



CHILD PROTECTION AND SAFEGUARDING POLICY AND PROCEDURES

This policy will be reviewed:

October 2017

Statutory policy:

Yes

Source:

General Seadown School

Person Responsible for Updating:

Amanda Curry

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KEY CONTACTS

Designated member of Staff for Child Protection / Designated Safeguarding Lead (DSL):	Charles Monaghan
Deputy Designated member of Staff for Child Protection / Designated Safeguarding Lead (DSL) :	Amanda Curry
Director in charge of Safeguarding:	Terry Goble
West Sussex Children's Services: MASH (formally Children's Access Point: CAP)	Tel: 01403 229900 Out of hours: 0330 222 6664 Email: MASH@westsussex.gcsx.gov.uk
Local Authority Designated Officer (LADO):	0330 222 3339

1. INTRODUCTION

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

1.2 The Board of Directors take seriously its responsibility to safeguard and promote the welfare of children in its care; and to work together with other agencies to ensure adequate arrangements within our school to identify, assess, and support children who are, or who may be, suffering harm.

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

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

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

Seadown School is committed to providing a secure environment for pupils, where children feel safe and are kept safe. All adults in our school recognise that safeguarding is everyone's responsibility irrespective of the role they undertake or whether their role has direct contact or responsibility for children or not.

In adhering to this policy and procedures staff and visitors will contribute to our school's delivery of the outcomes to all children, as set out in s10 (2) of the Children Act 2004.

This school will:

- Support the child's development in ways that will foster security, confidence and independence.
- Provide an environment in which children feel safe, secure, valued and respected, and feel confident, and know how, to approach adults if they may be worried about being listened to.
- Provide a systematic means of monitoring children known or thought to be at risk of harm, and ensure we, the school, contribute to assessments of need and support packages for those children.

- Emphasise the need for good levels of communication between all members of staff and between the school and other agencies.
- Have and regularly review a structured procedure within the school which will be followed by all members of the school community in cases of suspected abuse.
- Develop and promote effective working relationships with other agencies, especially the Police and Children's Services.
- Ensure that all adults within our school who have substantial access to children have been recruited and checked as to their suitability in accordance with *Part Three of Keeping Children Safe in Education (DfE 2015)*.

2. STATUTORY FRAMEWORK

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

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

3. RESPONSIBILITIES

3.1 General school staff responsibilities:

- Schools should be aware of and follow the Sussex Child Protection & Safeguarding Procedures, produced by West Sussex, East Sussex, and Brighton & Hove and available as an electronic copy at <http://pansussexscb.proceduresonline.com/index.htm>
- All staff should read Part 1 of Keeping Children Safe in Education 2015 and be alert to signs of abuse and know to whom they should report any concerns or suspicions. If staff members are uncertain they should always speak to the Designated Member of Staff for Child Protection. In exceptional circumstances, such as in emergency or a genuine concern that appropriate action has not been taken, staff members can speak directly to children's social care.

- Schools should have procedures (of which all staff are aware) for handling suspected cases of abuse of children, including procedures to be followed if a child harms another child or a member of staff is accused of abuse, or suspected of abuse.
- A Designated Member of Staff for Child Protection (referred to in 'Keeping Children Safe in Education' (*DFE, March 2015*) as 'Designated Safeguarding Lead') should have responsibility for co-ordinating action within the school and liaising with other agencies (see below for further details).
- Designated Members of Staff for Child Protection undergo updated child protection training every two years. The head teacher and all members of staff are provided with regular updated child protection training in line with advice from the West Sussex LSCB (currently every three years).
- The school's lettings policy will ensure the suitability of adults working with children on school premises at any time. Those authorised by the school to work with children on school premises should enter into a formal commitment to comply with the school's child safeguarding responsibilities. Community users organising activities for children will be made aware of the school's child protection guidelines and procedures and will confirm their commitment to abide by them.

3.2 Responsibilities of the Board of Directors:

The Governing Body, which includes the Company Directors, of Seadown School ensure that they comply with their duties under legislation. They also have regard to this guidance to ensure that the policies, procedures and training in the school are effective and comply with the law at all times.

The Designated Member of Staff for Safeguarding and Child Protection is:

Charles Monaghan

The Deputy Designated Member of Staff for Safeguarding and Child Protection is:

Amanda Curry

It is these nominated staff members' responsibility to ensure that an effective safeguarding and child protection policy is in place and reviewed annually.

Our guidance in this area is additionally contained in the following:

- Staff propriety Policy (adopted from WSCC model policy)
- Guidance for Safer Working Practice for Adults who work with Children and Young People in Education Settings.
- E safety policy
- Acceptable use policy

These comply with regulation by covering the following staff/pupil relationships and communications, including the use of social media. These policies are provided to all staff -

including temporary staff and volunteers – on induction and that staff are kept up to date with changes.

The school is responsible for:

- Contributing to inter-agency working, which includes providing a coordinated offer of early help when additional needs of children are identified. This includes allowing access for children's social care from the host local authority and, where appropriate, from a placing local authority, for that authority to conduct, or to consider whether to conduct, a section 17 or a section 47 assessment.
- Appointing a designated member of staff for child protection who should undergo refresher child protection training every two years.
- Ensuring that the school creates a culture of safe recruitment and, as part of that, adopt recruitment procedures that help deter, reject or identify people who might abuse children (*Part Three: Safer Recruitment. Keeping Children Safe in Education 2015*).
- Ensuring that at least one member of an appointing panel will have attended safer recruitment training.
- Ensuring that the school keeps an up to date single central record of all staff and volunteers and the dates of all appropriate safeguarding checks.
- Monitoring the adequacy of resources committed to child protection, and the staff and managers training profile.
- Recognising that neither it, nor individual managers or directors, have a role in pursuing or managing the processes associated with individual cases of child protection, nor a right to know details of such cases, except when exercising their disciplinary functions in respect of allegations against staff.
- Making sure that the child protection policy is available to parents on request.
- Ensuring that this policy and practice complements other policies e.g. policy for the positive management of behaviour and health and safety, to ensure safeguarding.
- Prioritising the welfare of children and young people and creating a culture where staff are confident to challenge senior leaders over any safeguarding concerns.
- Giving consideration as to how children may be taught about safeguarding, including online, through teaching and learning opportunities, as part of providing a broad and balanced curriculum.

4. DESIGNATED SAFEGUARDING LEAD (DSL)

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

Name: Charles Monaghan Date: September 2015

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

Name: Amanda Curry Date: November 2014

The broad areas of responsibility for the Designated Member of Staff are:

4.1 Managing referrals and concerns regarding individual children:

- Referring all cases of suspected abuse to the West Sussex Children's Access Point and to the Police (cases where a crime may have been committed).
- Sending a written record of the referral to MASH by the end of the working day the referral is made.
- Keeping written records of concerns about a child even if there is no need to make an immediate referral; within the 'child protection file'
- Ensuring that all such records are kept confidentially and securely and are separate from child records, and if these are stored electronically (on the school's Management Information System), that they are differently password protected from the child's other files, and accessible only by the head teacher/designated leads.
- Ensuring that an indication of further record-keeping is marked on the child's records.
- Liaise, confidentially, with the pupil's class teacher to share issues especially new or on-going.
- Act as a source of support, advice and expertise to staff on matters of safety and safeguarding and when deciding whether to make a referral by liaising with relevant agencies.
- Ensuring that either they or the class teacher attends Child Protection Conferences, core groups, or other multi-agency planning meetings, contributes to assessments, and provides a report which will normally have been shared with the parents. *(In some circumstances it may not be appropriate to share the report to conference with parents. If the DMS is uncertain on this point advice can be obtained from the allocated social worker).*
- Ensuring that any child who is subject to a child protection plan and who is absent without explanation for two days or more is referred to their Social Care Team. In some cases any absence may be a cause for concern and warrant immediate reporting.
- Where children leave the school, ensure their child protection file is copied for any new school or college as soon as possible but transferred separately from the main child file. (The original child protection files being retained by the former school or college).

4.2 Training

The Designated Member of Staff for Safeguarding and Child Protection should undertake the initial designated member of staff training and subsequent refresher courses every two years in order to:

- Understand the assessment process for providing early help and intervention, for example through locally agreed common and shared assessment processes such as early help assessments.
- Be alert to those children within the school who are at risk of: domestic violence; female genital mutilation; being missing from education; child trafficking; radicalisation; bullying (which includes race/hate or homophobic behaviour).
- Have a working knowledge of how the local authority conducts a child protection case conference and a child protection review conference and be able to attend and contribute to these effectively when required to do so.
- Be alert to the specific needs of children in need, those with special educational needs and young carers.
- Be able to keep detailed, accurate, secure written records of concerns and referrals.
- Obtain access to resources and attend any relevant or refresher training courses.
- In any protection measures taken, encourage a staff culture of listening to children, to take account of their wishes and feelings.
- Link with the West Sussex Local Safeguarding Children Board (LSCB) to make sure staff are aware of training opportunities and the latest local policies on safeguarding.
- Organising child protection training for all staff every three years.

4.3 Raising Awareness and other duties

- The designated member of staff should ensure the setting's policies are known and used appropriately: ensuring each member of staff has access to and understands setting's child protection policy and procedures, especially new and part time staff. In addition, the DMS should ensure that all staff read, at least, **Part One of Keeping Children Safe in Education 2015** and have a record of when this was done.
- Ensure the setting's child protection policy is reviewed annually, the procedures and implementation are updated and reviewed regularly, and work with governing bodies or proprietors regarding this.
- Ensure that the child protection policy is available publicly and that parents are aware that referrals about suspected abuse or neglect may be made and the role of the school or college in this.

5. PROCEDURES

5.1 If any member of staff is concerned about a child he or she must inform the Designated Member of Staff for Safeguarding and Child Protection.

5.2 The member of staff must record information regarding the concerns on the same day. The recording must be a clear, precise, factual account of the observations. Do not add comments or opinion although observations about a child's demeanour or emotional state may be recorded.

5.3 The Designated Member of Staff will decide whether the concerns should be referred to Children's Access Point. If it is decided to make a referral to the CAP this will be discussed with the parents, unless to do so would place the child at further risk of harm. (The CAP is able to provide advice on this question).

5.4 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.

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

5.6 The Designated Member of Staff is responsible for making the staff team aware of trends in behaviour that may affect child welfare. If necessary, training will be arranged.

5.7 Staff have a duty to refer safeguarding concerns to the Designated Member of Staff for Child Protection. However if:

- concerns are not taken seriously by an organisation
- action to safeguard the child is not taken by professionals
- the child is considered to be at continuing risk of harm

Staff should then speak to the DMS / DSL in their school and/or contact a manager in MASH.

5.8 If, at any point there is a risk of immediate serious harm to a child, a referral should be made to MASH immediately. Anybody can make a referral. If the child's situation does not appear to be improving the staff member with concerns should press for re-consideration. Concerns should always lead to help for the child at some point.

5.9 If the allegations concern harm perpetrated by children in the school then staff should follow section 8.7 of the West Sussex Child Protection and Safeguarding Procedures - Children who Harm Other Children.

6. WHEN TO BE CONCERNED

All staff and volunteers should be aware of the main categories of abuse:

Abuse: a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. They may be abused by an adult or adults or another child or children.

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

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

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

Neglect: the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: provide adequate food, clothing and shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate care-givers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

For further details of these categories please see Appendix 1

Other aspects of risk requiring special attention

In addition school staff should be aware of the specific safeguarding issues listed below.

Schools should ensure that, where such risks may be more likely, that staff are guided on how to understand and act accordingly where there is concern about:

- child sexual exploitation (CSE) - see Appendix 1
- bullying including cyber bullying
- domestic violence
- drugs
- fabricated or induced illness
- faith abuse
- female genital mutilation (FGM) – see Appendix 1
- forced marriage
- gangs and youth violence
- gender-based violence/violence against women and girls (VAWG)
- mental health
- private fostering
- preventing radicalisation - see Appendix 1
- sexting
- teenage relationship abuse
- trafficking
- self-harm

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

7. CONFIDENTIALITY

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

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

7.3 All staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard children.

7.4 All staff must be aware that they cannot promise a child to keep secrets if doing so might compromise the child's safety or wellbeing.

7.5 The intention to refer a child to Children's Services will be shared with parents /carers unless to do so could put the child at greater risk of harm, or impede a criminal investigation.

If in doubt, the Duty Manager at the Assessment Team at Children's Services will be consulted.

8. DEALING WITH A DISCLOSURE

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

- accept what the child says.
- stay calm, the pace should be dictated by the child without them being pressed for detail by asking leading questions such as “did x touch you there?” It is our role to listen - not to investigate.
- use open questions such as “Is there anything else you want to tell me?” or “yes?” or “and?”
- be careful not to burden the child with guilt by asking questions like “Why didn’t you tell me before?” but you could ask ‘Have you spoken to anyone else about this?’
- acknowledge how hard it was for the child to tell you.
- do not criticise the perpetrator, the child might have a relationship with them.
- do not promise confidentiality, but reassure the child that they have done the right thing, explain whom you will have to tell (the designated lead) and why; and, depending on the child’s age, what the next stage will be. It is important that you avoid making promises that you cannot keep such as “I’ll stay with you all the time.” or “It will be all right now.”

8.2 When recording information:

- Make some brief notes at the time or immediately afterwards; record the date, time, place and context of disclosure or concern. Record facts and what is said but not your assumption or interpretation.
- If it is observation of bruising or an injury try to record detail, e.g. “right arm above elbow”. Do not take photographs!
- Note the non-verbal behaviour and the key words in the language used by the child (try not to translate into ‘proper terms’).
- It is important to keep these original notes and pass them on to the designated member of staff who may ask you to write a referral.

8.3 It is recognised that staff working in a school who have become involved with a child who has suffered harm, or appears to be likely to suffer harm may find the situation stressful and upsetting. The school will support such staff by providing an opportunity to talk through their anxieties with the DMS and to seek further support as appropriate. *WSSC school staff have access to a free, 24/7 and confidential counselling service.*

9. ALLEGATIONS AGAINST STAFF

9.1 An allegation is any information which indicates that a member of staff/volunteer may have:

- Behaved in a way that has, or may have harmed a child

- Possibly committed a criminal offence against/related to a child
- Behaved towards a child or children in a way which indicates s/he would pose a risk of harm if they work regularly or closely with children

9.2 This applies to any child the member of staff/volunteer has contact with in their personal, professional or community life.

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

<http://www.childrenengland.org.uk/upload/Guidance%20.pdf>

It is best practice for a school to have a signed acknowledgement from staff members to show that this has occurred.

9.4 The person to whom an allegation is first reported should take the matter seriously and keep an open mind. S/he should not investigate or ask leading questions if seeking clarification. It is important not to make assumptions. Confidentiality should not be promised and the person should be advised that the concern will be shared on a 'need to know' basis only.

9.5 Actions to be taken include: making an immediate written record of the allegation using the informant's words - including time, date and place where the alleged incident took place, brief details of what happened, what was said and who was present. This record should be signed, dated and immediately passed on to the Head Teacher.

9.6 If staff members have concerns about another staff member then this should be referred to the head teacher. Where there are concerns about the head teacher this should be referred to the Safeguarding Director: Terry Goble

Contact with the Governing Body or Company Directors should be made through the school office. If for any reason this causes a delay (for example the office is closed) then the concerns should be referred to MASH (Multi-agency Safeguarding Hub), formally known as MASH (CAP).

9.7 The recipient of an allegation must not unilaterally determine its validity, and failure to report it in accordance with procedures is a potential disciplinary matter. The Head Teacher, Designated Safeguarding Lead or Director will not investigate the allegation itself, or take written or detailed statements, but will assess whether it is necessary to refer the concern to the Local Authority Designated Officer (LADO) on: 0330 222 3337

9.8 If the allegation meets any of the three criteria set out at the start of this section, contact should always be made with the Local Authority Designated Officer without delay. If it is decided that the allegation meets the threshold for safeguarding, the next steps will take place in accordance with section 8.2 of the Sussex Child Protection and Safeguarding Children Procedures.

9.9 If, at the completion of the allegations management process, a school or college dismisses an individual (or would have, had the person not left first) because the person poses a risk of harm to children, the school must make a referral to the Disclosure and Barring Service. This is a legal duty and failure to refer when the criteria are met is a criminal offence.

9.10 If it is decided that the allegation does not meet the threshold for safeguarding, it will be handed back to the employer for consideration, (or to the Safeguarding Director where the allegation made is against the head teacher) via the school's internal procedures.

10. WHISTLEBLOWING (CONFIDENTIAL REPORTING)

Staff members and volunteers are encouraged to raise any concerns that they may have regarding poor or unsafe practice directly with the schools' management team. The School has a Confidential Reporting Policy. This enables any member of staff or volunteers to make complaints about conduct within the school to a person outside the school on a confidential basis and without fear that their confidentiality will be breached.

This policy will rarely need to be applicable where a referral of abuse or risk to a child needs to be reported unless that abuse or risk arises within the school itself. Referrals in such cases should be made to the head teacher or as indicated in this policy. Where the circumstances are such that a member of staff believes that a complaint can only safely be made to person outside the school then reference should be made to the school's Confidential Reporting Policy.

11. PHYSICAL INTERVENTION

11.1 Our policy on physical intervention by staff is set out separately within the Behaviour Policy, and acknowledges that staff must only ever use physical intervention as a last resort, when a child is endangering him/herself or others, and that at all times it must be the minimal force necessary to prevent injury to another person.

11.2 Such events should be recorded and signed.

11.3 Staff who are likely to need to use physical intervention will be appropriately trained in PRICE techniques.

11.4 We understand that physical intervention of a nature which causes injury or distress to a child may be considered under child protection or disciplinary procedures.

12. BULLYING

Our policy on anti-bullying (this includes homophobic and gender related bullying) is set out in a separate document.

13. RACIST INCIDENTS

Our policy on racist incidents is set out in a separate document.

14. PREVENT DUTY

14.1 Preventing Extremism and Radicalisation is one element within our overall school arrangements to Safeguard and Promote the Welfare of all Children in line with our statutory duties set out at s175 of the Education Act 2002 (s157 of the Education Act 2002.)

Our school's Preventing Extremism and Radicalisation Safeguarding Policy also draws on

- Guidance in the "London Child Protection Procedures"
- DfE Guidance "Keeping Children Safe in Education, 2015"
- DCSF Resources "Learning Together to be Safe", "Prevent: Resources Guide", "Tackling Extremism in the UK"
- DfE's "Teaching Approaches that help Build Resilience to Extremism among Young People" and
- Peter Clarke's Report of July 2014.1 the physical, mental health and emotional well-being of children; the protection of children from harm and neglect; the education, training and recreation of children; the contribution made by them to society; and their social and economic well-being.

14.2 When operating this policy we use the following accepted Governmental definition of extremism which is: 'Vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs; and/or calls for the death of members of our armed forces, whether in this country or overseas'.

The full Government Prevent Strategy can be viewed at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/97976/prevent-strategy-review.pdf

14.3 There is no place for extremist views of any kind in our school, whether from internal sources – pupils, staff or directors, or external sources - school community, external agencies or individuals. Our pupils see our school as a safe place where they can explore controversial issues safely and where our teachers encourage and facilitate this – we have a duty to ensure this happens.

14.4 As a school we recognise that extremism and exposure to extremist materials and influences can lead to poor outcomes for children and so should be addressed as a safeguarding concern as set out in this policy. We also recognise that if we fail to challenge extremist views, we are failing

to protect our pupils. Extremists of all persuasions aim to develop destructive relationships between different communities by promoting division, fear and mistrust of others based on ignorance or prejudice and thereby limiting the life chances of young people.

14.5 Education is a powerful weapon against this; equipping young people with the knowledge, skills and critical thinking, to challenge and debate in an informed way. We therefore will provide a broad and balanced curriculum, delivered by skilled professionals, so that our pupils are enriched, understand and become tolerant of difference and diversity and also to ensure that they thrive, feel valued and not marginalized. We are also aware that young people can be exposed to extremist influences or prejudiced views from an early age which emanate from a variety of sources and media, including via the internet, and at times pupils may themselves reflect or display views that may be discriminatory, prejudiced or extremist, including using derogatory language.

14.6 Any prejudice, discrimination or extremist views, including derogatory language, displayed by pupils or staff will always be challenged and where appropriate dealt with in line with our Behaviour and Anti-bullying Policy for pupils and the Code of Conduct for staff. Where misconduct by a teacher is proven the matter will be referred to the National College for Teaching and Leadership for their consideration as to whether to a Prohibition Order is warranted. As part of wider safeguarding responsibilities school staff will be alert to: Disclosures by pupils of their exposure to the extremist actions, views or materials of others outside of school, such as in their homes or community groups, especially where pupils have not actively sought these out.

14.7 Staff at Seadown School receive training on the PREVENT duty and procedures therein.

15. PREVENTION

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

The school community will therefore:

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

16. HEALTH AND SAFETY

Our Health & Safety policy, set out in a separate document, reflects the consideration we give to the protection of our children both physically within the school environment and when away from the school when undertaking school trips and visits.

PHYSICAL ABUSE

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

Indicators in the child

Bruising

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

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

Fractures

Fractures may cause pain, swelling and discolouration over a bone or joint. It is unlikely that a child will have had a fracture without the carers being aware of the child's distress.

If the child is not using a limb, has pain on movement and/or swelling of the limb, there may be a fracture.

There are grounds for concern if:

- The history provided is vague, non-existent or inconsistent
- There are associated old fractures
- Medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement
- Rib fractures are only caused in major trauma such as in a road traffic accident, a severe shaking injury or a direct injury such as a kick.
- Skull fractures are uncommon in ordinary falls, i.e. from three feet or less. The injury is usually witnessed, the child will cry and if there is a fracture, there is likely to be swelling on the skull developing over 2 to 3 hours. All fractures of the skull should be taken seriously.

Mouth Injuries

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

Poisoning

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

Fabricated or Induced Illness

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

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

Bite Marks

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

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

Burns and Scalds

It can be difficult to distinguish between accidental and non-accidental burns and scalds. Scalds are the most common intentional burn injury recorded. Any burn with a clear outline may be suspicious e.g. circular burns from cigarettes, linear burns from hot metal rods or electrical fire elements, burns of uniform depth over a large area, scalds that have a line indicating immersion or poured liquid.

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

The following points are also worth remembering:

- A responsible adult checks the temperature of the bath before the child gets in.
- A child is unlikely to sit down voluntarily in a hot bath and cannot accidentally scald its bottom without also scalding his or her feet.

- A child getting into too hot water of his or her own accord will struggle to get out and there will be splash marks

Scars

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

Emotional / behavioural presentation

- Refusal to discuss injuries
- Admission of punishment which appears excessive
- Fear of parents being contacted and fear of returning home
- Withdrawal from physical contact
- Arms and legs kept covered in hot weather
- Fear of medical help
- Aggression towards others
- Frequently absent from school
- An explanation which is inconsistent with an injury
- Several different explanations provided for an injury

Indicators in the parent

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

Indicators in the family/environment

- Marginalised or isolated by the community
- History of mental health, alcohol or drug misuse or domestic violence
- History of unexplained death, illness or multiple surgeries in parents and/or siblings of the family

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

EMOTIONAL ABUSE

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

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

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

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

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

Indicators in the child

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

- Depression, withdrawal
- Behavioural problems e.g. aggression, attention seeking, hyperactivity, poor attention
- Low self-esteem, lack of confidence, fearful, distressed, anxious
- Poor peer relationships including withdrawn or isolated behaviour

Indicators in the parent

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

Indicators of in the family/environment

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

NEGLECT

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

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

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

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

Indicators in the child

Physical presentation

- Failure to thrive or, in older children, short stature
- Underweight

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

Development

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

Emotional/behavioural presentation

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

Indicators in the parent

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

Indicators in the family/environment

- History of neglect in the family
- Family marginalised or isolated by the community.
- Family has history of mental health, alcohol or drug misuse or domestic violence.
- History of unexplained death, illness or multiple surgeries in parents and/or siblings of the family
- Family has a past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.
- Dangerous or hazardous home environment including failure to use home safety equipment; risk from animals
- Poor state of home environment e.g. unhygienic facilities, lack of appropriate sleeping arrangements, inadequate ventilation (including passive smoking) and lack of adequate heating
- Lack of opportunities for child to play and learn

SEXUAL ABUSE

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

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

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

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

Indicators in the child

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

Emotional / behavioural presentation

- Makes a disclosure
- Demonstrates sexual knowledge or behaviour inappropriate to age/stage of development, or that is unusually explicit
- Inexplicable changes in behaviour, such as becoming aggressive or withdrawn
- Self-harm - eating disorders, self-mutilation and suicide attempts
- Poor self-image, self-harm, self-hatred
- Reluctant to undress for PE
- Running away from home
- Poor attention / concentration (world of their own)
- Sudden changes in school work habits, become truant
- Withdrawal, isolation or excessive worrying
- Inappropriate sexualised conduct
- Sexually exploited or indiscriminate choice of sexual partners
- Wetting or other regressive behaviours e.g. thumb sucking
- Draws sexually explicit pictures
- Depression

Indicators in the parents

- Comments made by the parent/carer about the child.
- Lack of sexual boundaries
- Wider parenting difficulties or vulnerabilities
- Grooming behaviour
- Parent is a sex offender

Indicators in the family/environment

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

Further information on Child Sexual Exploitation, Female Genital Mutilation and Preventing Radicalisation

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

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

Staff should activate local safeguarding procedures, using existing national and local protocols for multi-agency liaison with police and children's social care.

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

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

DISQUALIFICATION BY ASSOCIATION

On 25th February 2015 the Department of Health for Education published statutory guidance for maintained schools, academies and free schools in relation to the Childcare (Disqualification) regulations 2009.

The requirement for checks arise from the Childcare (Disqualification) Regulations 2009, which in turn arose out the Childcare Act 2006.

The Regulations prohibit anyone who is disqualified themselves under the Regulations, or who lives in the same household as a disqualified person, from working in relevant settings, including schools. *Staff at Seadown School sign a 'Disqualification by Association' agreement.*