



HENRY GREEN PRIMARY SCHOOL

Child Protection and Safeguarding

Policy

2023-24



Approved and Agreed by the Governing Body: October 2023

Signed (Chair of Governors) _____

J. C. Withnell

Review Date: October 2024

Address:

Henry Green Primary School
Green Lane
Dagenham RM8 1UR

This policy covers many of the articles from the UN Convention on the Rights of the Child. Some key ones are listed below.

Article 3

All organisations concerned with children should work towards what is best for each child.

Article 6

Children have the right to live a full life. Governments should ensure that children survive and develop healthily.

Article 7

Children have the right to a legally registered name and nationality. Children also have the right to know their parents and, as far as possible, to be cared for by them.

Article 9

Children should not be separated from their parents unless it is for their own good. For example, if a parent is mistreating or neglecting a child. Children whose parents have separated have the right to stay in contact with both parents, unless this might harm the child.

Article 11

Governments should take steps to stop children being taken out of their own country illegally.

Article 12

Children have the right to say what they think should happen when adults are making decisions that affect them and to have their opinions considered.

Article 16

Children have the right to privacy. The law should protect them from attacks against their way of life, their good name, their family and their home.

Article 18

Both parents share responsibility for bringing up their children and should always consider what is best for each child. Governments should help parents by providing services to support them, especially if both parents work.

Article 19

Governments should ensure that children are properly cared for and protect them from violence, abuse and neglect by their parents, or anyone else who looks after them.

Article 20

Children who cannot be looked after by their own family must be looked after properly by people who respect their religion, culture and language.

Article 21

When children are adopted the first concern must be what is best for them. The same rules should apply whether children are adopted in the country of their birth or if they are taken to live in another country.

Rationale

At Henry Green Primary School we recognise that safeguarding and promoting the welfare of children is the responsibility of **everyone** and our policy applies to all governors, staff and volunteers as well as visitors.

All school staff should be prepared to identify children who may benefit from early help. Early help means providing support as soon as a problem emerges at any point in a child’s life.

Henry Green Primary School works closely with social care, the police, health services and other services to promote the welfare of children and protect them from harm.

C O N T E N T S

1	Introduction
2	Statutory Framework
3	The Designated Senior Person
4	The Governing Body
5	School Procedures
6	When to be Concerned
7	Dealing with a Disclosure, Reporting and Recording
8	Confidentiality
9	Communication with Parents
10	Children Missing From Education
11	Allegations Involving School Staff/Volunteers
12	Safer Recruitment
Appendix 1	Indicators of Harm

1. INTRODUCTION

Safeguarding and promoting the welfare of children is defined for the purposes of this guidance as: protecting children from maltreatment; preventing impairment of children’s health or development; ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and taking action to enable all children to have the best outcomes.

*Safeguarding and promoting the welfare of children is **everyone’s** responsibility. **Everyone** who comes into contact with children and their families and carers has a role to play in safeguarding children.*

Keeping Children Safe in Education 2023

This Safeguarding and Child Protection Policy forms part of a suite of documents and policies which relate to the safeguarding responsibilities of the school.

In particular this policy should be read in conjunction with the Safer Recruitment Policy, Behaviour Policy, Reasonable Force Policy and Anti-Bullying Policy.

Purpose

To inform staff, parents, volunteers and governors about the school's responsibilities for safeguarding children.

To enable everyone to have a clear understanding of how these responsibilities should be carried out by;

- Providing clear, protective and preventative guidance and procedures for all areas of safeguarding
- Developing, outlining and implementing procedures for identifying and reporting concerns, cases or suspected cases about the safety and wellbeing of children and where children are at risk of harm
- Creating an ethos of support and care where children are encouraged to talk and know they will be listened to
- Providing clear guidance on systems, procedures and expectations in relation to safeguarding and child protection
- Ensuring that every member of staff including temporary, supply staff and volunteers including the Governing Body knows the name of the designated safeguarding lead and their role

- Ensuring we practice safe recruitment in checking the suitability of staff and volunteers to work with children

School Staff & Volunteers

School staff and volunteers are particularly well placed to observe outward signs of abuse, changes in behaviour and failure to develop because they have daily contact with children. All school staff and volunteers will receive safeguarding training, so that they are knowledgeable and aware of their role in the early recognition of the indicators of abuse or neglect and of the appropriate procedures to follow. Staff should never promise a child that they will not tell anyone about the allegation. This training is refreshed every year. Temporary staff will be made aware of the safeguarding policies and procedures by the Designated Senior Lead. All members of staff working within the school will be required to read the most current version of part 1 of ‘Keeping Children Safe in Education’ (September 2023) and sign a disclaimer to confirm that they have received this guidance. Staff and volunteers at Henry Green will also complete online training provided by ‘Safeguard’, the software used at Henry Green to record and store any concerns.

Implementation, Monitoring and Review of the Child Protection Policy

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

2. STATUTORY FRAMEWORK

In order to safeguard and promote the welfare of children, the school will act in accordance with the following legislation and guidance:

- The Children Act 1989
- The Children Act 2004
- Education Act 2002 (section 175)
- Barking and Dagenham Safeguarding Children Board Inter-agency Child Protection and Safeguarding Children Procedures
- Safeguarding Children and Safer Recruitment in Education (DfES 2006)
- Keeping Children Safe in Education September 2023
- Working together to safeguard children July 2018
- The Education (Pupil Information) (England) Regulations 2005
- Dealing with Allegations of Abuse Against Teachers and Other Staff (DfE 2012)
- Multi Agency Practice guidelines: Female Genital Mutilation

Keeping Children Safe in Education requires all schools to follow the procedures for protecting children from abuse which are established by LBBDD.

Schools are also expected to ensure that they have appropriate procedures in place for responding to situations in which they believe that a child has been abused or are at risk of abuse - these procedures should also cover circumstances in which a member of staff is accused of, or suspected of, abuse.

Safeguarding Children and Safer Recruitment in Education (DfES 2011) places the following responsibilities on all schools:

- Schools should be aware of and follow the procedures established by the London Borough of Barking and Dagenham
- Staff should be alert to signs of abuse and know to whom they should report any concerns or suspicions
- Schools should have procedures (of which all staff are aware) for handling suspected cases of abuse of pupils, including procedures to be followed if a member of staff is accused of abuse, or suspected of abuse
- A Designated Senior Lead should have responsibility for co-coordinating action within the school and liaising with other agencies
- Staff with designated responsibility for child protection should receive appropriate training

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

- All school staff members have a responsibility to provide a safe environment in which children can learn.
- The *Teachers' Standards 2011 (updated 2021)* state that teachers, including Headteachers, should safeguard children's wellbeing and maintain public trust in the teaching profession as part of their professional duties.
- All school staff members have a responsibility to identify children who may need extra help or who are suffering, or likely to suffer, significant harm. All staff then have a responsibility to take appropriate action, working with other services as needed.
- In addition to working with the designated safeguarding lead, staff members should be aware that they may be asked to support social workers to take decisions about individual children.
- Staff may be required to give verbal or written feedback using the school's safeguarding online report form.
- To follow behaviour guidelines as laid out in the Behaviour Policy.

- To use social media in a way that is responsible, in line with staff behaviour guidance as laid out in the Staff Handbook.
- To report any suspected cases of female genital mutilation or radicalisation to the Designated Safeguarding Lead so appropriate action can be taken.

3. THE DESIGNATED SENIOR PERSON

The Designated Safeguard Lead at Henry Green is:

NAME: Harriet Daley (Deputy Headteacher)

In the absence/unavailability of the DSL the Deputy DSL's are:

NAME: Matt Murphy (Headteacher)
Laura Long (Assistant Headteacher)

There are also members of the Safeguarding team who have Designated Safeguarding Training and support the DSL and Deputies, these members are:

Jacqui Thomson (Social Inclusion Officer)
Natalie Galbraith (Senior Learning Mentor)
Hollie Westmore (SENDco)
Jas Chemma (Assistant Headteacher)

It is the role of the Designated Safeguarding lead and deputies to:

- Ensure that he/she receives refresher training at two yearly intervals to keep his or her knowledge and skills up to date and disseminate to the wider school.
- Ensure that all staff who work with children undertake appropriate training and receive support to equip them to carry out their responsibilities for safeguarding children effectively and that this is kept up to date by refresher training at two yearly intervals.
- Ensure that all staff and volunteers receive a safeguarding children induction within 7 working days of starting work.
- Ensure that the school operates within the legislative framework and recommended guidance.
- Ensure that the Headteacher is kept fully informed of any concerns.
- Develop effective working relationships with other agencies and services.
- Decide upon the appropriate level of response to specific concern and act accordingly.
- Liaise and work with Children's Services over suspected cases of child abuse.
- Ensure that accurate written safeguarding records are kept confidentially and securely and are separate from pupil records and are copied and passed securely if the child/ren leave the school.

- Submit reports to, ensure the school’s attendance at child protection conferences and contribute to decision making and delivery of actions planned to safeguard the child.
- Ensure that the school effectively monitors children about whom there are concerns, including notifying Children’s Services when there is an unexplained absence of more than 2 days for a child who is the subject of a child protection plan.
- Inform and provide guidance to parents, children and staff as appropriate explaining that it is our duty and good practice to report concerns.
- Discuss with new parents the role of the DSL and the role of safeguarding in the school. Make parents aware of the safeguarding procedures used and how to access the child protection policy.
- Ensure that the Child protection and safeguarding policy is reviewed annually.
- Investigate reports of radicalisation within the school and take appropriate action including making a referral to the Channel programme if needed.
- Ensure that safeguarding partners and NSPCC Safeguarding audits are undertaken annually.
- Attending relevant safeguarding training such as Prevent training and disseminating to wider school staff.
- Where children leave the school, the designated safeguarding lead should ensure their child protection file is transferred to the new school as soon as possible, and **within 5 days** for an in-year transfer or within the **first 5 days** of the start of a new term to allow the new school to have support in place for when the child arrives.

Under the Children Act 1989 a child is legally defined as ‘looked after’ by a local authority if he or she:

- is provided with accommodation for a continuous period of more than 24 hours
- is subject to a care order
- is subject to a placement order

All Children Looked After will have full and equal access to all of the opportunities available at school. There is a designated member of staff for Children Looked After-Harriet Daley (Deputy Headteacher)

4. THE GOVERNING BODY

The Governing Body has overall responsibility for ensuring that there are sufficient measures in place to safeguard the children in their establishments and must ensure that they comply with their duties under legislation. They must ensure that all policies, procedures and training are effective and comply with the law at all times. It is recommended that a nominated governor for child protection is appointed to take lead responsibility.

The nominated governor for child protection is: Christine Lewis

In particular the Governing Body must ensure:

- A co-ordinated offer of early help is provided to children with additional needs.
- Henry Green Primary works closely with safeguarding partners.
- There is a designated governor for safeguarding .
- There is a designated governor and teacher for Looked After Children.
- There is an effective safeguarding policy in place.
- A member of staff is appointed as Designated Safeguarding Lead.
- If there is risk of immediate serious harm to a child a referral is made to children’s social care immediately.
- Child protection training should be provided to all staff every two years.
- Opportunities to teach safeguarding must be considered and included within the curriculum.
- That suspected cases of FGM are reported to the police.
- That internet safety remains a high priority in the school.
- That procedures are in place to investigate allegations against staff members.
- That procedures are in place to ensure safe recruitment.
- That procedures are in place to make referrals to the Disclosure and Barring Service in the event of a dismissal due to safeguarding concerns.
- That procedures are in place to deal with allegations against other children.
- That pupils build resilience to radicalisation by promoting fundamental British values and enabling them to challenge extremist views.
- All governors and trustees will receive appropriate safeguarding and child protection (including online) training at induction and should be regularly updated.
- Governing bodies and proprietors should be aware of their obligations under the Human Rights Act 1998 21, the Equality Act 201022, (including the Public Sector Equality Duty23), and their local multi-agency safeguarding arrangements

5. SCHOOL PROCEDURES - STAFF RESPONSIBILITIES

If any member of staff is concerned about a child they must verbally inform the Designated Safeguarding Lead immediately.

The member of staff must record information regarding the concerns on the same day. Concerns must be recorded using the Safeguard software, which can be accessed via a hyperlink on the school website. Records must be a factual account noting what was said or seen (if appropriate using a body map to record), putting the event in context, and giving the date, time and location of the incident. The source of the information should be recorded, as well as a note of other people involved.

The Designated Safeguarding Lead will decide whether the concerns should be referred to Children’s social care. This will be discussed with the parents, unless to do so would place the child at further risk of harm.

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

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

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

If anyone other than the designated safeguarding lead makes the referral they should inform the designated safeguarding lead, as soon as possible. The local authority should decide within one working day of a referral being made about what course of action they are taking and should let the referrer know the outcome. Staff should follow up on a referral should that information not be forthcoming.

The designated safeguarding lead should take lead responsibility for understanding the filtering and monitoring systems and processes in place.

- The DSL works closely with Elementary to manage our filtering and monitoring systems
- Block harmful and inappropriate content without unreasonably impacting teaching and learning
- Review filtering and monitoring provision annually.

[Meeting digital and technology standards in schools and colleges - Filtering and monitoring standards for schools and colleges - Guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/meeting-digital-and-technology-standards-in-schools-and-colleges-filtering-and-monitoring-standards-for-schools-and-colleges)

6. WHEN TO BE CONCERNED

What school staff should look out for:

Child abuse can arouse strong emotions in those facing such a situation. It is important to understand these feelings and not allow them to interfere with any judgment about the appropriate action to take or the response to the child disclosing information. All staff members should be encouraged to demonstrate exemplary behaviour in order to promote children's welfare.

It is not the responsibility of anyone working within the school, in a paid or unpaid capacity to decide whether or not child abuse has taken place. However, there is a responsibility to act by reporting concerns to the Designated Safeguarding Lead. All staff and volunteers should be aware that the main categories of abuse are:

- Physical abuse including Female Genital Mutilation

- Emotional abuse including inappropriate exposure through social media
- Sexual abuse including sexual exploitation and sexting
- Neglect
- Forced Marriage
- Extremism and/or Radicalisation
- Substance misuse
- Belief in Witch craft and/or magic
- Peer-on-peer abuse
- Child criminal and sexual exploitation
- Serious Violence
- Upskirting
- County Lines
- Domestic violence

At Henry Green Primary School, we have a zero-tolerance approach to child-on-child abuse. We recognise that even if there are no reported cases of child-on-child abuse, this doesn't mean it's not happening within the school. Children here are aware of the procedures they need to follow to report abuse through, assemblies, PSHE lessons and relationships built with both teachers and the Inclusion team.

All staff and volunteers should be concerned about a child if he/she presents with indicators of possible significant harm – **see Appendix 1 for details.**

Early help Assessment

Henry Green Primary School is committed to the sound assessment and co-ordinated support of families that require early help services. Henry Green Primary School works closely with Barking & Dagenham Safeguarding Board on the Early Help Strategy. The Family Support Team (FST) provides support and advice to families to help them thrive.

The FST provides:

- CAF Assessments
- Incredible Years Parents Programme
- Health & Wellbeing Support
- Referral to outside agencies

The school have 3 members of staff who are Mental Health First Aiders, enabling them to actively support the emotional needs of young people and act on any concerns they might have. At Henry Green we recognise the links between mental health and behaviour and know when and how to put in place support, including working with external agencies where required.

7. DEALING WITH A DISCLOSURE, REPORTING AND RECORDING

Disclosures

Children will choose a time and place to talk to you and although it may not always be convenient, it is always best to let the child speak when they have chosen to.

The member of staff / volunteer should:

- Listen to what is being said without displaying shock or disbelief
- Accept what is being said
- Allow the child to talk freely
- Reassure the child, do not make promises that are not be possible to keep
- Not promise confidentiality
- Do not attempt a detailed physical examination or remove clothing
- Reassure him or her that what has happened is not his or her fault
- Stress that it was the right thing to tell
- Listen, only asking open questions when necessary to clarify
- Not criticise the alleged perpetrator
- Explain what has to be done next and who has to be told
- Make brief notes as soon as possible after the conversation. Use the school Cause for Concern/Body Marks sheets wherever possible. Record the date, time, place and any noticeable non-verbal behaviour, marks and the actual words used by yourself and the child (word for word).
- Not destroy the original notes in case they are needed by a court
- Record statements and observations rather than interpretations or assumptions or points of view (same day)
- Pass the information to the Designated Safeguarding Lead without delay
- Do not discuss with anyone else, these matters are confidential

All records need to be given to the Designated Safeguarding Lead promptly. No copies should be retained by the member of staff or volunteer. The Designated Safeguarding Lead will ensure that all safeguarding records are managed in accordance with the Education (Pupil Information) (England) Regulations 2005.

Support

Dealing with a disclosure from a child, and safeguarding issues can be stressful. The member of staff/volunteer should, therefore, consider seeking support for him/herself and discuss this with the Designated Senior Lead.

8. CONFIDENTIALITY

Safeguarding children raises issues of confidentiality that must be clearly understood by all staff/volunteers in schools. Information should be handled and disseminated on a **need to know** basis only.

- All staff in schools, both teaching and non-teaching staff, have a responsibility to share relevant information about the protection of children with other professionals, particularly the investigative agencies (Child social care and the Police).
- If a child confides in a member of staff/volunteer and requests that the information is kept secret, it is important that the member of staff/volunteer tell the child in a manner appropriate to the child’s age/stage of development that they cannot promise complete confidentiality – instead they must explain that they may need to pass information to other professionals to help keep the child or other children safe.
- Staff/volunteers who receive information about children and their families in the course of their work should share that information only within appropriate professional contexts.

9. COMMUNICATION WITH PARENTS

Henry Green Primary School will undertake appropriate discussions with parents prior to involvement of another agency unless to do so would place the child at further risk of harm. We will ensure that parents understand the responsibilities placed on the school and staff for safeguarding children.

10. CHILDREN MISSING FROM EDUCATION

All children, regardless of their circumstances, are entitled to a full-time education which is suitable to their age, ability, aptitude and any special educational needs they may have. A child going missing from education is a potential indicator of abuse or neglect. Any children who go missing should be reported to the Designated Safeguarding Lead to take appropriate action.

Henry Green Primary School will inform the local authority when any pupil is removed from the admission register due to:

- Being home educated
- Having moved away from school and no longer attending
- Medically certified as not in a fit state to attend school
- Excluded from school

Henry Green Primary School will inform the local authority of any pupil who fails to attend school regularly or is absent for a period of 10 school days or more.

Children absent from education

The updated guidance from Keeping Children Safe in Education 2023, highlights that being absent, as well as missing, from education can be a warning sign of a range of safeguarding concerns, including sexual abuse, sexual exploitation or child criminal exploitation.

Authorising Sickness Calls

If a first aider feels a child needs to see a doctor a call would need to be made to parents/carers.

When authorising sickness calls and other, less significant telephone calls to parents/carers, please consider the following: -

- Details of the symptoms
- Is this an out of character complaint from the child?
- What is the attendance like? Are there any concerns or patterns to consider?
- Are there any Child Protection/Child in Need concerns?
- Is this a Looked After Child?
- Is there a CAF in place? If so is attendance being monitored through the CAF process?
- Is the child on the SEND list? SEND children can be vulnerable to poor attendance.
- Who is at home to look after the sick child?
- Is this a complex family that has raised concerns in the past?
- Has there been a significant and recent change in family circumstances? e.g new baby, parental separation, death in family.
- Is there a Health Care Plan in place or a medical condition that the school has been informed of?

If in doubt, ask the office staff to make a courtesy call to parent/carers and allow parent to decide next steps.

11. ALLEGATIONS INVOLVING SCHOOL STAFF/VOLUNTEERS

We understand that at times, children may make an allegation about a member of staff. If such an allegation is made, the member of staff receiving the allegation will immediately inform the Headteacher. The Headteacher on all such occasions will discuss the content of the allegation with the Local Authority Designated Officer Child Protection.

NAME: **Mike Cullern** – Designated Officer

Phone: 0208 227 2265

lado@lbbd.gov.uk

If the allegation made to a member of staff concerns the Headteacher, the designated teacher will immediately inform the Chair of Governors who will consult the Local Authority's Lead Officer for Child Protection.

NAME: **Mrs Jackie Withnall** c/o Henry Green Primary 0208 270 4466

The school will follow the Local Authority procedures for managing allegations against staff, a copy of which will be available in the school.

For further information refer to 'Keeping Children Safe in Education' (part 4) 2023

Organisations or Individuals using school premises

Updated guidance from KSCIE 2023 includes information on responding to allegations relating to incidents occurring when an individual or organisation uses a school's premises. As with all safeguarding allegations, schools should follow their safeguarding policies and procedures, including informing the Local Authority Designated Officer (LADO).

Allegations against another child

It is important to recognise that sometimes the abuser can be another child. In this situation it is important to take the concerns as seriously as if the perpetrator were an adult and follow the same referral procedures.

In such circumstances Henry Green Primary must work with children's services to put an appropriate risk assessment and management plan into place.

All staff should be aware safeguarding issues can manifest themselves via child on child abuse. This is most likely to include, but not limited to: bullying (including cyber bullying), gender-based violence/sexual assaults and sexting.

12. SAFER RECRUITMENT

Henry Green Primary has created a culture of safe recruitment by carrying out checks in line with the guidance in 'Keeping children safe in education' (2023) and putting the measures below in place.

Maintaining a Single Central Record

Checks are carried out on all staff members (including volunteers and governors) working in an unsupervised or regulated activity including DBS, ID, employment history and references. Obtaining written confirmation that the above checks have been carried out for agency/contracting staff by the employing agency.

Online checks for new staff

As part of the shortlisting process, at Henry Green we carry out an online search as part of our due diligence on the shortlisted candidates (as recommended in Keeping Children Safe in Education 2022). This may help identify any incidents or issues that have happened, and are publicly available online, which might want to be explored with the applicant at interview. At Henry Green we will inform shortlisted candidates that online searches may be done as part of pre-recruitment checks.

Additional Policies relating to Safeguarding

Behaviour Policy
Health and Safety Policy
Reasonable Force Policy
Physical Restraint policy
Visitors in School Policy
Bereavement Policy
Code of Conduct for Governing Body
E-Safety Policy
Whistle Blowing Policy
Staff Handbook
SEND Policy
CLA Policy

Additional Documents relating to safeguarding

Cause for Concern Form
Marks on Body Forms
Safeguarding Booklets – Guidance for Parents and Volunteers

Key Documents

For further guidance and information refer to;

‘Working Together to Safeguard Children’ 2018
‘Keeping Children Safe in Education’ 2023
‘Disqualification under the Childcare Act 2006. Statutory Guidance’ 2015
‘What to do if you’re worried a child is being abused’ 2015

Links

<https://www.gov.uk/government/publications/keeping-children-safe-in-education>
<https://www.gov.uk/government/publications/mental-health-and-behaviour-in-schools--2>
<https://www.csacentre.org.uk/knowledge-in-practice/practice-improvement/supporting-practice-in-tackling-child-sexual-abuse/>
<https://swgfl.org.uk/harmful-sexual-behaviour-support-service/>
https://www.mariecollinsfoundation.org.uk/assets/news_entry_featured_image/NWG-MCF-Parents-Leaflet.pdf
<https://www.childrensociety.org.uk/information/professionals/resources/county-lines-toolkit>
<https://www.gov.uk/government/publications/the-right-to-choose-government-guidance-on-forced-marriage>
<https://undressed.lgfl.net/>

Belief, witch craft and/or magic

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/175437/Ac

APPENDIX 1 - INDICATORS OF HARM

Indicators of harm rarely occur in isolation. Where one key indicator is prevalent, it is likely that there will be overlap/signs within other categories.

Physical Abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Indicators in the child

Bruising

It is often possible to differentiate between accidental and inflicted bruises. The following must be considered as non-accidental unless there is evidence or an adequate explanation provided:

- Bruising in or around the mouth and/or face
- Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive)
- Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally, for example the back, mouth, cheek, ear, stomach, chest, under the arm, neck, genital and rectal areas
- Variation in colour possibly indicating injuries caused at different times
- The outline of an object used e.g. belt marks, hand prints or a hair brush
- Linear bruising at any site, particularly on the buttocks, back or face
- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting
- Grasp marks to the upper arms, forearms or leg
- Petechae haemorrhages (pinpoint blood spots under the skin.) Commonly associated with slapping, smothering/suffocation, strangling and squeezing

Fractures

Fractures may cause pain, swelling and discolouration over a bone or joint. It is unlikely that a child will have had a fracture without the carers being aware of the child's distress. If the child is not using a limb, has pain on movement and/or swelling of the limb, there may be a fracture.

There are grounds for concern if:

- The history provided is vague, non-existent or inconsistent
- There are associated old fractures
- Medical attention is sought after a period of delay when the fracture has caused

symptoms such as swelling, pain or loss of movement

Rib fractures are only caused in major trauma such as in a road traffic accident, a severe shaking injury or a direct injury such as a kick.

Skull fractures are uncommon in ordinary falls, i.e. from three feet or less. The injury is usually witnessed, the child will cry and if there is a fracture, there is likely to be swelling on the skull developing over 2 to 3 hours. All fractures of the skull should be taken seriously.

Mouth Injuries

Tears to the frenulum (tissue attaching upper lip to gum) often indicates force feeding of a baby or a child with a disability. There is often finger bruising to the cheeks and around the mouth. Rarely, there may also be grazing on the palate.

Poisoning

Ingestion of tablets or domestic poisoning in children under 5 is usually due to the carelessness of a parent or carer, but it may be self harm even in young children.

Fabricated or Induced Illness

Professionals may be concerned at the possibility of a child suffering significant harm as a result of having illness fabricated or induced by their carer. Possible concerns are:

- Discrepancies between reported and observed medical conditions, such as the incidence of fits
- Attendance at various hospitals, in different geographical areas
- Development of feeding / eating disorders, as a result of unpleasant feeding interactions
- The child developing abnormal attitudes to their own health
- Non-organic failure to thrive - a child does not put on weight and grow and there is no underlying medical cause
- Speech, language or motor developmental delays
- Dislike of close physical contact
- Attachment disorders
- Low self esteem
- Poor quality or no relationships with peers because social interactions are restricted
- Poor attendance at school and under-achievement

Bite Marks

Bite marks can leave clear impressions of the teeth when seen shortly after the injury has been inflicted. The shape then becomes a more defused ring bruise or oval or crescent shaped. Those over 3cm in diameter are more likely to have been caused by an adult or older child.

A medical/dental opinion, preferably within the first 24 hours, should be sought where there is any doubt over the origin of the bite.

Burns and Scalds

It can be difficult to distinguish between accidental and non-accidental burns and scalds. Scalds are the most common intentional burn injury recorded.

Any burn with a clear outline may be suspicious e.g. circular burns from cigarettes, linear burns from hot metal rods or electrical fire elements, burns of uniform depth over a large area, scalds that have a line indicating immersion or poured liquid.

Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation. Scalds to the buttocks of a child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

The following points are also worth remembering:

- A responsible adult checks the temperature of the bath before the child gets in.
- A child is unlikely to sit down voluntarily in a hot bath and cannot accidentally scald its bottom without also scalding his or her feet.
- A child getting into too hot water of his or her own accord will struggle to get but and there will be splash marks

Scars

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

Emotional/behavioural presentation

Refusal to discuss injuries

Admission of punishment which appears excessive

Fear of parents being contacted and fear of returning home

Withdrawal from physical contact

Arms and legs kept covered in hot weather

Fear of medical help

Aggression towards others

Frequently absent from school

An explanation which is inconsistent with an injury

Several different explanations provided for an injury

Indicators in the parent

May have injuries themselves that suggest domestic violence

Not seeking medical help/unexplained delay in seeking treatment

Reluctant to give information or mention previous injuries

Absent without good reason when their child is presented for treatment

Disinterested or undisturbed by accident or injury

Aggressive towards child or others

Unauthorised attempts to administer medication
Tries to draw the child into their own illness.
Past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault
Parent/carer may be over involved in participating in medical tests, taking temperatures and measuring bodily fluids
Observed to be intensely involved with their children, never taking a much-needed break nor allowing anyone else to undertake their child's care.
May appear unusually concerned about the results of investigations which may indicate physical illness in the child
Wider parenting difficulties, may/may not be associated with this form of abuse.
Parent/carer has convictions for violent crimes.

Indicators in the family/environment

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

Female Genital Mutilation (FGM)

Female Genital Mutilation (FGM) comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs. It is illegal in the UK and a form of child abuse with long-lasting harmful consequences. Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a girl being at risk of FGM, or already having suffered FGM.

Mandatory Reporting Duty for FGM

Section 5B of the Female Genital Mutilation Act 2003 places a statutory duty upon teachers, along with social workers and healthcare professionals, to report to the police where they discover (either through disclosure by the victim or visual evidence) that FGM appears to have been carried out on a girl under 18.

There is a Mandatory reporting duty that schools must report to the police cases where they discover that an act of FGM appears to have been carried out. Unless the teacher has a good reason not to, they should still consider and discuss any such case with the school's designated safeguarding lead and involve children's social care as appropriate.

Link for FGM

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/355044/M

EMOTIONAL ABUSE

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.

It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.

It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction.

It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.

Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Indicators in the child

Developmental delay

Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or no attachment

Aggressive behaviour towards others

Child scapegoated within the family

Frozen watchfulness, particularly in pre-school children

Low self esteem and lack of confidence

Withdrawn or seen as a 'loner' - difficulty relating to others

Over-reaction to mistakes

Fear of new situations

Inappropriate emotional responses to painful situations

Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)

Self harm

Fear of parents being contacted

Extremes of passivity or aggression

Drug/solvent abuse

Chronic running away
Compulsive stealing
Low self-esteem
Air of detachment – ‘don’t care’ attitude
Social isolation – does not join in and has few friends
Depression, withdrawal
Behavioural problems e.g. aggression, attention seeking, hyperactivity, poor attention
Low self esteem, lack of confidence, fearful, distressed, anxious
Poor peer relationships including withdrawn or isolated behaviour

Indicators in the parent

Domestic abuse, adult mental health problems and parental substance misuse may be features in families where children are exposed to abuse.
Abnormal attachment to child e.g. overly anxious or disinterest in the child
Scapegoats one child in the family
Imposes inappropriate expectations on the child e.g. prevents the child’s developmental exploration or learning, or normal social interaction through overprotection.
Wider parenting difficulties, may (or may not) be associated with this form of abuse.

Indicators of in the family/environment

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

Radicalisation & Prevent Duty

Protecting children from the risk of radicalisation is part of Henry Green’s wider safeguarding duties, and is similar in nature to protecting children from other forms of harm and abuse. During the process of radicalisation, it is possible to intervene to prevent vulnerable people being radicalised.
Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism. There is no single way of identifying an individual who is likely to be susceptible to an extremist ideology. It can happen in many different ways and settings.
The Counter-Terrorism and Security Act 2015 places a duty on school staff to have due regard to the need to prevent people from being drawn into terrorism, known as the Prevent Duty. School staff should use their professional judgement in identifying children who might be at risk of radicalisation or extremism and report any concerns to the Designated Safeguarding Lead.

Preventative education is most effective in the context of a whole-school approach that prepares pupils and students for life in modern Britain and creates a culture of zero tolerance for sexism, misogyny/misandry, homophobia, biphobic and sexual violence/harassment. This is underpinned by the school's behaviour policy and pastoral support system, as well as by a planned programme of evidence-based RSHE delivered in regularly timetabled lessons and reinforced throughout the whole curriculum.

https://www.lbbd.gov.uk/sites/default/files/attachments/PreventTemplate_A4_32pp_D2.pdf

NEGLECT

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

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

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

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

Indicators in the child

Physical presentation

Failure to thrive or, in older children, short stature

Underweight

Frequent hunger

Dirty, unkempt condition

Inadequately clothed, clothing in a poor state of repair

Red/purple mottled skin, particularly on the hands and feet, seen in the winter due to cold

Swollen limbs with sores that are slow to heal, usually associated with cold injury

Abnormal voracious appetite

Dry, sparse hair

Recurrent / untreated infections or skin conditions e.g. severe nappy rash, eczema or persistent head lice / scabies/ diarrhoea

Unmanaged / untreated health / medical conditions including poor dental health

Frequent accidents or injuries

Development

General delay, especially speech and language delay
Inadequate social skills and poor socialization

Emotional/behavioural presentation

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

Indicators in the parent

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

Indicators in the family/environment

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

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

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

Lack of opportunities for child to play and learn

SEXUAL ABUSE

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

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

They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet).

Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Indicators in the child

Physical presentation

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

Recurrent pain on passing urine or faeces

Blood on underclothes

Sexually transmitted infections

Vaginal soreness or bleeding

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

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

Emotional/behavioral presentation

Makes a disclosure.

Demonstrates sexual knowledge or behaviour inappropriate to age/stage of development, or

that is unusually explicit

Inexplicable changes in behaviour, such as becoming aggressive or withdrawn

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

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

Reluctant to undress for PE

Running away from home

Poor attention / concentration (world of their own)

Sudden changes in school work habits, become truant

Withdrawal, isolation or excessive worrying

Inappropriate sexualised conduct

Sexually exploited or indiscriminate choice of sexual partners

Wetting or other regressive behaviours e.g. thumb sucking

Draws sexually explicit pictures

Depression

Sexting or use of explicit material, text and images on social media

Indicators in the parents

Comments made by the parent/carer about the child.

Lack of sexual boundaries

Wider parenting difficulties or vulnerabilities

Grooming behaviour

Parent is a sex offender

Indicators in the family/environment

Marginalised or isolated by the community.

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

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

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

Family member is a sex offender.

Child exploitation including trafficking for slavery and sexual practice

Child sexual exploitation (CSE) involves exploitative situations, contexts and relationships where young people receive something (for example food, accommodation, drugs, alcohol, gifts, money or in some cases simply affection) as a result of engaging in sexual activities. Sexual exploitation can take many forms ranging from the seemingly 'consensual' relationship where sex is exchanged for affection or gifts, to serious organised crime by gangs and groups. What marks out exploitation is an imbalance of power in the relationship. The perpetrator always holds some kind of power over the victim which increases as the exploitative relationship develops. Sexual exploitation involves varying degrees of coercion, intimidation or enticement, including unwanted pressure from peers to have sex, sexual bullying including cyberbullying and

grooming. However, it is also important to recognise that some young people who are being sexually exploited do not exhibit any external signs of this abuse.

CSE is a growing concern and Henry Green Primary adheres to the London CSE protocol. Any instances where a child is suspected of being at risk of exploitation should be dealt with sensitively and referred to children's services.

The Designated Safeguarding Lead is the LSCB nominated CSE Champion.

Other abuse indicators

- Forced Marriage
- Substance misuse – drugs/alcohol
- Belief in Witch craft and/or magic

Child Criminal Exploitation (CCE)

Some specific forms of CCE can include children being forced or manipulated into transporting drugs or money through county lines, working in cannabis factories, shoplifting or pickpocketing. They can also be forced or manipulated into committing vehicle crime or threatening/committing serious violence to others. Children can become trapped by this type of exploitation as perpetrators can threaten victims (and their families) with violence, or entrap and coerce them into debt. They may be coerced into carrying weapons such as knives or begin to carry a knife for a sense of protection from harm from others. As children involved in criminal exploitation often commit crimes themselves, their vulnerability as victims is not always recognised by adults and professionals, (particularly older children), and they are not treated as victims despite the harm they have experienced. They may still have been criminally exploited even if the activity appears to be something they have agreed or consented to. It is important to note that the experience of girls who are criminally exploited can be very different to that of boys. The indicators may not be the same, however professionals should be aware that girls are at risk of criminal exploitation too. It is also important to note that both boys and girls being criminally exploited may be at higher risk of sexual exploitation.

County Lines

County lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs (primarily crack cocaine and heroin) into one or more importing areas [within the UK], using dedicated mobile phone lines or other form of "deal line". Exploitation is an integral part of the county lines offending model with children and vulnerable adults exploited to move [and store] drugs and money. Offenders will often use coercion, intimidation, violence (including sexual violence) and weapons to ensure compliance of victims. Children can be targeted and recruited into county lines criminal activity in a number of locations including schools, colleges, pupil referral units, special educational needs schools, children's homes and care homes. Children are often recruited to move drugs and money between locations and are

known to be exposed to techniques such as ‘plugging’, where drugs are concealed internally to avoid detection. Children can easily become trapped by this type of exploitation as county lines gangs create drug debts and can threaten serious violence and kidnap towards victims (and their families) if they attempt to leave the county lines network. One of the ways of identifying potential involvement in county lines are missing episodes, (both from home and school). Staff must inform the Designated Safeguarding Lead if they have concerns about a child.

Child-on-child Abuse

Child-on-Child abuse is most likely to include, but may not be limited to:

- Bullying (including cyberbullying, prejudice-based and discriminatory bullying);
- Abuse in intimate personal relationships between peers;
- Physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm (this may include an online element which facilitates, threatens and/or encourages physical abuse);
- Sexual violence, such as rape, assault by penetration and sexual assault; (this may include an online element which facilitates, threatens and/or encourages sexual violence);
- Sexual harassment, such as sexual comments, remarks, jokes and online sexual harassment, which may be standalone or part of a broader pattern of abuse; causing someone to engage in sexual activity without consent, such as forcing someone to strip, touch themselves sexually, or to engage in sexual activity with a third party;
 - Consensual and non-consensual sharing of nudes and semi nude images and or videos¹³ (also known as sexting or youth produced sexual imagery);
 - Upskirting, which typically involves taking a picture under a person’s clothing without their permission, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm; It is a criminal offence. Anyone of any gender, can be a victim.
- Initiation/hazing type violence and rituals (this could include activities involving harassment, abuse or humiliation used as a way of initiating a person into a group and may also include an online element).

Domestic abuse and Domestic Violence:

Any incident or pattern of incidents of controlling, coercive, 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. The abuse can encompass, but is not limited to: psychological; physical; sexual; financial; and emotional. All children can witness and be victims of domestic abuse and may be adversely affected by domestic abuse in the context of their home life where domestic abuse occurs between family members. Exposure to domestic abuse and/or violence can have *a detrimental and long-term impact on their health, well-being, development, and ability to learn. Harm can include ill treatment that is not physical as well as*

the impact of witnessing ill treatment of others. This can be particularly relevant, for example, in relation to the impact on children of all forms of domestic abuse. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others.

Operation Encompass

At Henry Green Primary we are working in partnership with the Metropolitan Police and Children's Services to identify and provide appropriate support to pupils who have experienced domestic violence in their household; this scheme is called Operation Encompass. The purpose of Operation Encompass is to safeguard and support children and young people who have been involved in or witness to a domestic abuse incident. Domestic Revised July 2020, to meet the requirements of KCSIE 2020 16 abuse impacts on children in a number of ways. Children are at increased risk of physical injury during an incident, either by accident or because they attempt to intervene. Even when not directly injured, children are greatly distressed by witnessing the physical and emotional suffering of a parent. Encompass has been created to highlight this situation. It is the implementation of key partnership working between the police and schools. The aim of sharing information with local schools is to allow 'Key Adults' the opportunity of engaging with the child and to provide access to support that allows them to remain in a safe but secure familiar environment. Police and school work together to provide emotional and practical help to children. The system ensures that when police are called to an incident of domestic abuse, where there are children in the household who have experienced the domestic incident, the police will inform (via a secure online system) the DSL before the child or children arrive at school the following day. On receipt of any information, the DSL will decide on the appropriate support the child requires, this should be covert dependent on the needs and wishes of the child. All information sharing and resulting actions will be undertaken in accordance with the Metropolitan Police and MASH Encompass Protocol Data Sharing Agreement. We will record this information and store this information in accordance with the record keeping procedures outlined in this policy. The purpose and procedures in Operation Encompass have been shared with all parents and governors, is detailed as part of the school's Safeguarding Policy and published on our school website. At Henry Green Primary details our key Operation Encompass link is Mr Lee Major.

Serious Violence

Indicators, which may signal children are at risk from, or are involved with serious violent crime may include increased absence from school, a change in friendships or relationships with older individuals or groups, a significant decline in performance, signs of self-harm or a significant change in wellbeing, or signs of assault or unexplained injuries. Unexplained gifts or new possessions could also indicate that children have been approached by, or are involved with, individuals associated with criminal networks or gangs and may be at risk of criminal

exploitation. There are a range of risk factors which increase the likelihood of involvement in serious violence, such as being male, having been frequently absent or permanently excluded from school, having experienced child maltreatment and having been involved in offending, such as theft or robbery.

'Honour-based' abuse

So-called 'honour-based' abuse - which includes FGM, Forced Marriage and Breast Ironing: encompasses incidents or 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. Abuse committed in the context of preserving "honour" often involves a wider network of family or community pressure and can include multiple perpetrators. It is important to be aware of this dynamic and additional risk factors when deciding what form of safeguarding action to take. All Revised July 2020, to meet the requirements of KCSIE 2020 13 forms of honour bases abuse are abuse (regardless of the motivation) and should be handled and escalated as such. Staff need to be alert to the possibility of a child being at risk of honour-based abuse, or already having suffered honour-based abuse. Staff must inform the Designated Safeguarding Lead if they have concerns about a child.