of unexplained death, illness or multiple surgeries in parents and/or siblings of the family
Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement

NEGLECT

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

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

- provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- protect a child from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate care-givers); or
- ensure access to appropriate medical care or treatment.

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

Indicators in the child

- **Physical presentation**
- Failure to thrive or, in older children, short stature
- Underweight
- Frequent hunger
- Dirty, unkempt condition
- Inadequately clothed, clothing in a poor state of repair
- Red/purple mottled skin, particularly on the hands and feet, seen in the winter due to cold
- Swollen limbs with sores that are slow to heal, usually associated with cold injury
- Abnormal voracious appetite
- Dry, sparse hair
- Recurrent / untreated infections or skin conditions e.g. severe nappy rash, eczema or persistent head lice / scabies/ diarrhoea
- Unmanaged / untreated health / medical conditions including poor dental health
- Frequent accidents or injuries

Development

- General delay, especially speech and language delay
- Inadequate social skills and poor 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, and hygiene
- Failure to meet the child's health and medical needs e.g. poor dental health; failure to attend or keep appointments with health visitor, GP or hospital; lack of GP registration; failure to seek or comply with appropriate medical treatment; failure to address parental substance misuse during pregnancy
- Child left with adults who are intoxicated or violent
- Child abandoned or left alone for excessive periods
- Wider parenting difficulties may (or may not) be associated with this form of abuse

Indicators in the family/environment

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

chastisement.

- Dangerous or hazardous home environment including failure to use home safety equipment; risk from animals
- Poor state of home environment e.g. unhygienic facilities, lack of appropriate sleeping arrangements, inadequate ventilation (including passive smoking) and lack of adequate heating
- Lack of opportunities for child to play and learn

SEXUAL ABUSE

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

The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.

They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet).
Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Indicators in the child

Physical presentation

- Urinary infections, bleeding or soreness in the genital or anal areas
- Recurrent pain on passing urine or faeces
- Blood on underclothes
- Sexually transmitted infections
- Vaginal soreness or bleeding
- Pregnancy in a younger girl where the identity of the father is not disclosed and/or there is secrecy or vagueness about the identity of the father
- Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing

Emotional / behavioural presentation

- Makes a disclosure
- Demonstrates sexual knowledge or behaviour inappropriate to age/stage of development, or that is unusually explicit
- Inexplicable changes in behaviour, such as becoming aggressive or withdrawn
- Self-harm - eating disorders, self-mutilation and suicide attempts
- Poor self-image, self-harm, self-hatred
- Reluctant to undress for PE
- Running away from home
- Poor attention / concentration (world of their own)
- Sudden changes in school work habits, become truant

- Withdrawal, isolation or excessive worrying
- Inappropriate sexualised conduct
- Sexually exploited or indiscriminate choice of sexual partners
- Wetting or other regressive behaviours e.g. thumb sucking
- Draws sexually explicit pictures
- Depression

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 health, alcohol or drug misuse or domestic violence
- History of unexplained death, illness or multiple surgeries in parents and/or siblings of the family
- Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement
- Family member is a sex offender

APPENDIX 2 – Specific Safeguarding Issues

Please see page 9 of this policy for a list of specific issues relating to safeguarding and details of links to government web-sites with more information regarding these issues.

In addition the following information is from Keeping Children Safe in Education 2015 page 12:

Child sexual exploitation (CSE) involves exploitative situations, contexts and relationships where young people receive something (for example food, accommodation, drugs, alcohol, gifts, money or in some cases simply affection) as a result of engaging in sexual activities. Sexual exploitation can take many forms ranging from the seemingly 'consensual' relationship where sex is exchanged for affection or gifts, to serious organised crime by gangs and groups. What marks out exploitation is an imbalance of power in the relationship. The perpetrator always holds some kind of power over the victim which increases as the exploitative relationship develops. Sexual exploitation involves varying degrees of coercion, intimidation or enticement, including unwanted pressure from peers to have sex, sexual bullying including cyber bullying and grooming.
However, it also important to recognise that some young people who are being sexually exploited do not exhibit any external signs of this abuse.

Female Genital Mutilation (FGM): professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a girl being at risk of FGM, or already having suffered FGM. There is a range of potential indicators that a child or young person may be at risk of FGM, which individually may not indicate risk but if there are two or more indicators present this could signal a risk to the child or young person. Victims of FGM are likely to come from a community that is known to practise FGM. Professionals should note that girls at risk of FGM may not yet be aware of the practice or that it may be conducted on them, so sensitivity should always be shown when approaching the subject. Warning signs that FGM may be about to take place, or may have already taken place, can be found on pages 11-12 of the Multi-Agency Practice Guidelines referred to above. Staff should activate local safeguarding procedures, using existing national and local protocols for multi-agency liaison with police and children's social care.

Preventing Radicalisation: The Counter-Terrorism and Security Act, which received Royal Assent on 12 February 2015, places a duty on specified authorities, including local authorities and childcare, education and other children's services providers, in the exercise of their functions, to have due regard to the need to prevent people from being drawn into terrorism ("the Prevent duty"). The Prevent duty came into force on 1st July 2015.

The Counter-Terrorism and Security Act 2015 also places a duty on local authorities to ensure Channel panels are in place. Channel forms a key part of the Prevent strategy, and is a multi-agency approach to identify and provide support to individuals who are at risk of being drawn into terrorism. The panel must be chaired by the local authority. Panels assess the extent to which identified individuals are vulnerable to being drawn into terrorism, and where considered appropriate, and necessary consent is obtained, arrange for support to be provided to those individuals. The Act requires partners of Channel panels to co-operate with the panel in the carrying out of its functions and with the police in undertaking the initial assessment as to whether a referral is appropriate. Schools and colleges which are required to have regard to Keeping Children Safe in Education are listed in the Act as partners of the panel. The relevant provisions of the Act came into force on 12 April 2015 but many local authorities already have Channel panels set up. In West Sussex, two panels operate, meeting monthly - one specifically for Crawley, and the other for the rest of West Sussex.

In order for schools and childcare providers to fulfil the Prevent duty, it is essential that staff are able to identify children who may be vulnerable to radicalisation, and know what to do when they are identified. Protecting children from the risk of radicalisation should be seen as part of schools' and childcare providers' wider safeguarding duties, and is similar in nature to protecting children from other harms (e.g. drugs, gangs, neglect, sexual exploitation), whether these come from within their family or are the product of outside influences.

<u>What to do if you have a concern</u>

If a member of staff in a school has a concern about a particular pupil they should follow the school's normal safeguarding procedures, including discussing with the school's designated safeguarding lead, and where deemed necessary, with children's social care.

You can also contact your local police force or dial 101 (the non-emergency number). They can talk to you in confidence about your concerns and help you gain access to support and advice.

The Department for Education has dedicated a telephone helpline (020 7340 7264) to enable staff and governors to raise concerns relating to extremism directly. Concerns can also be raised by email to counter.extremism@education.gsi.gov.uk. Please note that the helpline is not intended for use in emergency situations, such as a child being at immediate risk of harm or a security incident, in which case the normal emergency procedures should be followed.

APPENDIX 3

Safeguarding Flow Chart

You have a concern about a child's safety or welfare

Immediate Risk

- A child has made a disclosure
- You have witnessed a worrying incident
- You have seen signs of an unexplained injury
- You think that a child at risk of immediate harm

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Report it immediately to the Designated Child Protection Officer
Kim Harper, Toria Bono; Neil Small

↓

Record the incident on a "Cause for Concern" form (see advice in Child Protection Policy Appendix)
Sign the form and hand it to the Designated Child Protection Officer

Ongoing Concerns

You have noticed things over time that concern you e.g.

- Being repeatedly late
- Being hungry, tired or unkempt
- Behaving differently

↓

Record your observations on an "Ongoing Concerns" form (blue)
Inform your line manager that you are keeping this record

↓

Sign the form and hand it to the Designated Child Protection Officer in time for the TAC meeting on Monday morning at 9.30 am.
Start a new form if required

If you cannot follow this procedure due to concerns about a member of staff, contact the Local Authority Designated Officer directly 0330 222 3339