GLADE School
Child Protection Policy

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Fair Ways Vision, Mission and Values

Our vision
To build a community that changes lives makes a difference to society and leaves a legacy greater than ourselves and our contributions.

Our mission
To grow a compassionate, resilient, and trauma-informed community, that embraces learning, so that we improve the lives and outcomes of individuals.

Our values
Our values form the heart of the work we do, defined by Fair Ways people, for Fair Ways people. These are the values by which we operate, by which we are governed, and to which we are held accountable.

We therefore expect every individual within Fair Ways to *play their part*:

PROFESSIONAL	**A**CCEPTING	**R**EFLECTIVE	**T**RANSPARENT
· We do what we say we will. · We approach challenges with optimism and enthusiasm. · We don't judge, we notice. · We put the needs of the service before our own personal gains.	· We don't give up on people. · We value all individuals and are willing to challenge them. · We embrace each other's differences as much as our similarities. · We accept responsibility for our actions.	· We give feedback, we invite feedback, we listen to feedback. · We look inward before we look outward. · We learn as much from our mistakes as from our successes. · We listen to each other, learn from each other and grow together.	· We are always willing to explain why. · We have the courage to be open and honest. · We earn trust through our transparency. · We live by our values even when no-one is watching.

1 Introduction

1.1 GLADE School recognise our moral and statutory responsibility to safeguard and promote the welfare of all students. We make every effort to provide a safe and welcoming environment underpinned by a culture of openness where both students and adults feel secure, able to talk and believe that they are being listened to. We maintain an attitude of "it could happen here" where safeguarding is concerned. The purpose of this policy is to provide staff, volunteers, trustees and Board of Directors with the framework they need in order to keep students safe and secure in our school and to inform parents and guardians how we will safeguard their children whilst they are in our care. Specific guidance is available to staff within the procedure documents.

1.2 The current **Definitions** within this document:

- ***Child Protection*** is an aspect of safeguarding but is focused on how we respond to children who have been significantly harmed or are at risk of significant harm.
- The term ***Staff*** applies to all those working for or on behalf of the school, full time or part time, in either a paid or voluntary capacity. This also includes parents and directors.
- ***Child*** refers to all students who have not yet reached their 18th birthday. Overall, this will apply to students at our school; however, the policy will extend to visiting students from other establishments.
- ***Parent*** refers to birth parents and other adults in a parenting role for example adoptive parents, stepparents, guardians and foster carers.
- ***Abuse*** could mean neglect, physical, emotional or sexual abuse or any combination of these. Parents, carers and other people can harm children either by direct acts and / or failure to provide proper care. Explanations of these are given within the procedure document.

1.3 **Aims** of this document:

- To provide staff with the framework to promote and safeguard the wellbeing of children and in so doing ensure they meet their statutory responsibilities.
- To ensure consistent good practice across the school.
- To demonstrate our commitment to protecting children.

2 Principles and Values

2.1 GLADE School adopts the following principles and values on protecting children:

- Children have a right to feel secure and cannot learn effectively unless they do so.
- All children regardless of age, gender, race, ability, sexuality, religion, culture or language have a right to be protected from harm.
- All staff have a key role in prevention of harm and an equal responsibility to act on any suspicion or disclosure that may indicate a child is at risk of harm in accordance with the guidance.
- We acknowledge that working in partnership with other agencies protects children and reduces risk and so we will engage in partnership working throughout the child protection process to safeguard children.
- Whilst the school will work openly with parents as far as possible, the school reserves the right to contact children's social care or the police, without notifying parents if this is in the child's best interests.

3 Leadership and Management

3.1 We recognise that staff anxiety around child protection can undermine good practice and so have established clear lines of accountability, training and advice to support the process and individual staff within that process.

3.2 In this school any individual can contact the designated safeguarding lead (DSL) if they have concerns about a young person. These are the following:

School DSLs

- Emma Moore – Headteacher

Deputy DSLs

- Elizabeth East – Deputy Headteacher
- Natalie Mears – Curriculum Manager
- Courtney Phillips – Pastoral Manager

Eileen Calnan, Fair Ways Safeguarding Designated Officer, has oversight of Safeguarding across GLADE school.

3.3 GLADE School has a nominated Designated Safeguarding Officer for the organisation who will support all safeguarding concerns and strategies for all departments including the school.

- Eileen Calnan – Fair Ways Designated Safeguarding Officer

4 Training

4.1 All staff in our school are trained to be aware of the signs and symptoms of abuse and must be able to respond appropriately. Training is provided every year with separate training to all new staff on appointment. The DSL and Deputy DSLs will attend annual training to enable them to fulfil their role.

4.2 Any update in national or local guidance will be shared with all staff in briefings and then captured in the next whole school training. This policy will be updated during the year to reflect any changes brought about by new guidance.

4.3 Pastoral Managers also support training through a Safeguarding Calendar which ensures that up to date and relevant information is shared with the education staff in a timely fashion.

5 Referral

5.1 Following any concerns raised by staff, the DSL and/or Deputy DSL will assess the information and consider if significant harm has happened or there is a risk that it may happen. If the evidence suggests the threshold of significant harm, or risk of significant harm has been reached; or they are not clear if the threshold is met, then the DSL or Deputy DSL will contact children's social care (Multi Agency Safeguarding Hub).

5.2 Generally the DSL will inform the parents prior to making a referral, however there are situations where this may not be possible or appropriate due to the risk of harm.

6 Confidentiality

6.1 We maintain that all matters relating to child protection are to be treated as confidential and only shared as per the 'working together' guidance. Information will only be shared with agencies who we have a statutory duty to share with or individuals within the school who 'need to know'. All staff are aware that they cannot promise a child to keep a disclosure confidential.

7 Educating and encouraging students to keep safe

7.1 GLADE School will encourage and educate all students to keep safe through:

- The content of the whole school curriculum
- A school ethos which helps students to feel safe and able to talk freely about their concerns, believing that they will be listened to and valued.

8 Dealing with allegations against staff

8.1 There are two levels of allegations / concerns against staff: Allegations that may meet the harms threshold and Allegations/concerns that do not meet the harms threshold that are referred to as 'low level concerns.'

8.2 A member of staff (this includes all contracted staff, agency staff, bank staff, volunteers and contractors) may meet the harms threshold if:

- behaved in a way that has harmed a child, or may have harmed a child and/or;
- possibly committed a criminal offence against or related to a child and/or;
- behaved towards a child or children in a way that indicates he or she may pose a risk of harm to children; and/or
- behaved or may have behaved in a way that indicates they may not be suitable to work with children. (This may have happened outside of school but make an individual unsuitable to work with children)

8.3 All concerns raised about the practice or behaviour of a member of staff will be recorded and passed to the Headteacher. The local authority designated officer (LADO) will be contacted, and the relevant guidance will be followed.

8.4 If the allegation is against the Headteacher, the person receiving the allegation will contact the LADO or the Operations Director directly.

8.5 All allegations/concerns will be dealt with quickly, fairly and consistently.

9 Dealing with allegations against students

9.1 If a concern is raised that there is an allegation of a young person abusing another young person within the school, the 'Allegations and Sexual Violence between Children policy' will be followed.

10 Staff responsibilities

10.1 All staff have a key role to play in identifying concerns early and in providing help for students. To achieve this, they will:

- Establish and maintain an environment where students feel secure, are encouraged to talk and are listened to. (refer to Appendix D)

- Ensure students know that there are adults in the school whom they can approach if they are worried about any problems.
- Plan opportunities within the curriculum for students to develop the skills they need to assess and manage risk appropriately and keep themselves safe.
- Attend training to be aware of and alert to the signs of abuse. (Refer to Appendix E)
- Maintain an attitude of "it could happen here" with regards to safeguarding
- Record their concerns if they are worried that a student is being abused and report these to the relevant person as soon as practical that day.
- If the disclosure is an allegation against a member of staff they will follow the allegations' procedures. (Appendix C)
- Follow the procedures set out by the LCSP and take account of guidance issued by the Department of Education.
- Support students in line with their child protection plan, where appropriate.
- Treat information with confidentiality but never promising to "keep a secret."
- Notify the DSL of any student on a child protection plan who has unexplained absence.
- In the context of early help, staff will notify colleagues and / or parents of any concerns about their young person, and provide them with, or signpost them to, opportunities to change the situation.
- Liaise with other agencies that support students and provide early help. (Refer appendix F)
- Ensure they know who the designated safeguarding lead (DSL) and Deputy DSL are and know how to contact them.

11 Senior Leadership responsibilities

11.1 The Senior Leadership team have key responsibilities to ensure students stay safe. These include:

- Contribute to inter-agency working in line with guidance (Working Together to Safeguard Children 2025).
- Provide a co-ordinated offer of early help when additional needs of students are identified.
- Working with children's social care, support their assessment and planning processes including the school's attendance at conference and core group meetings.
- Carry out tasks such as training of staff; safer recruitment; maintaining a single central register.
- Provide support and advice on all matters pertaining to safeguarding and child protection to all staff regardless of their position within the school.

- Treat any information shared by staff or students with respect and follow procedures.
- Ensure that allegations or concerns against staff are dealt with in accordance with guidance from department for education (DfE), Local Safeguarding Childrens Partnership (HSCP) and Hampshire County Council (HCC).
- Report the safeguarding cases weekly to Eileen Calnan, Fair Ways Safeguarding Designated Officer.

12 Governance – The Directors responsibilities

12.1 The Board of Directors have key responsibilities to ensure students stay safe. These include:

- The school has effective safeguarding policies & procedures including a child protection policy and a staff behaviour policy.
- LSCP is informed annually about the discharge of duties via the safeguarding audit.
- Recruitment, selection and induction follow safer recruitment practice.
- Allegations against staff are dealt with by the Headteacher.
- A member of the senior staff team is designated as Designated Safeguarding Lead (DSL) and have this recorded in their job description.
- Staff have been trained appropriately, and this is updated in line with guidance.
- Any safeguarding deficiencies or weaknesses are remedied without delay.
- They have identified a nominated Director for allegations against the Headteacher or Operations Director.

13 Designated Safeguarding Lead (DSL) responsibilities

13.1 In the school the Designated Safeguarding Leads (DSL) are:

School DSLs

- Emma Moore - Headteacher

Deputy DSLs

- Elizabeth East – Deputy Headteacher
- Natalie Mears – Curriculum Manager
- Courtney Phillips – Pastoral Manager

Eileen Calnan, Fair Ways Designated Safeguarding Officer has oversight of Safeguarding across GLADE school.

13.2 In addition to the role of staff and Senior Leadership team the DSL will:

- Assist the governing body in fulfilling their responsibilities under Section 175 or 157 of the Education Act 2002.
- Attend initial training for the role and refresh this every year. By attending the initial refresher training and then demonstrating evidence of continuing professional development.
- Ensure every member of staff knows who the DSL is, is aware of the DSL role and has their contact details.
- Ensure all staff and volunteers understand their responsibilities in being alert to the signs of abuse and responsibility for referring any concerns to the DSL.
- Ensure that whole school training occurs annually so that staff and volunteers can fulfil their responsibilities.
- Ensure any members of staff joining the school outside of this training schedule receive induction prior to commencement of their duties.
- Keep written records of child protection concerns securely and separately from the main young person's file and use these records to assess the likelihood of risk.
- Ensure that copies of safeguarding records are transferred accordingly (separate from other files) when a young person transfers school.
- Ensure that when a young person transfers to school and is on a child protection plan or is a child looked after, the information is passed to the new school immediately and that the young person's social worker is informed.
- Link with the LSCP to make sure staff are aware of training opportunities and the latest local policies on safeguarding.
- Develop, implement and review procedures in our school that enable the identification and reporting of all cases, or suspected cases, of abuse.

14 Child Protection Procedures

14.1 The following procedures apply to all staff working in the school and will be covered by training to enable staff to understand their role and responsibility. The aim of our procedures is to provide a robust framework which enables staff to take appropriate action when they are worried a young person is being abused. (Refer procedure Appendix B)

14.2 The prime concern at all stages must be the interests and safety of the young person. Where there is conflict of interest between the young person and an adult, the interests of the young person must be paramount.

14.3 **If a member of staff suspects abuse or they have a disclosure of abuse made to them they must:**

1. Make an initial record of the information. (Record on Clear Care under Safeguarding)

2. Report it to the DSL / Deputy DSL immediately.

3. The DSL or Deputy DSL will consider if there is a requirement for immediate medical intervention, however urgent medical attention should not be delayed if DSL or Deputy DSL are not immediately available (see point 8 in section 14.5 below).

4. Make an accurate record (which may be used in any subsequent court proceedings) as soon as possible and within 24 hours of the occurrence, of all that has happened, including details of:

   - dates and times of their observations
   - dates and times of any discussions they were involved in
   - any injuries
   - explanations given by the child / adult
   - what action was taken
   - any actual words or phrases used by the child

14.4 All records must be signed and dated by the author.

14.5 **Following a report of concerns from a member of staff, the DSL must:**

1. Decide whether or not there are sufficient grounds for suspecting significant harm in which case a referral must be made to children's social care.

2. Normally the school should try to discuss any concerns about a young person's welfare with the family and where possible to seek their agreement before making a referral to children's social care. However, in accordance with DfE guidance, this should only be done when it will not place the young person at increased risk or could impact a police investigation. The young person's views should also be considered.

3. If there are grounds to suspect a young person is suffering, or is likely to suffer, significant harm they must contact the local Multi Agency Safeguarding Hub (MASH) on Inter Agency Referral Formand make a clear statement of:

- the known facts
- any suspicions or allegations
- whether or not there has been any contact with the child's family
- if the DSL feels unsure about whether a referral is necessary, they can phone the MASH team to discuss concerns

4. If there is not a risk of significant harm, then the DSL will either actively monitor the situation or consider the early help process.

5. The DSL must confirm any referrals in writing to children's social care, within 24 hours, including the actions that have been taken. The written referral should be made using the inter-agency referral form (IRAF) which will provide children's social care with the supplementary information required about the child and family's circumstances.

6. If a young person is in immediate danger and urgent protective action is required, the police should be called. The DSL should also notify children's social care of the occurrence and what action has been taken.

7. Where there are doubts or reservations about involving the young person's family, the DSL should clarify with children's social care or the police whether, the parents should be told about the referral and, if so, when and by whom. This is important in cases where the police may need to conduct a criminal investigation.

8. When a young person is in need of *urgent* medical attention and there is suspicion of abuse the DSL should take the young person to the accident and emergency unit at the nearest hospital, having first notified children's social care. The DSL should seek advice about what action children's social care will take and about informing the parents, remembering that parents should normally be informed that a child requires urgent hospital attention.

15 Transfer of Child Protection Records

15.1 There is a joint responsibility when a young person starts at a new school to ensure the receiving school has all existing child protection records. When a school admits a new young person, they must always check with the previous school whether there are any child protection records to transfer. However, it is also the responsibility of the original school to ensure any records are transferred to the new school.

15.2 Where a young person moves to school, any records of child protection / welfare concerns should be copied and sent to the receiving school as soon as possible

(separately to any other files). Schools may wish to keep a copy of the file themselves as this will provide evidence of what the school knew and the actions they took to safeguard and promote the welfare of the young person, should it be required at a later date. If a school or college decides to retain a copy of any child protection records, they have transferred them, these should be stored securely and destroyed in accordance with statutory and local guidance. The Designated Safeguarding Lead from the transferring school should make telephone contact with their counterpart in the receiving school to discuss the case and agree a means of transfer of the records as soon as is practicable.

15.3 Whenever a file is transferred, schools should retain evidence of the transfer of the record and request confirmation of receipt of the file.

15.4 If child protection files are sent by post, it should be by secure recorded delivery to a named individual. The receiving school should receive a telephone call in advance to notify them that a child protection file(s) is being sent. The envelope should be marked as 'Strictly Confidential' and for the attention of the named Designated Safeguarding Lead only. A 'record of transfer form' should be included with the file and the receiving school should be asked to sign the form and return that to the sending school confirming that they have received the file.

15.5 It is important that all child protection records are transferred at each stage of a child's education, up to the age of 18, or in some cases, beyond. The responsibility for transfer of records lies with the originating setting, as the receiving setting might not know that child protection concerns exist. The onus is therefore on the original setting to facilitate the secure transfer of records, not on the receiving setting to make contact and collect the records.

15.6 Paper or electronic records must be transferred by the most secure method available to the establishment:

- By hand if possible.
- If paper records are posted this should be "signed for" delivery.
- Electronic records must only be transferred by a secure electronic transfer mechanism or after the records have been encrypted.

15.7 **Transfer Communication**

Whether child protection files are passed on by hand, by post or electronically, written evidence of this transfer appropriately signed and dated, should be retained by both the originating and receiving setting. It is recommended that the originating establishment keeps a copy of the form along with a copy of the chronology of events and any records pertaining to the establishment in line with retention guidance.

15.8 **Children subject to a Child Protection Plan**

If a child is subject to a Child Protection Plan the originating establishment must speak to the Designated Safeguarding Lead of the receiving establishment giving details of the child's key social worker and ensuring that the establishment is made aware of the requirements of the CP Plan.

15.9 **Receiving establishment unknown and Elective Home Education**

The originating establishment should inform the Local Authority that a Child Protection file exists and should retain the file until it can be passed on to another establishment or securely destroyed once the file retention period has expired.

16 Local Authority Contacts

Children's Services Department
Children's Services Department
Hampshire County Council
Elizabeth II Court North
The Castle Winchester
SO23 8UG
0300 555 1377

Isle of Wight LSCP
IOWSCP
Jubilee Stores
The Quay
Newport
Isle of Wight
PO30 2EH
01983 814545

Southampton LSCP
Safeguarding.PartnershipsTeam@southampton.gov.uk
02380 832995

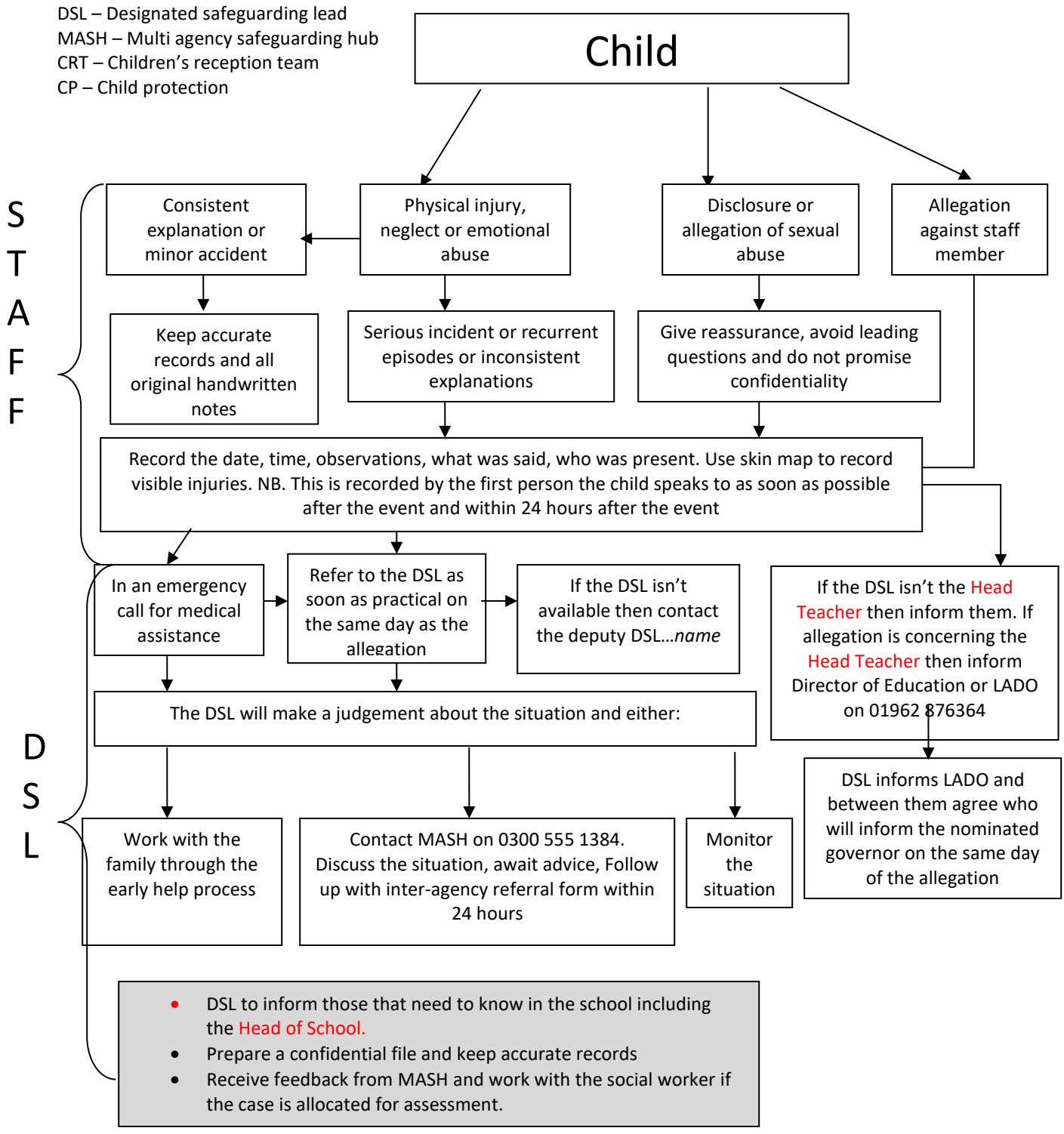
Portsmouth Safeguarding Children Partnership
https://www.portsmouthscp.org.uk/
02392 834404

Bournemouth & Poole Local Safeguarding Partnership
Bournemouth Learning Centre
Ensbury Avenue
Bournemouth
Dorset
BH104HG
Tel: 01202458873

Appendix A – Flowchart for Child Protection Procedures

Flowchart for child protection procedures

DSL – Designated safeguarding lead
MASH – Multi agency safeguarding hub
CRT – Children's reception team
CP – Child protection



Appendix B – Dealing with Disclosures

Dealing with disclosures

All staff should:

A member of staff who is approached by a child should listen positively and try to reassure them. They cannot promise complete confidentiality and should explain that they may need to pass information to other professionals to help keep the child or other children safe. The degree of confidentiality should always be governed by the need to protect the child.

Additional consideration needs to be given to children with communication difficulties and for those whose preferred language is not English. It is important to communicate with them in a way that is appropriate to their age, understanding and preference.

All staff should know who the DSL is and who to approach if the DSL is unavailable. Ultimately, all staff have the right to make a referral to the police or social care directly and should do this if, for whatever reason, there are difficulties following the agreed protocol, e.g. they are the only adult on the school premises at the time and have concerns about sending a child home.

Guiding principles, the seven R's:

Receive

- Listen to what is being said, without displaying shock or disbelief.
- Accept what is said and take it seriously.
- Make a note of what has been said as soon as practicable.

Reassure

- Reassure the student, but only so far as is honest and reliable.
- Don't make promises you may not be able to keep e.g. 'I'll stay with you' or 'everything will be alright now' or 'I'll keep this confidential'.
- Do reassure e.g. you could say: 'I believe you', 'I am glad you came to me', 'I am sorry this has happened', 'We are going to do something together to get help.'

Respond

- Respond to the student only as far as is necessary for you to establish whether or not you need to refer this matter, but do not interrogate for full details.
- Do not ask 'leading' questions i.e. 'did he touch your private parts?' or 'did she hurt you?' Such questions may invalidate your evidence (and the child's) in any later prosecution in court.

- Do not criticise the alleged perpetrator; the student may care about him/her, and reconciliation may be possible.
- Do not ask the student to repeat it all for another member of staff. Explain what you have to do next and whom you have to talk to. Reassure the student that it will be a senior member of staff.

Report

- Share concerns with the designated safeguarding lead as soon as possible.
- If you are not able to contact your designated safeguarding lead, and the child is at risk of immediate harm, contact the children's services department directly.
- If you are dissatisfied with the level of response that you receive following your concerns, you should press for re-consideration.

Record

- If possible, make some very brief notes at the time, and write them up as soon as possible.
- Keep your original notes on file.
- Record the date, time, place, people present and noticeable nonverbal behaviour and the words used by the child. If the child uses sexual 'pet' words, record the actual words used, rather than translating them into 'proper' words.
- Complete a body map to indicate the position of any noticeable bruising.
- Record facts and observable things, rather than your 'interpretations' or 'assumptions'.

Remember

- Support the child: listen, reassure, and be available.
- Complete confidentiality is essential. Share your knowledge only with appropriate professional colleagues.
- Try to get some support for yourself if you need it.

Review (led by DSL)

- Has the action taken provided good outcomes for the child?
- Did the procedure work?
- Were any deficiencies or weaknesses are identified in the procedure? Have these been remedied?
- Is further training required?

What happens next?

It is important that concerns are followed up and it is everyone's responsibility to ensure that they are. The member of staff should be informed by the DSL what has happened following the report being made. If they do not receive this information, they should be proactive in seeking it out.

If they have concerns that the disclosure has not been acted upon appropriately, they might inform the safeguarding governor of the school and / or may ultimately contact the children's services department.

Receiving a disclosure can be upsetting for the member of staff and schools should have a procedure for supporting them after the disclosure. This might include reassurance that they have followed procedure correctly and that their swift actions will enable the allegations to be handled appropriately.

In some cases additional counselling might be needed and they should be encouraged to recognise that disclosures can have an impact on their own emotions.

Appendix C – Allegations against staff

Allegations against staff

Allegations that may meet the harms threshold

This procedure should be used in all cases in which it is alleged a member of staff (ALL staff including contracted, bank, agency, contractors) or volunteer in a school has:

- **behaved in a way that has harmed a child, or may have harmed a child and/or;**
- **possibly committed a criminal offence against or related to a child and/or;**
- **behaved towards a child or children in a way that indicates he or she may pose a risk of harm to children; and/or**
- **behaved or may have behaved in a way that indicates they may not be suitable to work with children**

In dealing with allegations or concerns against an adult in the school, staff must:

- Report any concerns about the conduct of any member of staff or volunteer to the Headteacher or the DSL as soon as possible.
- If an allegation is made against the Headteacher the concerns need to be raised with the LADO or Operations Director as soon as possible.
- Once an allegation has been received by the Headteacher or Director they will contact the Local Authority Designated Officer on 01962 876364 as soon as possible and before carrying out any investigation into the allegation other than preliminary enquiries.
- Inform the parents of the allegation unless there is a good reason not to.

In liaison with the LADO, the school will determine how to proceed and if necessary, the LADO will refer the matter to children's social care and / or the police.

If the matter is investigated internally, the LADO will advise the school to seek guidance from their personnel / HR provider in following procedures set out in 'Keeping Children Safe in Education' (2021) and the HSCP procedures.

Concerns that do not meet the harm threshold (Low Level Concerns)

The term 'low-level' concern does not mean that it is insignificant, it means that the behaviour towards a child does not meet the threshold.

A low-level concern is any concern – no matter how small, and even if no more than causing a sense of unease or a 'nagging doubt' - that an adult working in or on behalf of the school or college may have acted in a way that:

- is inconsistent with the staff code of conduct, including inappropriate conduct outside of work; and
- does not meet the allegations threshold or is otherwise not considered serious enough to consider a referral to the LADO.

Examples of such behaviour could include, but are not limited to:

- being over friendly with children;
- having favourites;
- taking photographs of children on their mobile phone;
- engaging with a child on a one-to-one basis in a secluded area or behind a closed door; or,
- using inappropriate sexualised, intimidating or offensive language.

It is vital that any Low Level Concern is shared responsibly and to the right person including line managers.

Appendix D – Briefing sheet for temporary and supply staff

Briefing sheet for temporary and supply staff

For supply staff and those on short contracts in *GLADE School.*

While working in ***GLADE School*****,** you have a duty of care towards the students here. This means that at all times you should act in a way that is consistent with their safety and welfare.

In addition, if at any time you have a concern about a young person, particularly if you think they may be at risk of abuse or neglect, it is your responsibility to share that concern with the school designated safeguarding leads (DSL) who are:

School DSL's

- Emma Moore - Headteacher

Deputy DSL's

- Charlotte McKearnan – Pastoral Manager

Eileen Calnan, Fair Ways Safeguarding Officer has oversight of Safeguarding across GLADE school.

This is not an exhaustive list but you may have become concerned as a result of:

- Observing a physical injury, which you think may have been non-accidental.
- Observing something in the appearance of a young person which suggests they are not being sufficiently well cared for.
- Observing behavior that leads you to be concerned about a young person.
- A young person telling you that they have been subjected to some form of abuse.

In any of the circumstances listed here, you must write down what you saw or heard, date and sign your account, and give it to the DSL. This may be the beginning of a legal process – it is important to understand that legal action against a perpetrator can be seriously damaged by any suggestion that the child has been led in any way.

If a child talks to you about abuse, you should follow these guidelines:

- Rather than directly questioning the young person, just listen and be supportive.
- Never stop a young person who is freely recalling significant events, but don't push the young person to tell you more than they wish.

- Make it clear that you may need to pass on information to staff in other agencies who may be able to help – do not promise confidentiality. You are obliged to share any information relating to abuse or neglect.
- Write an account of the conversation immediately, as close to verbatim as possible. Put the date and timings on it, and mention anyone else who was present, then sign it and give your record to the designated person / child protection officer, who should contact children's social care if appropriate.

The school has a policy on safeguarding children and students which you can find, together with the local procedures to be followed by all staff, in *the staff area or on the main school website* *www.fairways.co*

Remember, if you have a concern, discuss it with the DSL.

Appendix E – What is child abuse?

What is child abuse?

The following definitions are taken from *working together to safeguard children* HM Government (2023). In addition to these definitions, it should be understood that children can also be abused by honour based violence, forced marriage or female genital mutilation.

What is abuse and neglect?
Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger. They may be abused by an adult or adults, or another child or children.

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.

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

Neglect
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).
- Ensure access to appropriate medical care or treatment.

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

<u>Indicators of abuse</u>

Neglect

The nature of neglect
Neglect is a lack of parental care but poverty and lack of information or adequate services can be contributory factors.

Far more children are registered to the category of neglect on child protection plans than to the other categories. As with abuse, the number of children experiencing neglect is likely to be much higher than the numbers on the plans.

Neglect can include parents or carers failing to:

- provide adequate food, clothing and shelter
- protect a child from physical and emotional harm or danger
- ensure adequate supervision or stimulation
- ensure access to appropriate medical care or treatment

NSPCC research has highlighted the following examples of the neglect of children under 12:

- frequently going hungry
- frequently having to go to school in dirty clothes
- regularly having to look after themselves because of parents being away or having problems such as drug or alcohol misuse
- being abandoned or deserted
- living at home in dangerous physical conditions
- not being taken to the doctor when ill
- not receiving dental care

Neglect is a difficult form of abuse to recognise and is often seen as less serious than other categories. It is, however, very damaging: children who are neglected often develop more slowly than others and may find it hard to make friends and fit in with their peer group.

Neglect is often noticed at a stage when it does not pose a risk to the child. The duty to safeguard and promote the welfare of children (*What to do if you're worried a child is being abused* 2015) would suggest that an appropriate intervention or conversation at this early stage can address the issue and prevent a child continuing to suffer until it reaches a point when they are at risk of harm or in significant need.

Neglect is often linked to other forms of abuse, so any concerns school staff have should at least be discussed with the designated person / child protection co-ordinator.

Indicators of neglect

The following is a summary of some of the indicators that may suggest a child is being abused or is at risk of harm. It is important to recognise that indicators alone cannot confirm whether a child is being abused. Each child should be seen in the context of their family and wider community and a proper assessment carried out by appropriate persons. What is important to keep in mind is that if you feel unsure or concerned, do something about it. Don't keep it to yourself.

Physical indicators of neglect:

- constant hunger and stealing food
- poor personal hygiene - unkempt, dirty or smelly
- underweight
- dress unsuitable for weather
- poor state of clothing

- illness or injury untreated

Behavioural indicators of neglect:

- constant tiredness
- frequent absence from school or lateness
- missing medical appointments
- isolated among peers
- frequently unsupervised
- stealing or scavenging, especially food
- destructive tendencies

Emotional abuse

The nature of emotional abuse

Most harm is produced in *low warmth, high criticism* homes, not from single incidents. Emotional abuse is difficult to define, identify / recognise and / or prove. Emotional abuse is chronic and cumulative and has a long-term impact. All kinds of abuse and neglect have emotional effects although emotional abuse can occur by itself. Children can be harmed by witnessing someone harming another person – as in domestic violence.

It is sometimes possible to spot emotionally abusive behaviour from parents and carers to their children, by the way that the adults are speaking to, or behaving towards children. An appropriate challenge or intervention could affect positive change and prevent more intensive work being carried out later on.

Indicators of emotional abuse

Developmental issues:

- delays in physical, mental and emotional development
- poor school performance
- speech disorders, particularly sudden disorders or changes

Behaviour:

- acceptance of punishment which appears excessive
- over-reaction to mistakes
- continual self-deprecation (I'm stupid, ugly, worthless etc.)
- neurotic behaviour (such as rocking, hair-twisting, thumb-sucking)
- self-mutilation

- suicide attempts
- drug / solvent abuse
- running away
- compulsive stealing, scavenging
- acting out
- poor trust in significant adults
- regressive behaviour – e.g. wetting
- eating disorders
- destructive tendencies
- neurotic behaviour
- arriving early at school, leaving late

Social issues:

- withdrawal from physical contact
- withdrawal from social interaction
- over-compliant behaviour
- insecure, clinging behaviour
- poor social relationships

Emotional responses:

- extreme fear of new situations
- inappropriate emotional responses to painful situations ("I deserve this")
- fear of parents being contacted
- self-disgust
- low self-esteem
- unusually fearful with adults
- lack of concentration, restlessness, aimlessness
- extremes of passivity or aggression

Physical abuse

The nature of physical abuse

Most children collect cuts and bruises quite routinely as part of the rough and tumble of daily life. Clearly, it is not necessary to be concerned about most of these minor injuries. Accidental injuries normally occur on the *bony prominences* – e.g., shins. Injuries on the *soft* areas of the body are more likely to be inflicted intentionally and should therefore make us more alert to other concerning factors that may be present.

A body map **(Clear Care)** can assist in the clear recording and reporting of physical abuse. The body map should only be used to record observed injuries and no child should be asked to remove clothing by a member of staff of the school.

Indicators of physical abuse / factors that should increase concern:

- Multiple bruising or bruises and scratches (especially on the head and face).
- Clusters of bruises – e.g., fingertip bruising (caused by being grasped).
- Bruises around the neck and behind the ears – the most common abusive injuries are to the head.
- Bruises on the back, chest, buttocks, or on the inside of the thighs.
- Marks indicating injury by an instrument – e.g., linear bruising (stick), parallel bruising (belt), marks of a buckle.
- Bite marks.
- Deliberate burning may also be indicated by the pattern of an instrument or object – e.g., electric fire, cooker, cigarette.
- Scalds with upward splash marks or *tide marks.*
- Untreated injuries.
- Recurrent injuries or burns.
- Bald patches.

In the social context of the school, it is normal to ask about a noticeable injury. The response to such an enquiry is generally light-hearted and detailed. So, most of all, concern should be increased when:

- The explanation given does not match the injury.
- The explanation uses words or phrases that do not match the vocabulary of the child / adult's words.
- No explanation is forthcoming.
- The child (or the parent / carer) is secretive or evasive.
- The injury is accompanied by allegations of abuse or assault.

You should be concerned if the child or young person:

- Is reluctant to have parents / carers contacted.
- Runs away or shows fear of going home.
- Is aggressive towards themselves or others.
- Flinches when approached or touched.
- Is reluctant to undress to change clothing for sport.
- Wears long sleeves during hot weather.
- Is unnaturally compliant in the presence of parents / carers.

- Has a fear of medical help or attention.
- Admits to a punishment that appears excessive.

Sexual abuse

The nature of sexual abuse:
Sexual abuse is often perpetrated by people who are known and trusted by the child – e.g., relatives, family friends, neighbours, babysitters, people working with the child in school, faith settings, clubs or activities. Children can also be subject to child sexual exploitation.

Characteristics of child sexual abuse:

- It is often planned and systematic – people do not sexually abuse children by accident, though sexual abuse can be opportunistic.
- Grooming the child – people who abuse children take care to choose a vulnerable child and often spend time making them dependent.
- Grooming the child's environment – abusers try to ensure that potential adult protectors (parents and other carers especially) are not suspicious of their motives.

Most people who sexually abuse children are men, but some women sexually abuse too.

Indicators of sexual abuse

Physical observations:

- damage to genitalia, anus or mouth
- sexually transmitted diseases
- unexpected pregnancy, especially in very young girls
- soreness in genital area, anus or mouth and other medical problems such as chronic itching
- unexplained recurrent urinary tract infections and discharges or abdominal pain

Behavioural observations:

- sexual knowledge inappropriate for age
- sexualised behaviour or affection inappropriate for age
- sexually provocative behaviour / promiscuity
- hinting at sexual activity Inexplicable decline in school performance
- depression or other sudden apparent changes in personality as becoming insecure or clinging

- lack of concentration, restlessness, aimlessness
- socially isolated or withdrawn
- overly compliant behaviour
- acting out aggressive behaviour
- poor trust or fear concerning significant adults
- regressive behaviour, onset of wetting, by day or night; nightmares
- onset of insecure, clinging behaviour
- arriving early at school, leaving late, running away from home
- suicide attempts, self-mutilation, self-disgust
- suddenly drawing sexually explicit pictures
- eating disorders or sudden loss of appetite or compulsive eating
- regressing to younger behaviour patterns such as thumb sucking or bringing out discarded cuddly toys
- become worried about clothing being removed
- trying to be 'ultra-good' or perfect; overreacting to criticism

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SC25	1	New Policy	Gareth Webb	October 2016	
SC25	2	2016/2017 Review	Gareth Webb	November 2016	
SC25	3	Review	Gareth Webb	December 2016	QSGC
SC25	4	Amend DSL names	Gareth Webb	June 2017	QSGC
SC25	5	2017 / 2018 Review	Gareth Webb	November 2017	QSGC
SC25	6	Amended names of Head & Deputy Head	Gareth Webb	April 2018	QSGC
SC25	7	Added Point 15 – transfer of Child Protection Records	Laura Willis	October 18	QSGC
SC25	8	Updated Management details	Laura Willis	November 2018	QSGC
SC25	9	Updated legislation Keeping Children Safe in Education is 2018	Laura Willis	January 2019	QSGC
SC25	10	Review 2019 / 2020	Laura Willis	October 2019	