St Margaret's CE Primary School

Safeguarding and Child Protection Policy

Ratified: Spring 2017
To be reviewed: Annually
Next Review: Spring 2018

Safeguarding and Child Protection Policy

Policy Statement

At St Margaret's Primary School we are proud to provide an environment where every member of our community feels secure, are encouraged to talk, and knows they are listened to when they have a worry or concern.

We ensure that children who have been abused will be supported in line with a child protection plan, where deemed necessary.

Our broad and balanced curriculum provides the opportunity for children to develop the skills they need to recognise and stay safe from abuse.

Rationale

At St Margaret's 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.

St Margaret's 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.

Policy Review

This policy will be reviewed in full by the Governing Body on an annual basis.

Signature …….. Date ……..

Chair of Governors

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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. Where a child is suffering significant harm, or is likely to do so, action should be taken to protect that child. Action should also be taken to promote the welfare of a child in need of additional support, even if they are not suffering harm or are at immediate risk.*

This 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, Physical Intervention Policy, Anti-Bullying Policy and E-Safety 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 (DSL) 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. This training is refreshed every three years. It is good practice for the DSL to deliver an annual update.
Temporary staff will be made aware of the safeguarding policies and procedures by the DSL.
All members of staff working within the school will be required to read 'Part 1 of Keeping Safe in Education Sept 2016' and sign a disclaimer to confirm that they have received this guidance.

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 DSL 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 Sept 2016
- Working Together to Safeguard Children March 2015
- The Education (Pupil Information) (England) Regulations 2005
- Dealing with Allegations of Abuse Against Teachers and Other Staff (DfE 2011)
- 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 LBBD.

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 2006) 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 Safeguarding Lead (DSL) 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 2012* state that teachers, including head teachers, 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 be in need of 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 DSL 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 report form known as a 'Cause for Concern Form' at St Margaret's..
- 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 Code of Conduct.
- To report any suspected cases of female genital mutilation or radicalisation to the DSL so appropriate action can be taken.

3. THE DESIGNATED SENIOR PERSON

The Designated Safeguarding Lead at St Margaret's C of E Primary is:

NAME: Ruth Ejvet

In the absence/unavailability of the DSL the Deputy Safeguarding Lead is:

NAME: Sandra Moey

In addition both Inclusion Leads are Safeguarding Trained i.e. Sam Mbah and Sue Newman

It is the role of the Designated Safeguarding Lead is to:

- Ensure that he/she receives at least 12 hours of refresher training at two yearly intervals to keep his or her knowledge and skills up to date and disseminating to wider school staff.
- 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 three yearly intervals
- Ensure that all staff and volunteers receive induction and are aware of the school's arrangements for child protection and safeguarding within 7 working days of starting.
- 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
- Decides upon the appropriate level of response to concerns and acts accordingly.
- Liaises with Children's Services over suspected cases of child abuse
- Ensure that accurate written records are kept confidentially, securely and are separate from pupil records and are copied and passed securely if children 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, inc 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 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 and Safeguarding 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 the Local Authority Safeguarding Audit is undertaken annually.

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 Safeguarding are: **Chika Ifeagwu**

In particular the Governing Body must ensure:

- A co-ordinated offer of early help is provided to children with additional needs.
- St Margaret's Primary works closely with the LSCB
- There is a designated governor for safeguarding
- There is a designated governor and teacher for Looked After Children
- There is an effective Child Protection and Safeguarding Policy in place
- A member of staff is appointed as Designed Safeguarding Lead
- If there is risk of immediate serious harm to a child a referral is made to children's services immediately.
- Child protection training should be provided to all staff every three years and all staff have annual focus CP training.
- 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 community
- 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.

5. COMMUNICATION WITH PARENTS AND PUPIL VOICE

St Margaret's Primary School will undertake appropriate discussion with parents prior to the involvement of another agency. Concerns must be shared with parents in the first instance unless to do so would place the child at further risk of harm. In addition, children's views will be included in information sharing as appropriate to their age and the circumstances of the concern.

We will ensure that parents have an understanding of the responsibilities placed on the school and staff for safeguarding children.

6. SCHOOL PROCEDURES - STAFF RESPONSIBILITIES

If any member of staff is concerned about a child they must inform the DSL.

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. (Pro-forma is available on the Staff drive and in Staffrooms).

The DSL will decide whether the concerns should be referred to Children's Services. 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 DSL will inform the social worker responsible for the case and transfer the appropriate records to the DSL at the receiving school, in a secure manner, and separate from the child's academic file.

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

7. 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 DSL. 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

All staff and volunteers should be concerned about a child if he/she presents with indicators of possible significant harm

8. DEALING WITH A DISCLOSURE, REPORTING AND RECORDING

Disclosures

Children will choose a time and place to talk to you and it may not always be convenient. You may want to suggest to the child a more suitable time to talk such as playtime or assembly. It is always best to talk to the child in a familiar environment such as the classroom. Find a safe setting for the conversation where the child feels at ease so you can gain 'the child's voice' – it may be advisable to have an additional adult present.

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
- Do not photograph the child or perceived marks
- 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 DSL without delay
- Do not discuss with anyone else, these matters are confidential.

All records need to be given to the DSL promptly. No copies should be retained by the member of staff or volunteer. The DSL 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 DSL.

9. 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 (Children's Services 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.

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 DSL to take appropriate action.
St Margaret's 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

St Margaret's C of E 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.

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 (LAC)?

- Is there a CAF in place? If so is attendance being monitored through the CAF process?
- Is the child on the SEN list? SEN 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

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

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

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.

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 Headteacher.

If the concerns are about the Headteacher, then the Chair of Governors should be contacted. The Chair of Governors in this school is:

NAME: Mrs Anita Fenn c/o St Margaret's C of E Primary 02085944003

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

NAME: Mr David Hodge c/o St Margaret's C of E Primary 02085944003

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 Headteacher 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). If the allegation meets any of the three criteria set out at the start of this section, contact should always be made with the LADO without delay. Ofsted must also be informed.

Contact details:

Alec Parsons: LADO call - 0208 227 2265
Mike Cullern: Safeguarding Lead for Education 0208 227 3934
(Educational settings only) lado@lbbd.gcsx.gov.uk

If it is decided that the allegation meets the threshold for safeguarding, this will take place in accordance with LBBD procedures.

If it is decided that the allegation does not meet the threshold for safeguarding, it will be handed back to the employer for consideration via the school's internal procedures.

The Headteacher should, as soon as possible, **following briefing** from the Local Authority Designated Officer inform the subject of the allegation.

The parent/s and the child, if sufficiently mature, should be helped to understand the processes involved and be kept informed about the progress of the case and of the outcome where there is no criminal prosecution. This will include the outcome of any disciplinary process, but not the deliberations of, or the information used in, a hearing.
Subject to restrictions on the information that can be shared, the manager should, as soon as possible, inform the accused person about the nature of the allegation, how enquiries will be conducted and the possible outcome (e.g. disciplinary action, and dismissal or referral to the barring lists or regulatory body).

St Margaret's C of E Primary has a duty of care to our employees and the accused member of staff should:
• be treated fairly and honestly and helped to understand the concerns expressed and processes involved;

• be kept informed of the progress and outcome of any investigation and the implications for any disciplinary or related process;

• if suspended, be kept up to date about events in the workplace.

For further information refer to 'Keeping Children Safe in Education 2016'

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 S Margaret's Primary must work with children's services to put an appropriate risk assessment and management plan into place.

12. SAFER RECRUITMENT

St Margaret's C of E Primary has created a culture of safe recruitment by carrying out checks in line with the guidance in 'Keeping children safe in education' (Sept 2016) 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.

Additional Policies relating to Safeguarding

Behaviour Policy
Health and Safety Policy
Physical Restraint policy
Safer Recruitment Policy
Visitors in School Policy
Bereavement Policy
Code of Conduct for Governing Body
E-Safety and Social Media policies
Whistle Blowing
Staff Code of Conduct

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' 2015
'Keeping Children Safe in Education' Sept 2016
'Disqualification under the Childcare Act 2006. Statutory Guidance' 2015
'What to do if you're worried a child is being abused' 2015
Guidance for Safer Working Practice for Adults who work with Children and Young People in Education Settings (DCSF 2009)

Links

https://www.gov.uk/government/publications/keeping-children-safe-in-education
Belief, witch craft and/or magic
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/175437/Action_Plan_-_Abuse_linked_to_Faith_or_Belief.pdf

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 an 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 heath, 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/MultiAgencyPracticeGuidelines.pdf

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 heath, 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 St Margaret's C of E Primary'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.

LBBD Prevent Coordinator: Gareth Tuck 020 8227 3875

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/behavioral 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 heath, 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 heath, 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 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 St Margaret's C of E 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