



# **Child Protection & Safeguarding**

## **A Statement of Policy**

**BRADING CE PRIMARY SCHOOL**

**Reviewed by Governors**

**Date Agreed: September 2017**

**Review Date: September 2018**

**Signed: \_\_\_\_\_**

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## School details

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**Governors' Committee Responsible:** Safeguarding Committee

**Governor Lead:** Mr J Henry, Mrs P Redfern and Mrs J Hindle

**Nominated Lead Member of Staff and Headteacher:** Mrs B Gilbert

**Nominated Deputy Lead Member of Staff:** Mrs J Hindle, Mrs D Stubbs, Mrs C Matson & Mrs M Wheeler

**Looked after child lead-** Mrs B Gilbert

**To contact above:** Brading CE Controlled Primary School , West Street, Brading. PO36 0DS

**School Number :**01983 407217

**LADO:** Paul Barnard (LA) **LADO number** 01983823723

**Status & Review Cycle:** Statutory Annual

**Next Review Date:** September 2018

All adults working in educational settings should know the name of the schools designated teacher for Child Protection or the equivalent individual and know and follow the relevant child protection policy and procedures. Safeguarding incidents can happen anywhere and staff should be alert and vigilant to possible concerns being raised in the school. All staff can raise concerns directly with Children's Social Care Services. All staff have a duty to report any child protection concerns to the designated person.

If these staff are not available contact the agency needed directly e.g. the duty officer at Social Services. Hantsdirect Tel: 0300 300 0901  
Police: 999

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## 1.0 Introduction

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1.1 This policy has been developed in accordance with the principles established by the Children Acts 1989 and 2004; the Education Act 2002, and in line with government publications: 'Working Together to Safeguard Children' (2015), Revised Safeguarding Statutory Guidance 2 'Framework for the Assessment of Children in Need and their Families' (2000), 'What to do if You are Worried a Child is Being Abused' (2015), disqualification under the Childcare Act (2006) and 'Keeping Children Safe in Education' (Sept 2016). The policy reflects the Isle of Wight Safeguarding Children's Board ([www.iowscb.org.uk](http://www.iowscb.org.uk)) guidance.

1.1.1 The school follow 'Child Missing from Education' statutory guidance for local authorities September 2016, with regard to attendance and absenteeism of pupils.

- 1.2 The Governing body takes seriously its responsibility under section 175 of the Education Act 2002 to safeguard and promote the welfare of children; and to work together with other agencies to ensure adequate arrangements within our school to identify, assess, and support those children who are suffering harm.
- 1.3 We recognise that all adults, including temporary staff, volunteers and governors, have a full and active part to play in protecting our pupils from harm, and that the child's welfare is our paramount concern and in the best interest of the child.
- 1.4 All staff believe 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 The aims of this policy are:
  - 1.5.1 To support the child's development in ways that will foster security, confidence and independence.
  - 1.5.2 To provide an environment in which children and young people feel safe, secure, valued and respected, and feel confident, and know how to approach adults if they are in difficulties, believing they will be effectively listened to.
  - 1.5.3 To raise the awareness of all teaching and non-teaching staff of the need to safeguard children and of their responsibilities in identifying and reporting possible cases of abuse.
  - 1.5.4 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.
  - 1.5.5 To emphasise the need for good levels of communication between all members of staff.
  - 1.5.6 To develop a structured procedure within the school which will be followed by all members of the school community in cases of suspected abuse and neglect.
  - 1.5.7 To develop and promote effective working relationships with other agencies, especially the Police and Social Care.
  - 1.5.8 To ensure that all staff working within our school who have substantial access to children have been checked as to their suitability, including verification of their identity, qualifications, and a satisfactory DBS check (according to guidance), a Staff Disqualification Declaration and a central record is kept for audit.

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## 2.0 2. Safe School, Safe Staff

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- 2.1 We will ensure that:
  - 2.1.1 All members of the governing body understand and fulfil their responsibilities, namely to ensure that:
    - there is a Child Protection and safeguarding policy
    - the school operates safer recruitment procedures by ensuring that there is at least one person on every recruitment panel that has completed Safer Recruitment training
    - the school has procedures for dealing with allegations of abuse against staff and volunteers and to make a referral to the DBS if a

person in regulated activity has been dismissed or removed due to safeguarding concerns, or would have had they not resigned.

- a senior leader has Designated Schools Lead (DSL) responsibility
  - on appointment, the DSLs undertake interagency training and also undertake DSL 'new to role' and an 'update' course every 2 years
  - all other staff have Safeguarding training updated as appropriate
  - any weaknesses in Child Protection are remedied immediately
  - all staff have read and understand the school's Child protection and safeguarding policy, KCSIE(2016) part one, along with Annex A and the school's staff code of conduct policy.
  - a member of the Governing Body is, usually the Chair, is nominated to liaise with the LA on Child Protection issues and in the event of an allegation of abuse made against the Headteacher
  - Safeguarding policies and procedures are reviewed annually and are available of the school website or by other means
  - The Governing Body considers how children may be taught about safeguarding. This may be part of a broad and balanced curriculum covering relevant issues through personal social health and economic education (PSHE) and through sex and relationship education (SRE).
  - that enhanced DBS checks are in place for all governors.
- 2.1.2 The Lead DSL, Mrs Beverley Gilbert, is a member of the Senior Leadership Team. The Deputy Designated Schools Leads are Mrs Jane Hindle, Mrs Donna Stubbs and Mrs Mandy Wheeler. These Officers have undertaken the relevant training, and will undertake biannual updates.
- 2.1.3 The DSL's who are involved in recruitment and at least one member of the governing body will also complete safer recruitment training to be renewed every 5 years
- 2.1.4 All members of staff and volunteers are provided with child protection awareness information at induction, so that they know who to discuss a concern with.
- 2.1.5 All members of staff are trained in and receive regular updates in e-safety and reporting concerns
- 2.1.6 All other staff and governors, have child protection awareness training, updated by the DSL as appropriate, to maintain their understanding of the signs and indicators of abuse.
- 2.1.7 All members of staff, volunteers, and governors know how to respond to a pupil who discloses abuse through following the induction procedures.
- 2.1.8 All parents/carers are made aware of the responsibilities of staff members with regard to child protection procedures through publication of the school's Safeguarding Policy, and reference to it on our school website.
- 2.1.9 Our lettings policy will seek to ensure the suitability of adults working with children on school sites at any time.
- 2.1.10 Community users organising activities for children are aware of the school's child protection guidelines and procedures.
- 2.1.11 We will ensure that child protection type concerns or allegations against adults working in the school are referred to the LADO for advice, and that any member of staff found not suitable to work with children will be notified to the Disclosure and Barring Service (DBS) for consideration for barring, following resignation, dismissal, or when we cease to use their service as a result of a substantiated allegation, in the case of a volunteer.
- 2.2 Our procedures are:
- If any staff member suspects that a child in his/her class may be a victim of abuse, they must immediately inform the Headteacher or deputy in the Head's absence, about their concerns verbally and in writing by the end of the school day. All this information is recorded. Abuse can be of a

sexual, emotional or physical nature. It can also be the result of neglect. (See attached guidance).

- Any action that the DSL takes when dealing with an issue of child protection will be in line with the procedures.
- All parties involved handle such investigations in a sensitive manner, but the interest of the child is of paramount importance.
- If a child alleges abuse, the school usually makes a referral without communicating with the parents.
- If a child protection referral is made and, after investigation, the child protection team decides there is a case to answer, a case conference is held. The case conference offers the opportunity to share information and formulate a plan of action. Staff are expected to provide written reports on the child's progress for the child protection officer who in turn is expected to attend and participate in all case conferences and meetings.
- All completed concerns forms must be given to DSL in charge on that day. It is the responsibility of the member who has written the concern to follow up the actions within one week.
- School staff do not carry out investigations themselves, nor decide whether children have been abused. That is a matter for the specialist agencies.
- We regard all information relating to child protection issues as confidential, and we treat this accordingly. We only pass information on to appropriate persons and we keep a confidential written record of any incidents.
- We require all adults employed in school (including volunteers and governors) to have their application vetted through DBS.
- Where allegations are made against staff in any educational establishment, CPC procedures must be followed.
- The DSL attends regular training to raise their awareness of abuse and their knowledge of agreed local child protection procedures, which they then share with staff.
- Parents are expected to help children to behave in non-violent and non-abusive ways towards both staff and other pupils.
- There may be times when adults in our school, in the course of their duty, use physical intervention to restrain children. The Headteacher requires the adult involved in any such incident to report this to her immediately and to record it in the interventions book. (See separate policy on use of force to control or restrain pupils)
- All staff can raise concerns directly with children's care services.
- Parents will be informed if it was necessary to use force to protect a pupil from injury or to prevent a pupil from harming others.
- If parents have any complaints about staff behavior they should be made to the Headteacher in the first instance. All those involved, both pupils and staff are entitled to a fair hearing.
- If parents are not satisfied with the school's response, they can ask for a copy of our Complaints Policy and Procedures.

2.3 The name of the designated members of staff for Safeguarding and Child Protection, the Designated Schools Lead, will be clearly advertised in the school, with a statement explaining the school's role in referring and monitoring cases of suspected abuse.

2.4 All new members of staff will be given a copy of our safeguarding statement, and child protection policy, with the DSLs' names clearly displayed, as part of their induction into the school.



2.5 The policy is available publicly either on the school website or by other means. Parents/carers are made aware of this policy and their entitlement to have a copy of it via the school website.

2.6 Our procedures will be regularly reviewed and updated.

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## 3.0 Responsibilities

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Our responsibilities as a school are:

- To ensure we have a designated senior person and deputy for child protection who has received Level 2( every 3 years) +Level 3 ( every two years) training and support for this role.
- The Headteacher also holds Safeguarding level 5 Managing responsibilities.
- Ensure we have a nominated governor and deputy responsible for child protection.
- Ensure every member of staff, volunteer and governor have yearly updates in Safeguarding Children.
- Ensure all staff and volunteers understand their responsibilities in being alert to the signs of abuse and responsibility for referring any concerns to the designated teacher responsible for child protection.
- Ensure that parents have an understanding of the responsibility placed on the school and staff for child protection by setting out its obligations on the school website and the Safeguarding Policy.
- Notify social services if there is an unexpected absence of more than two days of a pupil who is on the child protection register.
- Develop effective links with relevant agencies and co-operate as required with their enquiries regarding child protection matters including attendance at case conferences.
- Keep written records of concerns about children, even where there is no need to refer the matter immediately.
- Ensure all records are kept securely, separate from the main pupil file, and in locked locations.
- Develop and then follow procedures where an allegation is made against a member of staff or volunteer.
- Ensure safe recruitment practices are always followed.
- Ensure contractors follow our safeguarding good practice.

3.1 The designated DSLs are responsible for:

- 3.1.1 Referring a child if there are concerns about possible abuse, to the *Local Authority*, and acting as a focal point for staff to discuss concerns.
- 3.1.2 Keeping written records of concerns about a child even if there is no need to make an immediate referral.
- 3.1.3 Ensuring that all such records are kept confidentially and securely and are separate from pupil records, until the child's 25<sup>th</sup> birthday, and are copied on to the child's next school or college.
- 3.1.4 Ensuring that an indication of the existence of the additional file in 3.1.3 above is marked on the pupil records.
- 3.1.5 Liaising with other agencies and professionals.
- 3.1.6 Ensuring that either they or the staff member attend case conferences, core groups, or other multi-agency planning meetings, contribute to assessments, and provide a report which has been shared with the parents.
- 3.1.7 Ensuring that any pupil currently with a child protection plan who is absent in the educational setting without explanation is referred to their key worker's Social Care Team.
- 3.1.8 Organising child protection induction, and update training every 3 years, for all school staff and additional updates throughout the school year.

- 3.1.9 Providing, with the Headteacher, an annual report for the governing body, detailing any changes to the policy and procedures; training undertaken by the DCPO, and by all staff and governors; number and type of incidents/cases, and number of children on the Child Protection Register (anonymised).

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## 4.0 Supporting Children

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- 4.1 We recognise that a child who is abused or witnesses violence may feel helpless and humiliated, may blame themselves, and find it difficult to develop and maintain a sense of self-worth.
- 4.2. We recognise that the school may provide the only stability in the lives of children who have been abused or who are at risk of harm.
- 4.3. We accept that research shows that the behaviour of a child in these circumstances may range from that which is perceived to be normal to aggressive or withdrawn.
- 4.4. Our school will support all children by:
- 4.4.1 Encouraging self-esteem and self-assertiveness regarding safeguarding, through the curriculum as well as our relationships, whilst not condoning aggression or bullying.
  - 4.4.2 Promoting a caring, safe and positive environment within the school.
  - 4.4.3 Liaising and working together with all other support services and those agencies involved in the safeguarding of children.
  - 4.4.4 Notifying Social Care as soon as there is a significant concern.
  - 4.4.5 Providing continuing support to a child about whom there have been concerns who leaves the school by ensuring that appropriate information is copied under confidential cover to the child's new setting and ensuring the school medical records are forwarded as a matter of priority.
  - 4.4.6 All staff to be aware that children with SEND and/or all differences can face additional barriers which can exist when determining abuse and neglect. These barriers could include: assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration; children with SEN and disabilities can be disproportionately impacted by things like bullying- without outwardly showing any signs; and communication barriers and difficulties in overcoming these barriers.
  - 4.4.7 Having a designated teacher for Looked After Children (LAC) who will promote the educational achievement and safety of children who are looked after. The appointed children for LAC will have received appropriate training.

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## 5.0 Confidentiality

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

- 5.3 All staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard children.
- 5.4 All staff must be aware that they cannot promise a child to keep secrets which might compromise the child's safety or wellbeing.
- 5.5 We will always undertake to share our intention to refer a child to Social Care with their parents /carers unless to do so could put the child at greater risk of harm, or impede a criminal investigation. If in doubt, we will consult with Isle Of Wight SCS professional line on this point.

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## 6.0 Supporting Staff

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

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## 7.0 Allegations against staff

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- 7.1 All school staff should take care not to place themselves in a vulnerable position with a child. It is always advisable for interviews or work with individual children or parents to be conducted in view of other adults.
- 7.2 All Staff should be aware of the school's own Behaviour Management policy.
- 7.3 Guidance about conduct and safe practice, including safe use of mobile phones by staff and volunteers will be given at induction.
- 7.4 We understand that a pupil may make an allegation against a member of staff.
- 7.5 If such an allegation is made, or information is received which suggests that a person may be unsuitable to work with children, the member of staff receiving the allegation or aware of the information, will immediately inform the Headteacher.
- 7.6 The Headteacher on all such occasions will discuss the content of the allegation with the Local Authority Designated Officer (LADO)
- 7.7 If the allegation made to a member of staff concerns the Headteacher, the person receiving the allegation will immediately inform the Chair of Governors who will consult as in 7.6 above, without notifying the Headteacher first.
- 7.8 The school will follow the LOCAL procedures for managing allegations against staff. Under no circumstances will we send a child home, pending such an investigation, unless this advice is given exceptionally, as a result of a consultation with the LADO.
- 7.9 Suspension of the member of staff, excluding the Headteacher, against whom an allegation has been made, needs careful consideration, and the Headteacher will seek the advice of the LADO and Human Resources in making this decision.

- 7.10 In the event of an allegation against the Headteacher, the decision to suspend will be made by the Chair of Governors with advice as in 7.9 above.

We follow the guidance in KCSIE September 2016 as our protocol (see appendix eight)

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## 8.0 Whistle-blowing

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- 8.1 We recognise that children cannot be expected to raise concerns in an environment where staff fail to do so.
- 8.2 All staff should be aware of their duty to raise concerns, where they exist, about the management of child protection, which may include the attitude or actions of colleagues. If it becomes necessary to consult outside the school, they should speak in the first instance, to the LADO following the Whistleblowing Policy.
- 8.3 Whistle-blowing re the Headteacher should be made to the Chair of the Governing Body whose contact details are readily available to staff.

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## 9.0 Physical Intervention

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- 9.1 We acknowledge 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. (See Physical Restraint policy)
- 9.2 Such events should be recorded and signed by a witness.
- 9.3 Staff who are likely to need to use physical intervention will be appropriately trained in the *Positive Handling* technique.
- 9.4 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.
- 9.5 We recognise that touch is appropriate in the context of working with children, and all staff have been given 'Safe Practice' guidance to ensure they are clear about their professional boundary.

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## 10.0 Anti-Bullying

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- 10.1 Our school policy on anti-bullying is set out in a separate document and acknowledges that to allow or condone bullying may lead to consideration under child protection procedures. This includes all forms .g. cyber, racist, homophobic and gender related bullying. We keep a record of known bullying incidents. All staff are aware that children with SEND and / or

differences/perceived differences are more susceptible to being bullied / victims of child abuse. We keep a record of bullying incidents.

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## 11.0 Racist Incidents

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- 11.1 Repeated racist incidents or a single serious incident may lead to consideration under child protection procedures. We keep a record of racist incidents.

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## 12.0 Prevention

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- 12.1 We recognise that the school plays a significant part in the prevention of harm to our children by providing children with good lines of communication with trusted adults, supportive friends and an ethos of protection.
- 12.2 The school community will therefore:
- 12.2.1 Work to establish and maintain an ethos where children feel secure and are encouraged to talk and are always listened to.
  - 12.2.2 Include regular consultation with children e.g. through safety questionnaires, participation in anti-bullying week, asking children to report whether they have had happy/sad lunchtimes/playtimes
  - 12.2.3 Ensure that all children know there is an adult in the school whom they can approach if they are worried or in difficulty.
  - 12.2.4 Include safeguarding across the curriculum, including PSHE, opportunities which equip children with the skills they need to stay safe from harm and to know to whom they should turn for help. In particular this will include anti-bullying work, e-safety, road safety, pedestrian and cycle training. Also focused work in Year 6 to prepare for transition to Secondary school and more personal safety/independent travel.
  - 12.2.5 Ensure all staff are aware of school guidance for their use of mobile technology and have discussed safeguarding issues around the use of mobile technologies and their associated risks.

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## 13.0 Health & Safety

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- 13.1 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 and when undertaking school trips and visits.

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## 14.0 Additional Information

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We recognise that as a school extra precautions must be in place and adhered to.

- All visitors to the school to sign in at the office and collect a visitors badge.
- Visitors without DBS checks are accompanied through the building.
- Staff supervise children at all times.
- Staff question without hesitation any unknown persons found in the building or on the premises.

Our Procedures will be applied fairly and consistently to all children and staff working in the school.

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## 15.0 Monitoring and Evaluation

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Our Child Protection Policy and Procedures will be monitored and evaluated by:

- Governing Body visits to the school
- SLT 'drop ins' and discussions with children and staff
- Pupil surveys and questionnaires
- Scrutiny of Attendance data
- Scrutiny of range of risk assessments
- Scrutiny of GB minutes
- Logs of bullying/racist/behaviour incidents for SLT and GB to monitor
- Review of parental concerns and parent questionnaires

***This policy also links to our policies on:***

*Anti-bullying policy*

*Behaviour policy*

*Data Protection policy*

*Domestic Abuse policy*

*E-Safety policy*

*Freedom of Information Act*

*Home-school Partnership policy*

*Keeping Children Safe in Education Stat. Guidance*

*Lost Child policy*

*Non-collection of Children policy*

*Photographic Images of Children policy*

*Privacy Notices*

*Protection from Harassment and Bullying policy*

*Pupils Attendance policy*

*Safeguarding & Child Protection policy*

*Whole School Food policy*

*Working with Parents policy*

*Volunteer Safeguarding Leaflet*

*Safer Recruitment policy*

*First Aid policy*

*Allegations of Abuse Against Staff/HT policy*

*Allegations Against Another Child policy*

*Supporting Children with Medical Conditions policy*

*Intimate Care policy*

*Code of Conduct for Safer Working Practices*

*Social Media policy*

# Appendix one

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## Recognising signs of child abuse

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### Categories of Abuse:

- Physical Abuse
- Emotional Abuse (including Domestic Abuse)
- Sexual Abuse
- Neglect

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## Signs of Abuse in Children:

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

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

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## Risk Indicators

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

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

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

In an abusive relationship the child may:



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

The parent or carer may:

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

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

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## Recognising Physical Abuse

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The following are often regarded as indicators of concern:

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

## Bruising

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

- Any bruising to a pre-crawling or pre-walking baby
- Bruising in or around the mouth, particularly in small babies which may indicate force feeding
- Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive)
- Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally
- Variation in colour possibly indicating injuries caused at different times
- The outline of an object used e.g. belt marks, hand prints or a hair brush
- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting

- Bruising around the face
- Grasp marks on small children
- Bruising on the arms, buttocks and thighs may be an indicator of sexual abuse

## Bite Marks

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

A medical opinion should be sought where there is any doubt over the origin of the bite.

## Burns and Scalds

It can be difficult to distinguish between accidental and non-accidental burns and scalds, and will always require experienced medical opinion. Any burn with a clear outline may be suspicious e.g.:

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

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

## Fractures

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

Non-mobile children rarely sustain fractures.

There are grounds for concern if:

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

## Scars

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

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## Recognising Emotional Abuse

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

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

The following may be indicators of emotional abuse:

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

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## Recognising Signs of Sexual Abuse

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

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

Some behavioural indicators associated with this form of abuse are:

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

Some physical indicators associated with this form of abuse are:

- Pain or itching of genital area
- Blood on underclothes
- Pregnancy in a younger girl where the identity of the father is not disclosed
- Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing

## Sexual Abuse by Young People

The boundary between what is abusive and what is part of normal childhood or youthful experimentation can be blurred. The determination of whether behaviour is developmental, inappropriate or abusive will hinge around the related concepts of true consent, power imbalance and exploitation. This may include children and young people who exhibit a range of sexually problematic behaviour such as indecent exposure, sexting, obscene telephone calls, fetishism, bestiality and sexual abuse against adults, peers or children. At the same time, as a school, we do not tolerate peer on peer abuse. All incidents are thoroughly investigated and reported to social services. For sexting we will follow advice from UKCCIS Guidance : Sexting in schools and colleges, responding to incidents, and safeguarding young people( 2016) –See appendix 9)

**Developmental Sexual Activity** encompasses those actions that are to be expected from children and young people as they move from infancy through to an adult understanding of their physical, emotional and behavioural relationships with each other. Such sexual activity is essentially information gathering and experience testing. It is characterised by mutuality and of the seeking of consent.

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

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

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

In other cases it may be appropriate to refer to social services for guidance and advice.

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## Assessment

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

- Equality – consider differentials of physical, cognitive and emotional development, power and control and authority, passive and assertive tendencies
- Consent – agreement including all the following:
  - Understanding that is proposed based on age, maturity, development level, functioning and experience
  - Knowledge of society’s standards for what is being proposed
  - Awareness of potential consequences and alternatives
  - Assumption that agreements or disagreements will be respected equally
  - Voluntary decision

- Mental competence
- Coercion – the young perpetrator who abuses may use techniques like bribing, manipulation and emotional threats of secondary gains and losses that is loss of love, friendship, etc. Some may use physical force, brutality or the threat of these regardless of victim resistance.

In evaluating sexual behaviour of children and young people, the above information should be used only as a guide.

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## Recognising Neglect

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

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

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## Child Sexual Exploitation

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

Signs include:

- underage sexual activity
- inappropriate sexual or sexualised behaviour
- sexually risky behaviour, 'swapping' sex
- repeat sexually transmitted infections
- in girls, repeat pregnancy, abortions, miscarriage
- receiving unexplained gifts or gifts from unknown sources
- having multiple mobile phones and worrying about losing contact via mobile
- having unaffordable new things (clothes, mobile) or expensive habits (alcohol, drugs)
- changes in the way they dress
- going to hotels or other unusual locations to meet friends
- seen at known places of concern
- moving around the country, appearing in new towns or cities, not knowing where they are
- getting in/out of different cars driven by unknown adults
- having older boyfriends or girlfriends
- contact with known perpetrators

- involved in abusive relationships, intimidated and fearful of certain people or situations
- hanging out with groups of older people, or anti-social groups, or with other vulnerable peers
- associating with other young people involved in sexual exploitation
- recruiting other young people to exploitative situations
- truancy, exclusion, disengagement with school, opting out of education altogether
- unexplained changes in behaviour or personality (chaotic, aggressive, sexual)
- mood swings, volatile behaviour, emotional distress
- self-harming, suicidal thoughts, suicide attempts, overdosing, eating disorders
- drug or alcohol misuse
- getting involved in crime
- police involvement, police records
- involved in gangs, gang fights, gang membership
- Injuries from physical assault, physical restraint, sexual assault.

Sexual exploration can have links to other types of crime. These include

- . Child trafficking;
- Domestic abuse;
- Sexual violence in intimate relationships;
- Grooming (including online grooming);
- Abusive images of children and their distribution;
- Drugs-related offences;
- Gang-related activity;
- Immigration-related offences; and
- Domestic servitude.

# Appendix two

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## Honour Based Violence (HBV)

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So-called 'honour-based' violence (HBV) encompasses crimes which have been committed to protect or defend the honour of the family and/or the community, including Female Genital Mutilation (FGM), forced marriage, and practices such as breast ironing. All forms of so called HBV are abuse (regardless of the motivation) and should be handled and escalated as such. If in any doubts staff should speak to the designated safeguarding lead. Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a child being at risk of HBV, or already having suffered HBV.

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## Forced Marriage (FM)

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

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## Female Genital Mutilation (FGM)

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

### What is FGM?

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

4 types of procedure:

Type 1 Clitoridectomy – partial/total removal of clitoris

Type 2 Excision – partial/total removal of clitoris and labia minora

Type 3 Infibulation entrance to vagina is narrowed by repositioning the inner/outer labia

Type 4 all other procedures that may include: pricking, piercing, incising, cauterising and scraping the genital area.

Why is it carried out?

Belief that:

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

## Is FGM legal?

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

## Circumstances and occurrences that may point to FGM happening

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

Signs that may indicate a child has undergone FGM:

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

## FGM Mandatory Reporting Duty

Teachers must follow Mandatory Reporting of FGM procedures as set out in Annex A, page 55 of KCSIE (Sept 2016) and discuss all incidents with the DSL.

## The 'One Chance' rule

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



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## The Toxic Trio

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The term 'Toxic Trio' has been used to describe the issues of domestic violence, mental ill-health and substance misuse which have been identified as common features of families where harm to women and children has occurred.

They are viewed as indicators of increased risk of harm to children and young people. In a review of Serious Cases Reviews undertaken by Ofsted in 2011, they found that in nearly 75% of these cases two or more of the issues were present.

### Domestic Abuse

Domestic abuse is any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse:

- Psychological
- Physical
- Sexual
- Financial
- Emotional

Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

Research indicates that living within a home where domestic abuse takes place is harmful to children and can have a serious impact on their behaviour, wellbeing and understanding of what a normal relationship is.

Children witnessing domestic abuse is recognised as 'significant harm' in law. These children may become aggressive; display anti-social behaviours; suffer from depression or anxiety; or fail to reach their educational potential.

Indicators that a child is living within a relationship with domestic abuse include:

- withdrawn
- suddenly behaves differently
- anxious
- clingy
- depressed
- aggressive
- problems sleeping
- eating disorders
- wets the bed
- soils clothes
- takes risks

- misses school
- changes in eating habits
- obsessive behaviour
- nightmares
- drugs
- alcohol
- self-harm
- thoughts about suicide

These behaviours themselves do not indicate that a child is living with domestic abuse, but should be considered as indicators that this may be the case.

If staff believe that a child is living with domestic abuse, this will be reported to the designated safeguarding lead for referral to be considered to children's social care.

## Parental mental health

The term "mental ill health" is used to cover a wide range of conditions, from eating disorders, mild depression and anxiety to psychotic illnesses such as schizophrenia or bipolar disorder. Parental mental illness does not necessarily have an adverse impact on a child's developmental needs, but it is essential to always assess its implications for each child in the family. It is essential that the diagnosis of a parent/carer's mental health is not seen as defining the level of risk. Similarly, the absence of a diagnosis does not equate to there being little or no risk.

For children the impact of parental mental health can include:

- The parent / carer's needs or illnesses taking precedence over the child's needs
- Child's physical and emotional needs neglected
- A child acting as a young carer for a parent or a sibling
- Child having restricted social and recreational activities
- Child finds it difficult to concentrate- impacting on educational achievement
- A child missing school regularly as (s)he is being kept home as a companion for a parent / carer
- Adopt paranoid or suspicious behaviour as they believe their parent's delusions.
- Witnessing self-harming behaviour and suicide attempts (including attempts that involve the child)
- Obsessional compulsive behaviours involving the child

If staff become aware of any of the above indicators, or others that suggest a child is suffering due to parental mental health, the information will be shared with the DSL to consider a referral to children's social care.

## Parental Substance misuse

Substance misuse applies to the misuse of alcohol as well as 'problem drug use', defined by the Advisory Council on the Misuse of Drugs as drug use which has: 'serious negative consequences of a physical, psychological, social and interpersonal, financial or legal nature for users and those around them.

Parental substance misuse of drugs or alcohol becomes relevant to child protection when substance misuse and personal circumstances indicate that their parenting capacity is likely to be seriously impaired or that undue caring responsibilities are likely to be falling on a child in the family.

For children the impact of parental substance misuse can include:

- Inadequate food, heat and clothing for children (family finances used to fund adult's dependency)
- Lack of engagement or interest from parents in their development, education or wellbeing
- Behavioural difficulties- inappropriate display of sexual and/or aggressive behaviour
- Bullying (including due to poor physical appearance)
- Isolation - finding it hard to socialise, make friends or invite them home
- Tiredness or lack of concentration
- Child talking of or bringing into school drugs or related paraphernalia
- Injuries /accidents (due to inadequate adult supervision )
- Taking on a caring role
- Continued poor academic performance including difficulties completing homework on time
- Poor attendance or late arrival

These behaviours themselves do not indicate that a child's parent is misusing substances, but should be considered as indicators that this may be the case.

If staff believe that a child is living with parental substance misuse, this will be reported to the designated safeguarding lead for referral to be considered for children's social care.

# Appendix three

## Signs and indicators

Lists of signs and symptoms are not fail-safe mechanisms, but they are often helpful indicators in certain combinations of the likelihood or reality of abuse. Children may behave strangely or appear unhappy for many reasons, as they move through the inevitable stages of growing up, and their families experience changes.

These are lists of some of the signs and types of behaviour, which may indicate that a child is being abused. In themselves they are not evidence of abuse, but they may suggest abuse if a child exhibits several of them or if a pattern emerges. Remember that there can be other explanations for a child showing such signs of behaviour in such ways. There is a good deal of overlap between the signs and symptoms of the different types of abuse, particularly between emotional and other types of abuse.

<p><b>Signs of Sexual Abuse</b></p> <ul style="list-style-type: none"> <li>- Sudden changes in behavior or school performance</li> <li>- Inappropriate sexualized behaviour</li> <li>- Tendency to cling, need reassurance</li> <li>- Tendency to cry easily</li> <li>- Regression to young behaviour</li> <li>- Apparent secrecy</li> <li>- Anorexia or Bulimia</li> <li>- Unexplained pregnancy</li> <li>- Phobias, panic attacks</li> <li>- Distrust of a familiar adult</li> </ul>	<p><b>Signs of Emotional Abuse</b></p> <ul style="list-style-type: none"> <li>- Physical, mental and emotional development lags</li> <li>- Over-reaction to mistakes</li> <li>- Compulsive stealing, scavenging</li> <li>- Running away</li> <li>- Sudden speech disorders</li> <li>- Drug solvent abuse</li> <li>- Self-mutilation</li> <li>- Extremes of passivity or aggression</li> <li>- Admission of punishment which appears excessive</li> <li>- Fear of parents being contacted</li> </ul>
<p><b>Signs of Neglect</b></p> <ul style="list-style-type: none"> <li>- Constant hunger</li> <li>- Poor personal hygiene</li> <li>- Poor state of clothing</li> <li>- Emaciation</li> <li>- Frequent lateness or non-attendance</li> <li>- Untreated medical problems</li> <li>- Destructive tendencies</li> <li>- Low self esteem</li> <li>- Neurotic behaviour</li> <li>- No social relationships</li> <li>- Running away</li> <li>- Compulsive stealing or scavenging</li> </ul>	<p><b>Signs of Physical Abuse</b></p> <ul style="list-style-type: none"> <li>- Unexplained injuries or burns, particularly recurrent</li> <li>- Improbable excuses</li> <li>- Refusal to discuss injuries</li> <li>- Untreated injuries</li> <li>- Withdrawal from physical contact</li> <li>- Arms/legs covered in hot weather</li> <li>- Aggression towards others</li> <li>- Fear medical help</li> <li>- Fear of returning home</li> <li>- Running away</li> <li>- Bald patches</li> <li>- Self-destructive tendencies</li> </ul>

# Appendix four

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## Physical Contact with Pupils

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It is unrealistic to suggest that staff should touch pupils only in emergencies. Very few people would adhere to a no touch policy if it applied to people they care about. Physical prompts, guides and reassurances are necessary in a range of settings appropriate to the age of the child and circumstances at the time. More intrusive physical contact may be necessary when people are supporting young children with disabilities. Positive touch is appropriate when it meets the needs of the child but in order to protect both staff and children schools should provide clear guidance about when and how touch should be used.

Staff must bear in mind that even perfectly innocent actions can sometimes be misconstrued. Children/young people may find being touched uncomfortable or distressing for a variety of reasons. It is important for staff to be sensitive to a young person's reaction to physical contact and to act appropriately. It is also extremely important not to touch pupils however casually, in ways or on parts of the body that might be considered inappropriate.

In extreme cases, a member of staff may have to physically restrain a pupil to prevent him/her causing injury to him/herself, to others or to property. In such cases no more than 'reasonable force' should be used and staff must seek to avoid causing injury to the pupil. Advice on the use of force to control or restrain pupils is contained in the Education & Inspections Act 3 2006.

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## Guidelines on Positive Handling

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For more details, please refer to our Physical Restraints Policy

Clarifies the power of teachers, and other staff, who have lawful control or charge of pupils to use 'reasonable force' to prevent pupils.

- Committing a criminal offence
- Injuring themselves or others
- Causing damage to property (including their own)
- Engaging in any behaviour prejudicial to maintaining good order and discipline at the school or among any of its pupils, whether that behaviour occurs in the classroom during a teaching session or elsewhere (i.e. Authorised out of school activity).

This does **NOT** authorise the use of corporal punishment in any circumstances.

Schools should have a policy about the use of force to control or restrain pupils. This policy must be discussed with all staff to whom it applies and with the governing body of the school. A statement of the school's policy should also be published to parents and pupils.

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## Types of Incidents

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The emphasis should always be on de-escalation strategies however, situations where reasonable force may be appropriate or necessary include:

- When a pupil attacks a member of staff or another pupil
- When pupils are fighting
- When a pupil is engaged in, or is on the verge of committing deliberate damage or vandalism
- When a pupil is causing, or at risk of causing injury or damage by accident, rough play or by misuse of dangerous materials or objects
- When an 'at risk' pupil absconds from class or tries to leave the school

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## Practical Advice

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- Schools should plan for incidents if they are aware that a pupil is likely to behave in a way that may require physical control or restraint.
- Clear, non-physical de-escalation techniques must be used prior to the consideration of any physical restraint unless the situation is so urgent as to require immediate intervention.
- Staff should continue to attempt to communicate with pupils throughout any incident. It should be clear that physical restraint must stop as soon as it ceases to be necessary.
- A calm and measured approach to a situation by staff is needed.
- On some occasions, staff should not intervene without help e.g when dealing with older, physically large pupils, or more than one pupil. The staff member should remove other 'at risk' pupils; summon assistance from colleagues and/or the police. Pupils should be informed that help has been sent for and attempts to defuse the situation using verbal de-escalation techniques should continue

A written record of any occasion where force is used should be made at the time. This should include:

- The names of everyone involved, the time, place and any names of potential witnesses.
- The reason physical restraint was used
- How the incident began and developed including details of behaviours displayed
- As far as possible details of all conversations
- What steps were taken to defuse the situation
- The degree of force used, how it was applied and how long for
- The pupils response
- The outcome
- Details of any injury and of any damage to property

Senior staff should be informed immediately and advice sought. Staff are advised to keep a copy of their report. Parents should also be informed of such an incident involving their child, as soon as practicable and an opportunity provided to discuss.

## Appendix Five

### Counter Terrorism and Security Act 2015(The Prevent Duty)

#### Radicalisation

##### Definitions

Radicalisation is a process by which an individual or group comes to adopt increasingly extreme political, social, or religious ideals and aspirations that reject or undermine the status quo Or reject and/or undermine contemporary ideas and expressions of freedom of choice.

Extremism: holding extreme political or religious views, fanaticism.

Staff are aware of the statutory requirement for schools to need to prevent people from being drawn into terrorism.

The school, through its PSHE programme as well as the wider curriculum works to prevent the cause of radicalism and develop its pupils into responsible citizens. Through its ethos, the school promotes openness, respect for all as well as support for one and other, seeking to prevent radicalisation of members of the school community.

If staff have any concerns, normal safeguarding procedures should be followed, and if necessary a referral to the Channel Programme be made.

The DSL will undertake Prevent Awareness Training, and is able to provide advice and support to staff.

## Appendix Six

### Children Missing in Education

The school follows procedures as set out in Annex A of KCSIE (Sept. 2016).

## Trafficked Children

Human trafficking is defined by the UNHCR in respect of children as a process that is a combination of :

- Movement (including within the UK);
- For the purpose of exploitation

Any child transported for exploitative reasons is considered to be a trafficking victim.

There is significant evidence that children (both of UK and other citizenship) are being trafficked internally within the UK and this is regarded as a more common form of trafficking in the UK.

There are a number of indicators which suggest that a child may have been trafficked into the UK, and may still be controlled by the traffickers or receiving adults. These are as follows:

- Shows signs of physical or sexual abuse, and/or has contracted a sexually transmitted infection or has an unwanted pregnancy;
- Has a history with missing links and unexplained moves;
- Is required to earn a minimum amount of money every day;
- Works in various locations;
- Has limited freedom of movement;
- Appears to be missing for periods;
- Is known to beg for money;
- Is being cared for by adult/s who are not their parents and the quality of the relationship between the child and their adult carers is not good;
- Is one among a number of unrelated children found at one address;
- Has not been registered with or attended a GP practice;
- Is excessively afraid of being deported.

For those children who are internally trafficked within the UK indicators include:

- Physical symptoms (bruising indicating either physical or sexual assault);
- Prevalence of a sexually transmitted infection or unwanted pregnancy;
- Reports from reliable sources suggesting the likelihood of involvement in sexual exploitation / the child has been seen in places known to be used for sexual exploitation;
- Evidence of drug, alcohol or substance misuse;
- Being in the community in clothing unusual for a child i.e. inappropriate for age, or borrowing clothing from older people
- Relationship with a significantly older partner ;
- Accounts of social activities, expensive clothes, mobile phones or other possessions with no plausible explanation of the source of necessary funding;



- Persistently missing, staying out overnight or returning late with no plausible explanation;
- Returning after having been missing, looking well cared for despite having not been at home;
- Having keys to premises other than those known about;
- Low self- image, low self-esteem, self-harming behaviour including cutting, overdosing, eating disorder, promiscuity;
- Truancy / disengagement with education;
- Entering or leaving vehicles driven by unknown adults;
- Going missing and being found in areas where the child or young person has no known links; and/or
- Possible inappropriate use of the internet and forming on-line relationships, particularly with adults.

These behaviours themselves do not indicate that a child is being trafficked, but should be considered as indicators that this may be the case.

If staff believe that a child is being trafficked, this will be reported to the designated safeguarding lead for referral to be considered to children's social care.

## **Appendix 7**

### **Private fostering**

Private fostering is an arrangement by a child's parents for their child (under 16 or 18 if disabled) to be cared for by another adult who is not closely related and is not a legal guardian with parental responsibility for 28 days or more.

It is not private fostering if the carer is a close relative to the child such as grandparent, brother, sister, uncle or aunt.

The Law requires that the carers and parents must notify the children's services department of any private fostering arrangement.

If the school becomes aware that a pupil is being privately fostered we will inform the children's services department and inform both the parents and carers that we have done so.

## Appendix 8

### Keeping children safe in education

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/550511/Keeping\\_children\\_safe\\_in\\_education.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/550511/Keeping_children_safe_in_education.pdf)

## Appendix 9

### Sexting in schools and colleges: responding to incidents and safeguarding young people

<https://www.safeguardingschools.co.uk/wp-content/uploads/2016/08/Sexting-in-schools-and-colleges-UKCCIS-August-2016.pdf>