Safeguarding Policy and Child Protection Procedure Document

September 2021

Adopted by Governors	**15.9.21**
Shared with Staff	**16.6.21**
Review date	**September 2022**

CONTENTS
Part 1: Safeguarding Policy

Part 2: Key Procedures and Responding to concerns about a child

Part 3: Appendices

Part One: Safeguarding information for all staff

Introduction to the Purpose of this Policy and Procedure document

The purpose of this policy is to provide absolute clarity for all staff at Grappenhall Heys Primary School on our shared responsibilities in safeguarding our pupils. This policy and procedure document aims to help professionals understand what they need to do and what they can expect of one another to safeguard children. It focuses on core legal requirements, making it clear what individuals should do to keep children safe and how it is managed practically at Grappenhall Heys Primary School.

Links with other Policies

This safeguarding policy has obvious links with the wider safeguarding agenda and specifically all policies that make up the safeguarding suite of documents. When ratifying or reviewing the policy, links should be made with other relevant policies. Staff are provided with all relevant policies linked to safeguarding.

This Policy is compliant with the Warrington Safeguarding Children Board multi agency safeguarding procedures, available on **http://www.warrington.gov.uk**

Key Principles

Everyone who works with children - teachers, teaching assistants, midday assistants, office staff, coaches, pastoral staff, caretakers and all other roles at Grappenhall Heys Primary School including volunteers and governors - have a responsibility to keep children safe. Everyone who comes into contact with children and their families has a role to play in identifying concerns, sharing information and taking prompt action.

Safeguarding children is a shared responsibility and it is acknowledged that no single professional or agency can have a full picture of a child's needs and circumstances. It is recognised that school staff are particularly important as they are in a position to identify concerns early and provide early help for children to prevent concerns from escalating.

Grappenhall Heys Primary School is committed to working together with all relevant agencies to ensure that children and families are able to receive the right help at the right time and that appropriate action is taken swiftly to protect children from harm. We comply with the statutory guidance *Working together to Safeguard Children and KCSIE (2021)* to promote the welfare of children and protect them from harm. **All staff working directly with children are expected to read at least Part 1 for KCSIE.**

We believe that:

- All children and young people have the right to be protected from harm;
- Children and young people need to be safe and to feel safe in school;
- Children and young people need support which matches their individual needs, including those who may have experienced abuse;
- All children and young people have the right to speak freely and voice their values and beliefs;
- All children and young people must be encouraged to respect each other's values and support each other;
- All children and young people have the right to be supported to meet their emotional and social needs as well as their educational needs – a happy healthy sociable child and young person will achieve better educationally;
- Schools can and do contribute to the prevention of abuse, victimisation, bullying (including cyberbullying), exploitation, extreme behaviours, discriminatory views, sexism, sexual harassment, sexual assault and risk taking behaviours;
- All staff and visitors have an important role to play in safeguarding children and protecting them from abuse.

Our responsibility to children

This policy will make clear the expectation and responsibility that all staff at Grappenhall Heys Primary School have to contribute to safeguarding our pupils and promoting their welfare by:

- Clarifying standards of behaviour for staff and pupils;
- Contributing to the establishment of a safe, resilient and robust ethos in the school, built on mutual respect and shared values;
- Introducing appropriate work within a broad and balanced curriculum;
- Encouraging pupils and parents to participate;
- Training staff to the signs and indicators that a child may be at risk;
- Developing staff awareness, through training, of the types of abuse;
- Developing staff awareness of the risks and vulnerabilities their pupils may face;
- Addressing concerns at the earliest possible stage by offering early help;
- Taking action when a child needs protection and safeguarding;
- Working together with all agencies to help to reduce the potential risks that pupils may face if being exposed to abuse, neglect, violence, extremism, exploitation, sexual harassment or assault or victimisation.

All staff can contribute to supporting our pupils by:

- Identifying and protecting the most vulnerable;
- Identifying individual needs where possible;
- Designing plans to meet those needs;
- Including appropriate work within the curriculum;
- Implementing child protection policies and procedures;
- Working in partnership with pupils, parents and agencies; and
- Challenge actions taken if necessary.

Statutory Duties and the legal framework that underpins this policy

This policy and procedure document has been developed in accordance with the principles established in the following legal and statutory framework:

- The Children Act (1989) and the additions to the Act (2004)
- The Education Act (2002)
- The Equality Act (2010)
- The United Nations Convention on the Rights of the Child (UNCRC) (1991)
- The Local Safeguarding Children's Board, Multi Agency Safeguarding procedures - in this area via the Warrington Safeguarding Children's Board (WSCB) it is the Pan Cheshire Safeguarding Procedures
- Working Together to Safeguard Children (2018)
- 'What to do if you are worried a child is being abused' (2003).
- 'Keeping Children Safe in Education' (2021)

Section 175 of the Education Act 2002 places a duty on local authorities (in relation to their education functions and governing bodies of maintained schools and further education institutions, which include sixth-form colleges) to exercise their functions with a view to safeguarding and promoting the welfare of children who are pupils at a school, or who are students under 18 years of age attending further education institutions. The same duty applies to independent schools (which include academies and free schools) by virtue of regulations made under section 157 of the same Act.

In order to fulfil their duty under sections 157 and 175 of the Education Act 2002, all educational settings to whom the duty applies should have in place the arrangements to safeguard and promote the welfare of its pupils.

This can be achieved by creating an environment where pupils feel safe and are safe to learn and where adults are responsive to the needs of children and take appropriate action if there are concerns about a child.

Safer Recruitment

Summary

There is a separate specific policy for **Safer Recruitment**, which is part of the safeguarding suite of documents.

Grappenhall Heys Primary School pays full regard to 'Keeping Children Safe in Education' (DfE 2021). Safer recruitment practice includes scrutinising applicants, verifying identity and academic or vocational qualifications, obtaining professional and character references, checking previous employment history and ensuring that a candidate has the health and physical capacity for the job. It also includes undertaking interviews and undertaking appropriate checks through the Disclosure and Barring Service (DBS) and completing checks in relation to Prohibition Orders.

What is safeguarding?

Safeguarding children is the action we take to promote the welfare of children and protect them from harm, and it is everyone's responsibility. Everyone who comes into contact with children and families has a role to play.

Safeguarding and promoting the welfare of children is defined for the purposes of this Policy 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;
- Taking action to enable all children to have the best outcomes.
  (Source: Working Together to Safeguard Children 2018)

Listening to children: Capturing the child's voice

Effective safeguarding systems are child centred. Failings in safeguarding systems are too often the result of losing sight of the needs and views of the children within them, or placing the interests of adults (potentially the child's parents) ahead of the needs of children.

Children want to be respected, their views to be heard, to have stable relationships with professionals built on trust and for consistent support provided for their individual needs. This should guide the behaviour of professionals. Anyone working with children should see and speak to the child; listen to what they say; take their views seriously and work with them collaboratively when deciding how to support their needs. A child-centred approach is supported by:

- The Children Act (1989) (as amended by section 53 of the Children Act 2004).
- The Equality Act 2010.
- The United Nations Convention on the Rights of the Child (UNCRC) (1991).

Whilst professionals **cannot** promise confidentiality, they must do the right thing in all cases. No child or group of children must be treated any less favourably than others in being able to access effective services which meet their particular needs, which includes Child Protection action and Early Help.

The Designated Safeguarding Lead (DSL)

The role of the Designated Safeguarding Lead (DSL) was specified in the Children Act (2004) which stated that every organisation must have a "named person" for safeguarding children and young people. The DSL therefore must be a member of the Senior Leadership Team within schools and academies. The DSL role is one of great importance, with this member of staff being a champion of safeguarding and a source of support for all staff.

It is key that all staff know who the DSL is and ensure that all concerns about a child are shared with the DSL immediately.

The name of the DSL for Grappenhall Heys Primary School is Kelly Jackson. Telephone: 01925 212540

What does the Designated Safeguarding Lead (DSL) do?

- Lead responsibility for dealing with safeguarding and child protection concerns at the school or academy and should be available at all times during the school day. This may mean having a deputy or team approach.
- Should act as source of support, advice and expertise within school when deciding whether to make a referral by liaising with relevant agencies.
- The DSL will be trained to a high level, which includes both single agency and multi-agency training (Level 3). This must be updated at least every two years; good practice is that the DSL updates their training on an annual basis.
- The DSL will recognise how to identify signs of abuse and will make an appropriate judgement on what action to take. This will be based on the information that the DSL is presented with by staff.
- The DSL will assess the appropriateness of completing an early help assessment or whether the threshold has been met for social care statutory social work services.
- The DSL will access regular training and network events to keep as up to date as possible with changes in legislation and or statutory guidance.
- The DSL will ensure that the schools safeguarding policy is embedded and available to all staff and volunteers at the point of induction. If the policy is reviewed the DSL will share the new updates with all staff to ensure that all staff know what is expected of them.
- The DSL will champion safeguarding and keep all staff up to date with current procedure and practice. This will help to familiarise all staff with their own role within safeguarding.
- The DSL will ensure all new staff and volunteers have induction training covering safeguarding and child protection and are able to recognise and report any concerns immediately if they arise. The induction will cover the 'basic awareness session' and the 'no delay' principle.
- The DSL will keep detailed accurate, secure, written, contemporaneous records. Each child will have an individual file labelled either 'Child Protection' or 'Early Help'. Chronologies will be help for each child and they will be clear, concise and factual (e.g. dated, concern, initialled, action taken). Files will hold copies of all referrals and relevant multi agency meetings and plans. Files will be reviewed and quality assured as part of the s157/s175 audit process.
- The DSL will deliver whole school staff safeguarding training to all staff; recommended on a yearly basis as part of INSET. This should include briefings on specific topics such as CSE, FGM, Radicalisation and Private Fostering. In 2021, particular focus will be given in helping staff tackle incidents of sexual harassment / assault and cyberbullying (as a direct consequence of increased use of digital platforms).
- The DSL should be aware of the Local Safeguarding Children's Board (LSCB) and how it operates. This should include access to the LSCB website and to practitioner training events.
- The DSL will participate in multi-agency meetings and contribute effectively either verbally or by way of a written report.
- The DSL will attend Child Protection Case Conferences and contribute to discussions at the conference and will make a formal recommendation at the meeting in respect of a child protection plan.
- The DSL will contribute to social work assessments e.g. The Combined Assessment when required and requested to do so. This will include the sharing of information about attendance, attainment and any other concerns that have been identified as well of any strengths that the family/child has.
- The DSL will maintain the Vulnerability Risk Register (VRR) using CPOMS as the secure platform to identify the vulnerable children at the school or academy. This confidential register will be reviewed regularly to ensure that the DSL knows who the vulnerable children are. This may be reviewed as part of safeguarding team meetings. This should automatically include children in care, children on a child protection plan and children in need. It may also include children receiving early help, young carers, children with medical needs, children at risk of CSE, children who have emotional and mental health difficulties, children who self-harm etc. The categories on this register will be determined by the needs of the school community.
- The DSL will monitor the attendance, development and wellbeing of children who are subject to a child protection plan and children in care.
- The DSL will champion safeguarding in school - promoting effective communication both internally and with external agencies on all matters relating to child protection.

- The DSL will complete an annual Audit at the request of the Local Authority to ensure that there are effective systems in place to keep children safe.
- Where appropriate the DSL will identify staff to be part of a Safeguarding Team, to ensure that there is always a member of staff present in school who can take a lead role in safeguarding children in the DSL's absence. The DSL will take the lead responsibility within the safeguarding team.

The Safeguarding Team Approach to Safeguarding Children

This is considered to be the best practice to managing safeguarding at school and academy level. Practically, there is always cover for absence and a number of professionals trained to know what to do if there were to be concerns about the safety or wellbeing of a child. It also encourages a culture of working collaboratively and making decisions together, with the child at the heart of the teams practice. The team approach is supportive to the DSL, who will as a result of a team structure, no longer work in isolation and take the sole responsibility for safeguarding.

Importantly, the DSL leads the safeguarding team and on a day-to-day basis decisions will be made by the DSL. Team members need to be clear of their role within the team and what is expected from them. Debriefing and reflective practice is an important part of safeguarding and should be routinely built into safeguarding team meetings. Safeguarding is a standing agenda item on weekly staff meetings.

Meet the Safeguarding Team at Grappenhall Heys Primary School

Grappenhall Heys Primary School operates a safeguarding team approach with a split focus on both early help and child protection. The team consists of:

Kelly Jackson (DSL), in her absence Corinna Tyson (Deputy) and Laura O' Callaghan (Chair of Governors)

Key Functions of the Safeguarding Team

The DSL will lead the safeguarding team and allocate tasks to safeguarding team members. The DSL will have management oversight of the safeguarding work completed by the safeguarding team. Below is a list of the some of the tasks that the DSL may ask team members to undertake:

- Complete 'early help' assessments, contribute to Combined Assessments, complete DASH risk assessments (in relation to Domestic Abuse), complete CSE screening tool;
- Make contact with Children's Social Care when there is an identified child protection issue;
- Make referrals to appropriate statutory and non-statutory services for support;
- Support to children and their families by taking the Lead Professional role;
- Attend and deliver Safeguarding Training (whole school training);
- Challenge practice and decision in line with the LSCB Escalation Policy;
- Have a thorough understanding of the thresholds for support from Children's Social Care e.g. Children in need of protection and children in need of care;
- Support each other (debriefing opportunities and reflective learning opportunities);
- Champion and know who your vulnerable children are. The Vulnerability Risk Register should be reviewed at Safeguarding Team meetings on a regular basis.

The Role of the Governing Body

The Governing Body is the accountable body for ensuring the safety of the school.

The Governing Body will ensure that:

- The school has a safeguarding policy in accordance with the multi-agency procedures of the Local Safeguarding Children's Board;
- The school operates "Safer Recruitment" procedures and ensures that appropriate checks are carried out on all new staff and relevant volunteers;
- There is a named member of the school Senior Leadership Team who takes on the role of the Designated Safeguarding Lead(DSL);
- The Designated Safeguarding Lead attends appropriate refresher training every two years as a minimum (encouragement for annual update is best practice);
- The Head Teacher, Governing Body members and all other staff who work with children undertake training at a minimum three yearly intervals (annual update is best practice);
- Temporary staff and volunteers are made aware of the school's arrangements for safeguarding children and their responsibilities;
- The school remedies any deficiencies or weaknesses brought to its attention without delay;
- The school has procedures for dealing with allegations of abuse against staff/volunteers and if an allegation is made against the Headteacher the Chair of Governors will liaise directly with the Local Authority Designated officer (LADO);
- The Headteacher, Chair of Governors and DSL should attend specific training in managing allegations against members of staff who work with children. This training is available through the Local Safeguarding Children's Board;
- The governing body reviews its policies/procedures in relation to safeguarding children on an annual basis. This includes all policies that make up the safeguarding suite of documents.

The Role of the Safeguarding Governor

The governor responsible for safeguarding children will play an essential role in ensuring children in the school are kept safe from harm. The safeguarding governor plays an important role in ensuring oversight and scrutiny of safeguarding policy, procedure and practice on behalf of the full governing body.

The Nominated Governor for safeguarding, child protection and PREVENT at Grappenhall Heys Primary School is **Laura O' Callaghan.**

The Nominated Governor is responsible for liaising with the Head Teacher and Designated Safeguarding Lead (DSL) over all matters related to safeguarding issues. The role is strategic rather than operational – they will not be involved in concerns about individual children. It is not the role of the link governor to supervise the DSL; the link governor should offer support and appropriate challenge. However, the nominated governor for safeguarding will want to be reassured that systems for safeguarding children are in place and embedded into practice as well as an integral part of a broad and balanced curriculum. This could be achieved by holding a termly meeting between the DSL and the nominated governor.

Managing allegations against members of staff who work with children including supply teachers and volunteers

There is a separate specific policy for **Managing Allegations against Members of Staff who Work with Children**, which is part of the safeguarding suite of documents.

Summary

If an allegation is made, or information is received which suggests that a person may be unsuitable to work with children, the member of staff receiving the allegation or aware of the information will immediately inform the Headteacher.

The Headteacher on all such occasions will discuss the content of the allegation with the Local Authority Designated Officer (LADO) and where appropriate the HR business partner.

If the allegation made to a member of staff concerns the Headteacher, the person receiving the allegation will immediately inform the Chair of Governors who will consult the LADO and HR business partner, without notifying the Headteacher first.

The school or academy will comply with Local Safeguarding Children's Board procedures in respect of managing all allegations against members of staff who work with children.

What we do if there are concerns about a child

If staff have a concern about a child they MUST notify the DSL without delay, or in the absence of the DSL a member of the safeguarding team. It is of significant importance that this is completed immediately, **without delay** so that appropriate action can be taken as quickly as possible. It is not acceptable to leave this until later in the day or at a more convenient time. Staff members will be held accountable for not taking swift action.

Teaching staff must complete a CPOMs incident. Other staff (with no digital access) must complete a referral form **(Initial Concern Form Appendix 1)** – Known in school as 'The Orange Form' and give the completed form to the DSL. The form will capture all the relevant information about the concerns. This is evidence based practice and will support the DSL in making an assessment of what action needs to be taken.

Inevitably verbal conversations may sometimes supersede the completion of the referral form **(Initial Concern Form Appendix 1)** and in some cases urgent action may be taken at a fast pace e.g. medical treatment, urgent contact with children's social care or the police. It is important to always prioritse the safeguarding of a child. However, there should be recognition that contemporaneous record keeping is an important feature of safeguarding practice and should be prioritised by all staff to ensure that child protection and early help case files are up to date and accurate.

It is the responsibility of all staff to complete the referral form for the DSL **(Initial Concern Form Appendix 1)** should that member of staff have concerns about a child or following a disclosure. This procedure should be followed without exception.

Staff can find a copy of the Initial Concern Form at the back of this policy in Appendix 1. However, copies of the form will be stored in the school office. The DSL should ensure that all members of staff should have paper or electronic copies of this form available to them.

Expectations of staff at Grappenhall Heys Primary School

All adults who work with children will:

- Read and follow the procedures written within this Safeguarding Policy in conjunction with KCSIE 2021;
- Be subject to Safer Recruitment processes and checks, whether they are new staff, supply staff, contractors, volunteers, governors, visitors etc. Adults who work with children are responsible for providing all information to complete DBS Checks and Prohibition Order checks and share information in respect of disqualification by association (where applicable);
- Be supportive to the development and implementation of Individual Education Plans (IEPs), Family Support Plans, Child in Need Plans, Child in Care Plans and Child Protection Plans;
- Be alert to the signs and indicators of possible abuse (**See Part Two for definitions and indicators);** and the concurrent use of other policies which could act as an indicator e.g. attendance;
- Take swift action if there are concerns about a child, following procedures written within this policy. Record concerns using CPOMs/the Initial Concern Form **(Appendix 1)** and give the record to the Designated Safeguarding Lead, Kelly Jackson; in the absence of the DSL give to Corinna Tyson who is part of the Safeguarding Team;
- Deal with a disclosure of abuse from a child in line with Part Two of the policy - you must inform the Designated Safeguarding Lead immediately, and provide a written account on CPOMs/an Initial Concern Form **(Appendix 1)** as soon as possible.

Whistleblowing

Please see the separate and specific policy in relation to Whistleblowing, which is part of the safeguarding suite of documents, which outlines actions that should be taken should a member of staff have concerns about the behaviour of a colleague or concerns related to policy and practice. The key principles are that all staff should be aware of their duty to raise concerns, where they exist, about the management of child protection and safeguarding, which may include the attitude or actions of colleagues. If it becomes necessary to consult outside the school, they should speak in the first instance the Local Authority Designated Officer (LADO).

Safeguarding Training

All staff will receive basic training as part of their induction. This will be delivered by the DSL. New staff will be provided with the safeguarding suite of documents, including the Safeguarding Policy. All staff should ensure that they are familiar with the procedures written within this policy. All staff can gain advice and support from the DSL who is the lead member of staff for safeguarding. Staff are encouraged to access relevant bulletins and resources which give regular updates.

Whilst it is not statutory for all staff to update their safeguarding training on an annual basis, it is good practice. Safeguarding update training should be part of whole school INSET training days and can provide useful updates on key themes such as CSE and Radicalisation. This training will be delivered by the DSL and/or Safeguarding Team members. This will take place during September INSET.

The DSL must update their training on a regular basis. The statutory requirement is every two years, however, good practice is that the DSL attends multi-agency training on an annual basis and participates in local (single agency) networks to share good practice, reflect and learn together and to keep up to date.

The named governor for safeguarding should also update their training on a regular basis; good practice is on an annual basis to ensure that they keep up to date in their knowledge. Evidence of safeguarding training must be made available as part of any safeguarding inspection or audit.

Dealing with a disclosure of abuse from a child

Children will often choose to whom they talk when they have something that is worrying them or happening to them. Children may have thought long and hard about telling an adult and will have chosen the adult specifically as they have trust in that person to do the right thing.

Disclosing something upsetting and traumatic may be very difficult and distressing for both the child and the adult. Listening to and supporting a child who has been abused can also be traumatic for the adults involved. Support for you will be available from your Designated Safeguarding Lead or Head Teacher. These guidance notes may help you if you are ever in this situation. Remember, the child chose you and it is a privileged position to be in. It is a position where you can make a difference to a child's situation.

A golden rule is that you don't ever promise confidentiality and be open and honest with the child at all times.

Guidance for you to consider

- ✓ Stay calm and listen to what the child is saying.
- ✓ Do consider the environment that you are in with the child. Is it appropriate? Do other staff members know where you are?
- ✓ Ask open-ended questions and record what is being said in the child's own words.
- ✓ Encourage the child to talk but reassure the child that they have done the right thing in speaking to you.
- ✓ Reassure the child that you believe them. Children very rarely lie about abuse; but s/he may have tried to tell others and not been heard or believed.
- ✓ Tell the child that it is not her/his fault.
- ✓ Listen, remember and make notes. If appropriate, share your notes with the child to recap what has been said.

- ✓ Check that you have understood correctly what the child is trying to tell you by clarifying the facts.
- ✓ Thank the child for telling you. Communicate that s/he has a right to be safe and protected.
- ✓ Be aware that the child may retract what s/he has told you. It is essential to record all you have heard.
- ✓ At the end of the conversation, tell the child again who you are going to tell (The DSL) and why that person needs to know.
- ✓ As soon as you can afterwards, make a detailed record of the conversation using the child's own language. Include any questions you may have asked. (**Use CPOMS/Initial Concern Form - Appendix 1)** to do this.

DO NOT:

- ✗ Do not ask "leading questions" or press for information.
- ✗ Do not investigate.
- ✗ Do not communicate shock, anger or embarrassment or share your opinion on what has happened.
- ✗ Do not swear.
- ✗ Make inappropriate comments about the alleged offender
- ✗ Never enter into a pact of secrecy with the child. Assure the child that you will try to help but let the child know that you will have to tell other people in order to do this. State who this will be and why (The DSL).
- ✗ Do not tell the child that what s/he experienced is dirty, naughty or bad.
- ✗ Make physical contact with the child. Whilst the child may seek out physical contact, remember that this may place you in a vulnerable position and also an abused child may not want physical comfort e.g. a hug.

If you have concerns about a child, or notice something may be wrong, ask the question "Are you OK?" Children have told us that they want adults to:

- **Be Vigilant**: they want to have adults notice when things are troubling them.
- **Understanding and action**: they want adults to understand what is happening; to be heard and understood; and to have that understanding acted upon.
- **Stability**: to be able to develop an on-going stable relationship of trust with those helping them.
- **Respect:** to be treated with the expectation that they are competent rather than not.
- **Information and engagement**: to be informed about and involved in procedures, decisions, concerns and plans.
- **Explanation**: to be informed of the outcome of assessments and decisions and reasons when their views have not met with a positive response.
- **Support**: to be provided with support in their own right as well as a member of their family.
- **Advocacy:** to be provided with advocacy to assist them in putting forward their views.
  (Source: Working Together to Safeguard Children; p10; (2018).

Record Keeping and Confidentiality

Good, up to date record keeping of concerns and action taken is essential for two main reasons:

- It helps schools and academies identify causes for concern at an early stage. Often it is only when a number of seemingly minor issues are considered as a holistic picture, that a safeguarding or child protection concern becomes clear;
- It helps schools monitor and manage its safeguarding practices. Furthermore, in any inspection it will be important to provide evidence of robust and effective safeguarding policy and practice.

A record of concern, suspicion or allegation should be made at the time or as soon as possible after the event. It is not usually advisable to make a written record whilst a child is disclosing abuse as it may deter the child from speaking. However, it is important that events are recorded in the child's own words and as soon as possible, to ensure absolute accuracy.

Records should be factual, using the child's own words in cases where a disclosure is made. Professional opinion can be given, but needs to be supported by stating the facts and observations upon which the opinions are based. It is important to remember that what is recorded can be shared with all appropriate

agencies and potentially the child's parents (except where doing so would place a child at risk of significant harm in the case of parents (see DES circular 17/89).

Expressing an opinion as to whether the child is telling the truth is not helpful and can prejudice how a case proceeds. All records should be dated and signed with the name of the signatory clearly printed and filed in chronological order. Concerns should be logged contemporaneously and in chronological order. It is advisable that each child's file has a running chronology that is kept up to date.

All recorded child protection concerns must be passed to the DSL following completion of CPOMS incident log/the Initial Concern Form (Appendix 1) as soon as possible. The DSL will need to make a professional judgement about what action needs to be taken.

All records of child protection concerns, disclosures or allegations are to be treated as sensitive information and should be kept together securely and separately from the child's general school records and stored until the child's 25th birthday. They will be transferred to relevant schools as part of a handover meeting with signatures of receipt obtained. It is the responsibility of the last attended school to store the records, copies will not be kept.

As a guide, the pupil's child protection or early help file should contain:

- Any concerns recorded by staff;
- Any child protection information received from previous schools or other agencies;
- Copy of any internal or external referrals and correspondence;
- Copies of any referrals from the DSL to Children's Social Care;
- In the case of a child subject to a Child Protection Plan, notes of any Child Protection case conference or Core Group meetings etc.;
- Where a case is on-going, keep a record of any actions and discussions etc. which will form a 'running chronology' for future reference.

If any information is removed from a file for any reason, a dated note must be placed in the file indicating who has taken it, why and when.

Part Two: The key procedures and responding to concerns about a child

This section will make clear the procedure that all staff should follow, should you have concerns about a child. Even when a staff member is unsure about a concern, procedures must still be followed. It will also explore what abuse is in detail and define some of the signs and symptoms. It is important that staff read through this section and familiarise themselves with the potential warning signs that a child is at risk.

Early Help for Children and their Families

Providing early help is more effective in promoting the welfare of children than reacting later when situations can be more complex. Early help means providing support as soon as a problem emerges, at any point in a child's life. Part of a school's and academy's safeguarding procedures should include effective ways to identify emerging problems and potential unmet needs for individual children and families.

This requires all professionals, including those in schools and academies, to understand their role in identifying emerging problems and to share information with other professionals to support early identification and assessment.

A key issue at Grappenhall Heys is family breakdown. An emerging need (as a direct consequence of the pandemic/lockdown) is individual and family emotional wellbeing. The impact of these on children and families can be significant. Early Help, Play Therapy and Futures in Mind are being proactively used as strategies to support families in such situations.

Effective early help relies upon local agencies working together to:

- Identify children and families who would benefit from early help;
- Undertake an assessment of the need for early help;
- Provide targeted early help services to address the assessed needs of a child and their family. This focuses on activity to significantly improve the outcomes for the child.

We as a school will be alert to the potential need for early help for a child who:

- Is disabled and has specific additional needs;
- Has special educational needs;
- Is a young carer;
- Is showing signs of engaging in anti-social or criminal behaviour;
- Is in a family circumstance presenting challenges for the child, such as substance abuse, adult mental health, domestic violence; and/or
- Is showing early signs of abuse and/or neglect.

All professionals working in educational establishments have a responsibility to identify the symptoms and triggers of abuse and neglect, to share that information and work together to provide children and young people with the help they need. **All concerns should be shared with the DSL and an Initial Concern Form/CPOMs log should be completed (Appendix 1)**.

The Designated Safeguarding Lead (DSL) and safeguarding team members are trained in 'early help' and are confident in taking on the Lead Professional role, which includes completing an 'early help assessment' and coordinating a Family Support Plan where appropriate.

Working with Parents and Carers

In general, the DSL will discuss any child protection concerns with parents/carers before approaching other agencies, and will seek their consent to making a referral to another agency e.g. Children's Social Care. The exception to this principle is when the concern is either a physical or sexual nature and implicates a family member or if doing so would place the child at risk of significant harm.

In addition, parents/carers will be informed about our Safeguarding Policy through our school website.

What is Abuse?

Abuse is 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. Abuse has significant impact on a child's physical and emotional health and development. All staff need to understand what the categories of abuse are and how to spot the signs and symptoms of abuse in a child so that action can be taken to protect and safeguard the child.

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 carers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

The following may be indicators of neglect (this is not designed to be used as a checklist):

- Constant hunger;
- Smelly (through poor hygiene or clothing);
- Stealing, scavenging and/or hoarding food;
- Frequent tiredness or listlessness;
- Frequently dirty or unkempt;
- Often poorly or inappropriately dressed for the weather;
- Poor school attendance or often late for school;
- Poor concentration;
- Affection or attention seeking behaviour;
- Illnesses or injuries that are left untreated;
- Failure to achieve developmental milestones, for example growth, weight;
- Failure to develop intellectually or socially;
- Responsibility for activity that is not age appropriate e.g. cooking, ironing, caring for siblings;
- The child is regularly not collected or received from school;
- The child is left at home alone or with inappropriate carers.

Emotional Abuse

Emotional Abuse is 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 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, although it may occur alone.

The following may be indicators of emotional abuse (this is not designed to be used as a checklist):

- The child consistently describes him/herself in very negative ways – as stupid, naughty, hopeless, ugly;
- Quiet, withdrawn and nervous;
- Over-reaction to mistakes;
- Delayed physical, mental or emotional development;
- Sudden speech or sensory disorders;
- Inappropriate emotional responses, fantasies;
- Neurotic behaviour: rocking, banging head, regression, tics and twitches;
- Self-harming, drug or solvent abuse;

- Fear of parents being contacted;
- Running away;
- Compulsive stealing;
- Appetite disorders - anorexia nervosa, bulimia; or
- Soiling, smearing faeces, enuresis.

N.B.: Some situations where children suddenly stop communication (known as "traumatic mutism") can indicate maltreatment.

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.

The following may be indicators of sexual abuse (this is not designed to be used as a checklist):

- Sexually explicit play or behaviour or age-inappropriate knowledge;
- Anal or vaginal discharge, soreness or scratching;
- Reluctance to go home;
- Inability to concentrate, tiredness;
- Refusal to communicate;
- Thrush, persistent complaints of stomach disorders or pains;
- Eating disorders, for example anorexia nervosa and bulimia;
- Attention seeking behaviour, self-mutilation, substance abuse;
- Aggressive behaviour including sexual harassment or molestation;
- Sexism;
- Sexual assault;
- Unusual compliance;
- Regressive behaviour, enuresis, soiling;
- Frequent or open masturbation, touching others inappropriately;
- Depression, withdrawal, isolation from peer group;
- Reluctance to undress for PE or swimming;
- Bruises or scratches in the genital area.

Physical Abuse

Physical Abuse is 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.

The following may be indicators of physical abuse (this is not designed to be used as a checklist):

- Multiple bruises in clusters, or of uniform shape;
- Bruises that carry an imprint, such as a hand or a belt;
- Bite marks;
- Round burn marks;
- Multiple burn marks and burns on unusual areas such as the back, shoulders or buttocks;
- An injury that is not consistent with the account given;
- Changing or different accounts of how an injury occurred;
- Bald patches;
- Symptoms of drug or alcohol intoxication or poisoning;
- Unaccountable covering of limbs, even in hot weather;
- Fear of going home or parents being contacted;
- Fear of medical help;

- Fear of changing for PE;
- Inexplicable fear of adults or over-compliance;
- Violence or aggression towards others including bullying;
- Isolation from peers.

Parenting Capacity: When there are concerns

Research and experience indicates that the following responses from parents may suggest a cause for concern across all four categories:

- Delay in seeking treatment that is obviously needed;
- Unawareness or denial of any injury, pain or loss of function (for example, a fractured limb);
- Inconsistent explanations offered, several different explanations or the child is said to have acted in a way that is inappropriate to her/his age and development;
- Reluctance to give information or failure to mention other known relevant injuries;
- Frequent presentation of minor injuries;
- A persistently negative attitude towards the child;
- Unrealistic expectations or constant complaints about the child;
- Alcohol misuse or other drug/substance misuse;
- Parents request removal of the child from home;
- Mental health issues which prevent the parent from meeting the child's basic needs;
- Violence between adults in the household;
- Failure to protect the child from known 'risky' persons;
- Failure to prioritise the child's needs above that of their own.

Bullying

Bullying is behaviour by an individual or group, repeated over time, that intentionally hurts another individual or group either physically or emotionally. Bullying can take many forms (for instance, cyber-bullying via text messages or the internet), and is often motivated by prejudice against particular groups, for example on grounds of race, religion, gender, sexual orientation, or because a child is adopted or has caring responsibilities. It might be motivated by actual differences between children, or perceived differences. Stopping violence and ensuring immediate physical safety is obviously a school's first priority but emotional bullying can be more damaging than physical. Staff should recognise this as a potential child protection issue and follow the school's **Anti Bullying Policy.**

Under the Children Act 1989, a bullying incident should be addressed as a child protection concern when there is 'reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm'. Where this is the case, the school staff should report their concerns to their local authority children's social care. Even where safeguarding is not considered to be an issue, schools may need to draw on a range of external services to support the pupil who is experiencing bullying, or to tackle any underlying issue which has contributed to a child engaging in bullying.

See **Appendix 5** for links to additional information in respect of preventing and responding to bullying and cyberbullying.

We as a school take a proactive approach to cyberbullying through our planned online safety curriculum and through immediate intervention and action taken when there is evidence of cyberbullying taking place.

Peer on Peer Abuse

We as a school are aware that technology can be a significant component in many safeguarding and wellbeing issues. The risks of abuse online will be treated as seriously as they would as face to face abuse. Peer on peer online abuse can be through:
- Abusive, harassing and misogynistic messages;
- Non-consensual sharing of indecent or nude images/videos on chat groups;
- Sharing of abusive images and pornography.

Staff will challenge inappropriate behaviours between peers to create a safe environment and to prevent a culture that normalises abuse. We are aware that online abuse can take place in and outside of school. School will be proactive in identifying additional barriers when recognising potential abuse for pupils with SEND.

Child Sexual Exploitation (CSE)
Child Sexual Exploitation (CSE) is a form of child abuse which involves children and young people (male and female, of a range of ethnic origins and ages, in some cases as young as 10) in exploitative situations, contexts and relationships where young people receive something (for example food, accommodation, drugs, alcohol, gifts, money or in some cases simply affection) in exchange for sexual activity. 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. Perpetrators of child sexual exploitation are found in all parts of the country and are not restricted to particular ethnic 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.

Key indicators of children being sexually exploited can include:
- going missing for periods of time or regularly coming home late;
- regularly missing school or education or not taking part in education;
- appearing with unexplained gifts or new possessions;
- associating with other young people involved in exploitation;
- older boyfriends or girlfriends;
- suffering from sexually transmitted infections;
- mood swings or changes in emotional wellbeing;
- drug and alcohol misuse;
- displaying inappropriate sexualised behaviour.

Education staff should be aware that children and young people are more vulnerable to abuse through sexual exploitation if they have experience of:
- Violence/Domestic Abuse
- Children and Young People 'Looked After'
- Refugee/asylum seeker
- Pattern of street homeless
- Substance misuse by parent/carer/child
- Learning disabilities, special needs or mental health issues
- Homophobia
- Estranged from family
- Death or illness of a significant person in the child's life
- Financially unsupported

Staff should also be aware that many children and young people who are victims of sexual exploitation do not recognise themselves as such. A significant number of children who are victims of sexual exploitation go missing from home, care and education at some point. Return interviews for young runaways can help in establishing why a young person ran away and the subsequent support that may be required, as well as preventing repeat incidents. The information gathered from return interviews can be used to inform the identification, referral and assessment of any child sexual exploitation cases.

In assessing whether a child or young person is a victim of sexual exploitation, or at risk of becoming a victim, careful consideration should be given to the issue of consent. It is important to bear in mind that:

- a child under the age of 13 is not legally capable of consenting to sex (it is statutory rape) or any other type of sexual touching;
- sexual activity with a child under 16 is also an offence;
- it is an offence for a person to have a sexual relationship with a 16 or 17 year old if they hold a position of trust or authority in relation to them;
- where sexual activity with a 16 or 17 year old does not result in an offence being committed, it may still result in harm, or the likelihood of harm being suffered;
- non-consensual sex is rape whatever the age of the victim;
- If the victim is incapacitated through drink or drugs, or the victim or his or her family has been subject to violence or the threat of it, they cannot be considered to have given true consent and therefore offences may have been committed.

Please see **Appendix 3** for links to additional information on CSE. Please see **Appendix 4** for the CSE Risk Assessment and Screening tool.

Sexually Harmful Behaviour

At Grappenhall Heys there is a culture of zero tolerance towards incidents of sexism, sexual harassment and sexual assault for all.

Harmful sexual behaviour involving children can involve one or more children engaging in sexual discussions or acts that are inappropriate for their age or stage of development. These can range from using sexually explicit words and phrases to full penetrative sex with other children or adults. Staff have received training in the process of dealing with such incidents.

Where incidents of sexually harmful behaviour come to light, either through discovery or disclosure (which may be third-party or second-hand information), the details provided should be carefully recorded by the person receiving the initial account on CPOMs/Initial Concern Form **(Appendix 1)** and passed to the DSL. The DSL will assess the level of concerns about the behaviour if a referral to Social Care is appropriate.

Domestic Violence or Abuse

Domestic violence is characterised by inter-personal violence and, with effect from March 2013, it was defined by the Home Office as:

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

- Psychological
- Physical
- Sexual
- Financial
- Emotional

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

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

This definition includes 'honour' based violence, female genital mutilation (FGM) and forced marriage and is clear that victims are not confined to one gender or ethnic group. The definition does not cover violence by an under 16 year old against another family member. Where the perpetrator is over 18 and the victim under 18, this is regarded as child abuse. If both perpetrator and victim are under 18 years, consideration of the need for a child protection investigation to be undertaken would still be required but the national

definition allows any abuse between 16-17 year olds to be considered as domestic abuse.

If you have concerns of this nature, ensure that you share this with the DSL and complete CPOMS/an Initial Concern Form (**Appendix 1**).

Substance Misuse

Pupils affected by their own or other's drug misuse should have early access to support through the school's 'Early Help' offer and through referral to local drug and alcohol services.

Faith Abuse

Faith abuse is where certain kinds of child abuse are linked to faith or belief.

Child abuse can also occur in culture or faith context. In general, this can include female genital mutilation, forced marriage, excessive physical punishment, domestic slavery, sexual exploitation or abuse relating to gender, sexuality, ethnicity, nationality, disability or other differences recognised within social or cultural beliefs. Abuse in any culture or faith context is not acceptable and is child abuse. Staff should follow the procedures and share any concerns with DSL and complete CPOMs/an Initial Concern Form **(Appendix 1)**, if it is suspected that a child is at risk of this type of abuse.

Female Genital Mutilation (FGM)

Female Genital Mutilation occurs mainly in Africa and to a lesser extent, in the Middle East and Asia. Although it is believed by many to be a religious issue, it is a cultural practice. There are no health benefits. Communities particularly affected by FGM in the UK include girls from: Somalia, Kenya, Ethiopia, Sierra Leone, Sudan, Egypt, Nigeria, Eritrea, Yemen, Indonesia and Afghanistan. In the UK, FGM tends to occur in areas with larger populations of communities who practice FGM, such as first-generation immigrants, refugees and asylum seekers.

Key Points

- It is not a religious practice;
- Occurs mostly to girls aged from 5 – 8 years old; but up to around 15;
- Criminal offence in UK since 1985;
- Offence since 2003 to take girls abroad;
- Criminal penalties include up to 14 years in prison.

Reasons for this cultural practice include

- Cultural identity – an initiation into womanhood;
- Gender Identity – moving from girl to woman – enhancing femininity;
- Sexual control – reduce the woman's desire for sex;
- Hygiene/cleanliness – unmutilated women are regarded as unclean.

Risk Factors include

- Low level of integration into UK society;
- Mother or sister who has undergone FGM;
- Girls who are withdrawn from PSHE;
- A visiting female elder from the country of origin;
- Being taken on a long holiday to the family's country of origin;
- Talk about a 'special' event or procedure to 'become a woman'.

High Risk Time: Be aware

This procedure often takes place in the summer, as the recovery period after FGM can be 6 to 9 weeks. Schools should be alert to the possibility of FGM as a reason why a girl in a high risk group is absent from school or where the family request an 'authorised absence' for just before or just after the summer school holidays. Although, it is difficult to identify girls before FGM takes place, where girls from these high-risk groups return from a long period of absence with symptoms of FGM, advice should be sought from the police or social services.

Post-FGM Symptoms include

- Difficulty walking, sitting or standing;
- Spend longer than normal in the bathroom or toilet;
- Unusual behaviour after a lengthy absence;
- Reluctance to undergo normal medical examinations;
- Asking for help, but may not be explicit about the problem due to embarrassment or fear.

Longer Term problems include

- Difficulties urinating or incontinence;
- Frequent or chronic vaginal, pelvic or urinary infections;
- Menstrual problems;
- Kidney damage and possible failure;
- Cysts and abscesses;
- Pain when having sex;
- Infertility;
- Complications during pregnancy and childbirth;
- Emotional and mental health problems.

Forced Marriage

There is a clear difference between a 'forced marriage' and an 'arranged marriage'. Arranged marriages have worked well in society for many years. An arranged marriage is when families of both spouses take a leading role in arranging the marriage but the choice whether or not to accept the arrangement remains with the prospective spouses.

A forced marriage is when one or both parties do not consent to the marriage, and people are forced into marriage against their will. Forced marriage is an abuse of human rights. Both physical and emotional abuse may be used to coerce people into the marriage.

In law both parties to a marriage must validly consent to the marriage, the minimum age a person is able to consent to a marriage is 16. A Forced Marriage Protection Order can be obtained from a Family Court in order to protect victims, both adults and children, from a potential forced marriage or people who are already in a forced marriage.

The Anti-social Behaviour, Crime and Policing Act (2014) make it a criminal offence to force someone to marry.

This includes:

- Taking someone overseas to force them to marry (whether or not the forced marriage takes place);
- Marrying someone who lacks the mental capacity to consent to the marriage (whether they're pressured to or not);
- Breaching a Forced Marriage Protection Order is also a criminal offence.

Young people, especially girls who are forced to marry, or those who fear they may be forced to marry, are frequently withdrawn from education, restricting their educational and personal development. They may feel unable to go against the wishes of their parents and consequently may suffer emotionally, often leading to depression and self-harm. These factors can contribute to impaired social development, limited career and educational opportunities, financial dependence and lifestyle restrictions.

Staff may become aware of a pupil because they appear anxious, depressed and emotionally withdrawn with low self-esteem. They may have mental health issues and display behaviours such as self-harming, self-cutting or anorexia. Sometimes they may come to the attention of the police having been discovered shoplifting or taking drugs or alcohol. Often pupil's symptoms can be exacerbated in the periods leading up to the holiday season. Education staff may wish to be particularly vigilant in that period.

It may be the case that a pupil may present with a sudden decline in their attendance, performance, aspirations or motivation. Some female pupils may feel studying at school is pointless if they are going to be forced to marry and therefore be unable to continue with their education.

The 'One Chance' rule

All professionals working with suspected or actual victims of forced marriage and honour-based violence need to be aware of the "one chance" rule. That is, they may only have one opportunity to speak to a victim or potential victim and may possibly only have **one chance** to save a life. As a result, all professionals working within statutory agencies need to be aware of their responsibilities and obligations when they are faced with forced marriage cases. If the victim is allowed to leave without the appropriate support and advice being offered, that one chance might be wasted.

Potential warning signs or indicators that a child is at risk of Forced Marriage (not an exhaustive list)
- Absence and persistent absence;
- Request for extended leave of absence and failure to return from visits to country of origin;
- Fear about forthcoming school holidays;
- Surveillance by siblings or cousins at school;
- Decline in behaviour, engagement, performance or punctuality;
- Poor exam results;
- Being withdrawn from school by those with parental responsibility;
- Removal from a day centre of a person with a physical or learning disability;
- Not allowed to attend extra-curricular activities;
- Sudden announcement of engagement to a stranger;
- Prevented from going on to further/higher education.

What to do if you have concerns

Forced Marriage is an offence and if this is also happening to a child under the age of 18 it is considered to be child abuse. If you suspect that a child may be forced to marry then you must share your concerns with the Designated Safeguarding Lead (DSL) who will make appropriate contact with Children's Social Care or the Police. The Forced Marriage Unit can also be contacted for advice and help in making the referral.

Radicalisation and Violent Extremism

Since 2010, when the Government published the Prevent Strategy, there has been an awareness of the specific need to safeguard children, young people and families from violent extremism. There have been several occasions both locally and nationally in which extremist groups have attempted to radicalise vulnerable children and young people to hold extreme views including views justifying political, religious, sexist or racist violence, or to steer them into a rigid and narrow ideology that is intolerant of diversity and leaves them vulnerable to future radicalisation.

Important contact information

The Local Prevent Officer is PCSO Jordan Calder and can be contacted through Stockton Heath Police Station or the non-emergency policy number 101.

Grappenhall Heys Primary School, like all others, is required to identify a Prevent Single Point of Contact (SPOC) who will be the lead within the organisation for safeguarding in relation to protecting individuals from radicalisation and involvement in terrorism: this will normally be the Designated Safeguarding Lead (DSL). The school maintains a PREVENT action plan.

The Single Point of Contact (SPOC) for Grappenhall Heys Primary School is **Kelly Jackson** who can be contacted on 01925 212540. Please see explanatory notes about the role of the SPOC in Appendix 2.

Channel is a multi-agency approach to provide support to individuals who are at risk of being drawn into terrorist related activity. The Channel contact for Cheshire is Lesley Price 01606 365986 E-mail: **Lesley.price@cheshire.pnn.police.uk**

Useful Definitions

Radicalisation refers to the process by which a person comes to support terrorism and or extremism leading to terrorism.

Extremism is defined by the Government in the Prevent Strategy (2010) as:

'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. We also include in our definition of extremism calls for the death of members of our armed forces, whether in this country or overseas.'

Extremism is defined by the Crown Prosecution Service as:

The demonstration of unacceptable behaviour by using any means or medium to express views which:

- Encourage, justify or glorify terrorist violence in furtherance of particular beliefs;
- Seek to provoke others to terrorist acts;
- Encourage other serious criminal activity or seek to provoke others to serious criminal acts;
- Foster hatred which might lead to inter-community violence in the UK.

There is no such thing as a "typical extremist", those who become involved in extremist actions come from a range of backgrounds and experiences, and most individuals, even those who hold radical views, do not become involved in violent extremist activity.

Pupils may become susceptible to radicalisation through a range of social, personal and environmental factors - it is known that violent extremists exploit vulnerabilities in individuals to drive a wedge between them and their families and communities. It is vital that school and academy staff are able to recognise those vulnerabilities.

Indicators of vulnerability include:

- Identity Crisis – the pupil is distanced from their cultural/religious heritage and experiences discomfort about their place in society;
- Personal Crisis – the pupil may be experiencing family tensions; a sense of isolation; and low self-esteem; they may have dissociated from their existing friendship group and become involved with a new and different group of friends; they may be searching for answers to questions about identity, faith and belonging;
- Personal Circumstances – migration; local community tensions; and events affecting the pupil's country or region of origin may contribute to a sense of grievance that is triggered by personal experience of racism or discrimination or aspects of Government policy;
- Unmet Aspirations – the pupil may have perceptions of injustice; a feeling of failure; rejection of civic life;
- Experiences of Criminality – which may include involvement with criminal groups, imprisonment, and poor resettlement / reintegration;
- Special Educational Need – the pupil may experience difficulties with social interaction, empathy with others, understanding the consequences of their actions and awareness of the motivations of others.

However, this list is not exhaustive, nor does it mean that all young people experiencing the above are at risk of radicalisation for the purposes of violent extremism.

More critical risk factors could include:

- Being in contact with extremist recruiters;
- Accessing violent extremist websites, especially those with a social networking element;
- Possessing or accessing violent extremist literature;
- Using extremist narratives and a global ideology to explain personal disadvantage;
- Justifying the use of violence to solve societal issues;
- Joining or seeking to join extremist organisations;

- Significant changes to appearance and/or behaviour;
- Experiencing a high level of social isolation resulting in issues of identity crisis and / or personal crisis.

What action should be taken if there are concerns?

- ✓ Pass concerns to the DSL/ SPOC.
- ✓ The DSL/SPOC will make contact with the PREVENT Officer and Channel Officer.

Sexting

Sexting is when someone sends or receives a sexually explicit text, image or video on their mobile phone, usually in a text message. When people talk about sexting, they usually refer to sending and receiving:
- naked pictures or 'nudes';
- 'underwear shots';
- sexual or 'dirty pics';
- explicit 'rude' text messages or videos.

If pupils are 'sexting' indecent images of someone under the age of 18, they may be committing a criminal offence under Section 1 of the Protection of Children Act 1978 and Section 160 Criminal Justice Act 1988. This means, it is a crime to:

- Take an indecent photograph or allow an indecent photograph to be taken;
- To make an indecent photograph (and this includes downloading or opening an image that has been sent);
- To distribute or show such an image;
- To possess with the intention of distributing images;
- To possess such images.

Whether someone is charged is decided by the Crown Prosecution Service. Generally, children are not prosecuted. HOWEVER children and young people need to be aware that they may be breaking the law. Although unlikely to be prosecuted, children and young people who send or possess the images may be visited by Police and on some occasions media equipment, e.g. computers and mobile phones, could be removed.

The key factor to highlight is that the real harm in relation to 'sexting' is that those in the photographs may become victims should the images be shown to others.

Further information can be found in the Appendices with also link to Child Exploitation Online Protection Service (CEOPS).

ONLINE SAFETY – Please refer to our Online Safety Policy

Private Fostering

A private fostering arrangement is when a child under the age of 16 (18 if they have a disability) goes to live with someone who is not a close relative for 28 days or more. This is a private agreement between a parent and another adult and private foster carers may be from the extended family such as a cousin or great aunt, a friend of the family, the parent of a friend of the child or someone previously unknown to the child's family. It is not private fostering when a child is living with a close relative such as a parent, grandparent, brother, sister, uncle or aunt (whether blood related or through marriage).

Privately fostered children could include:

- Children or young people who are sent to this country for education, health care by their birth parents from overseas;
- Teenagers living with a friend's family because they do not get on with their own family;
- Children living with a friend's family because their parents study or work involves unsociable hours, which makes it difficult to use ordinary day care or after school care;
- Children staying with another family because their parents have divorced or separated;

- A child from overseas staying with a host family while attending school or overseas students at boarding school who stay with a host family during the holidays.

All professionals have a duty to notify the Local Authority of a private fostering arrangement that comes to their attention, where they are not satisfied that the Local Authority has been or will be notified of the arrangement by the parent or carer. Some of these arrangements may be recent; some may have been in existence for some time as the parent and carer may not be aware that it is a private fostering arrangement, and so not aware of the need to inform the local authority.

Children Missing from Education

A child going missing from education is a potential indicator of abuse or neglect. Staff members should follow the procedures for dealing with children who go missing from education, particularly on repeat occasions, to help identify the risk of abuse and neglect including sexual abuse or exploitation and to help prevent the risks of their going missing in future.

Appendices

Appendix 1: Initial Concern Form

To be completed by all staff and handed to the Designated Safeguarding Lead (DSL) Kelly Jackson

Name of Child:		Year/Form group:	
DOB:		Age of child:	
Name of staff member completing the form		Date and time of form completion	
Nature of Concern		Date and time form given to the DSL	

Safeguarding Children

Detail of a disclosure from a child

Guidance Note: Do not investigate this disclosure and DO NOT contact parents if there is a disclosure of a physical or sexual nature that implicates a family member. Pass this form to the DSL without delay.

- *Record exactly what has been said in the child's own words. Do not ask leading questions but clarify the facts. Reassure the child that they have done the right thing and that you will share this information with the DSL.*

- *Does the child require medical attention? Ensure all immediate actions to safeguard the child have been taken. Ensure the DSL is aware of the whereabouts of the child.*

- *Include who else was present when the disclosure was made.*

- *NB: Do not investigate this disclosure and DO NOT contact parents if there is a disclosure of a physical or sexual nature that implicates a family member. Pass this form to the DSL without delay.*

What does the child want to happen? (Record wishes and feelings)
28

Actions taken before referral to Designated Safeguarding Lead :
• *What happened to the child following the incident / disclosure? Is the child still in school?*

Concern shared with:	Signature of referrer:	Date of record:

For Completion by Designated Safeguarding Lead

Actions taken with basis of decision:	
• *What you did once the concern was raised. Include the names and roles of people you spoke to*	
• *Include basis for decisions e.g. didn't phone Mum to report incident because suspected sexual abuse.*	
Details added to pupil file and chronology	Date:
Signature of Designated Safeguarding Lead:	Date:

Appendix 2: Preventing Violent Extremism- Roles and responsibilities of the single point of contact (SPOC)

The SPOC for Grappenhall Heys Primary School is Kelly Jackson, who is responsible for:

- Ensuring that staff of the school are aware that you are the SPOC in relation to protecting pupils from radicalisation and involvement in terrorism;

- Maintaining and applying a good understanding of the relevant guidance in relation to preventing pupils from becoming involved in terrorism, and protecting them from radicalisation by those who support terrorism or forms of extremism which lead to terrorism;

- Raising awareness about the role and responsibilities of Grappenhall Heys Primary School in relation to protecting pupils from radicalisation and involvement in terrorism;

- Monitoring the effect in practice of the school's RE curriculum and assembly policy to ensure that they are used to promote community cohesion and tolerance of different faiths and beliefs;

- Raising awareness within the school about the safeguarding processes relating to protecting pupils from radicalisation and involvement in terrorism;

- Acting as the first point of contact within the school for case discussions relating to pupils who may be at risk of radicalisation or involved in terrorism;

- Collating relevant information from in relation to referrals of vulnerable students pupils into the Channel* process;

- Attending Channel* meetings as necessary and carrying out any actions as agreed;

- Reporting progress on actions to the Channel* Co-ordinator;

- Sharing any relevant additional information in a timely manner.

* Channel is a multi-agency approach to provide support to individuals who are at risk of being drawn into terrorist related activity. It is led by Cheshire Police Counter-Terrorism Unit, and it aims to:

- Establish an effective multi-agency referral and intervention process to identify vulnerable pupils;
- safeguard pupils who might be vulnerable to being radicalised, so that they are not at risk of being drawn into terrorist-related activity;
- provide early intervention to protect and divert pupils away from the risks they face and reduce vulnerability.

Appendix 3

Child Sexual Exploitation (CSE) additional information

Multi Agency Safeguarding Procedures **http://www.online-procedures.co.uk/pancheshire**
(amend if this is not your LSCB)

http://www.gov.uk/government/publications/what-to-do-if-you-suspect-a-child-is-being-sexually-exploited

What to do if you suspect a child is being sexually exploited Ref: DFE-57517-2012
(Statutory Guidance 2012)

Safeguarding children and young people from sexual exploitation
(Statutory Guidance 2009)

http://www.online-procedures.co.uk/wp-content/uploads/2014/09/LSCB-Child-Sex-Exploitation-Protocol-November-2013-Generic.pdf

Appendix 4: CSE risk assessment and screening tool

RESTRICTED

CHILD SEXUAL EXPLOITATION RISK ASSESSMENT

This screening tool should be used by all professionals working with children aged 10+. Professionals may also decide it is appropriate to use the tool to screen younger children as nationally children as young as 8 years old have been found to be abused in this way. Boys as well as girls are abused through CSE.

This screening tool will help you focus on the specific indicators of sexual exploitation and determine whether further investigations are needed. The tool could be used in supervision, in discussions with parents and carers, with other professionals and with the child.

Many of the indicators of child sexual exploitation are also part of normal teenage behaviours and it is the presence of higher risk factors or multiple other factors which may be indications of child sexual exploitation. **Where a child is aged 13 years old or younger the presence of any one high risk factor must be seen as a potential indicator of sexual exploitation.**

Professionals need to exercise their own judgement when completing the tool.

This includes capturing concerns about which they have some evidence **AND** concerns based on their "gut feelings". Staff should differentiate between the two and explain this in the notes section.

Where child sexual exploitation is suspected the worker should discuss their concerns with their manager and should also inform their agency's lead professional who will be monitoring the bigger picture for any emerging patterns.

Professionals should feel free to use the tool creatively, including as part of awareness raising work with children or in engaging parents and carers in understanding the issues.

Once completed if it confirms concerns you **MUST** make a referral to your local **CSE Operational Group** (using your local area referral form) and should include a copy of the completed screening tool. If the screening tool identifies **High Risk**, you must make a referral to Children Social Care using the standard child protection referral process. (Contacts on back page)

Child's Surname:		Child's forenames:	
Dob:		Date completed:	
Name and job title of person completing:		Organisation:	
E-mail:		Telephone:	

Version Number	Date	Owner	Review Date
V2	February 2014	Ruth Atherton	August 2014

When completing the screening tool you must use your own judgement as factors such as the child's age, any additional vulnerabilities, their history, etc., may mean that what for another child would be low level, for that child is high level. Workers should feel free to amend the suggested level using that judgement.

You can either indicate the level of risk using High/Medium/Low or simply tick the box if the risk element is present (you may wish to use more ticks where the risk is higher.

Remember, this tool is to help you make a professional assessment and you should not feel constrained by the format. Record your rationale in the notes boxes.

Health Domain	Yes No Possible		Yes No Possible
Physical injuries such as bruising, suggesting of either physical or sexual assault		Change in appearance, including losing weight, putting on weight	
A sexually transmitted infection (STI), particularly if it is recurring or there are multiple STI's		Evidence of misuse of drugs / alcohol, including associated health problems	
Pregnancy and / or seeking an abortion		Thoughts of or attempted suicide	
Sexually risky behaviour		Eating disorder	
Self-harming		Learning Disability	

Notes

Behaviour Domain	Yes No Possible		Yes No Possible
Sexually offending behaviour		Hostility in relationship with parents / carers and other family members	
Truancy/disengagement with education or considerable change in performance at school		Volatile behaviour, exhibiting extreme array of mood swings or abusive language which is unusual for the child	
Aggressive or violent, including to pets/animals		Detachment from age-appropriate activities	
Becoming angry/ hostile if any suspicions or concerns about their activities are expressed		Physical aggression towards parents, siblings, pets, teachers or peers	
Physical aggression towards parents, siblings, pets, teachers or peers		Secretive behaviour	
Known to be sexually active		Low self-image, low self-esteem	
Young offender or anti-social behaviour		Sexualised language	
Getting involved in petty crime such as shoplifting or stealing			

Notes

Grooming Domain	Yes No Possible		Yes No Possible
Entering or leaving vehicles driven by unknown adults		Excessive use of mobile phones, including receiving calls late at night	
Reports that the child/young person has been seen in places known to be used for sexual exploitation		Associating with other young people who are known to be sexually exploited, including in school	
Unexplained relationships with older adults		Sexual relationship with a significantly older person	
Phone calls, texts or letters from unknown adults		Mobile phone being answered by unknown adult	
Inappropriate use of the Internet and forming relationships, particularly with adults, via the Internet. Note: adults may pose as peers to entrap the child		Having new mobile phone, several mobile phones and/or SIM cards, especially Blackberry or iPhone (because messages cannot be traced). Always have credit on their mobile phones, despite having no access to money or having no credit so phone can only be used for incoming calls	
Accounts of social activities with no plausible explanation of the source of necessary funding		Acquisition of expensive or sexual clothes, mobile phone or other possession without plausible explanation	
Having keys to premises other than those they should have		Possession of money with no plausible explanation	
Recruiting others into sexual exploitation		Seen at public toilets known for cottaging or adult venues (pubs and clubs)	
Adults loitering outside the child/young person's usual place of residence or school		Leaving home/care setting in clothing unusual for the individual child (inappropriate for age, borrowing clothes from older young people)	
Wearing an unusual amount of clothing (due to hiding more sexualised clothing underneath or hiding their body)`		Persistently missing, staying out overnight or returning late with no plausible explanation	
Returning after having been missing, looking well cared for in spite of having no known home base		Returning after having been missing looking dirty, dishevelled, tired, hungry, thirsty	
Missing for long periods with no known home base and / or homeless		Possession of excessive numbers of condoms	
New contacts with people outside of town			

Notes

Family and Social Domain	Yes No Possible		Yes No Possible
A family member or known associate working in the adult sex trade		Unsure about their sexual orientation or unable to disclose sexual orientation to their family	
History of physical, sexual and/or emotional abuse; neglect		Witness to domestic violence at home	
Parental difficulties; drug and alcohol misuse; mental health problems; physical or learning difficulty. Being a young carer		Conflict at home around boundaries, including staying out late	
Living in hostel, B&B or Foyer accommodation		Pattern of street homelessness or sofa surfing	
Recent bereavement or loss		Gang association either through relatives, peers or intimate relationships	
Lacking friends their own age		Living in a gang neighbourhood	

Notes

E Safety Domain	Yes No Possible		Yes No Possible
Evidence of sexual bullying and/or vulnerability through Internet or social networking sites		Concern that inappropriate images of a young person are being circulated via the Internet/phones	
Exchanging inappropriate images for cash, credits or other items		Receiving gifts through the post from someone the young person does not known	
Concern that a young person is being coerced to provide sexually explicit images		Concern that a young person is being bribed by someone for their inappropriate online activity	
Concern that a young person is selling sexual services via the Internet		Accessing dating agencies via mobile phones (e.g. 2 flirt line)	
Unexplained increased mobile phone / gaming credits		Going online during the night	
Being secretive, using mobile phone for accessing websites, etc., more than computers		Unwilling to share / show online or phone contacts	
Concerns that a young person's online friendship has developed into an offline relationship		Concern that a young person is having an online relationship	
Sharing of inappropriate images amongst friends		New contacts with people outside of town	
Spending increasing amount of time on social networking sites including Facebook or on shared gaming sites		Spending increasing amount of time with online friends and less time with friends from school or neighbourhood	
Increased time on webcam, especially if in bedroom			

Notes

Looked After Children Domain	Yes No Possible		Yes No Possible
Living in residential care		Frequently missing from placement	
Multiple placement breakdown		Going missing with other children	

Notes

What is the level of risk for this child?	High
	Medium
	Low

This should be read in conjunction with the guidance on the front of the risk assessment tool.

Low - Presenting some vulnerability factors but appear to relate to 'normal teenage' behaviour. No statutory intervention required but may benefit from low level monitoring, awareness raising.

Medium - Presenting numerous vulnerability factors but not at immediate risk. Some protective factors present. Would benefit from professional intervention, awareness and prevention work.

High - Child is presenting high number of vulnerability factors, is known to have been exploited and/or groomed. Regularly goes missing and concerns in relation to drugs/alcohol and inappropriate adult associates. Child has disclosed exploitation. Requires statutory intervention to protect.

Submit to the PPU in the relevant area:

northern.ppu@cheshire.pnn.police.uk

western.ppu@cheshire.pnn.police.uk

eastern.ppu@cheshire.pnn.police.uk

Appendix 5

Bullying and Cyberbullying

Additional information can be found at

https://www.gov.uk/government/publications/preventing-and-tackling-bullying

You will find the following useful publications:

Preventing and tackling bullying
REF: DFE-00292-2013

Supporting Children and young people who are bullied: advice for schools
REF:DFE-00094-2014

Cyberbullying: Advice for Headteachers and school staff
REF:DFE-00652-2014

Appendix 6

Domestic Violence and Abuse:

Additional information can be found at

https://www.gov.uk/domestic-violence-and-abuse

DASH RISK ASSESSMENT

DASH 2009 RISK MODEL
(Domestic Abuse, Stalking and Harassment and 'Honour Based Violence')

This Risk Assessment forms a baseline assessment only. It is a guide to practitioners to indicate appropriate referral to MARAC and a tool to identify service intervention requirements. Risk assessment is a dynamic process and practitioners should be alert to sudden changes in circumstances which impact on Risk Levels

**IF YOUR CONCERNS RELATE TO AN IMMINENT SERIOUS RISK OR THREAT TO YOUR CLIENT OR FAMILY MEMBERS INFORM THE POLICE WITHOUT DELAY
(Emergency 999 or Non Emergency 0845 4580000)**

Name of Client … ……………………………………………………………

| CURRENT SITUATION
The context and detail of what is happening is very important. The questions highlighted in **bold** are high risk factors. Tick the relevant box and **add comments** where necessary to expand.	Yes	No
1. Has the current incident resulted in injury?
(Please state what and whether this is the first injury)	☐	☐
2. Are you very frightened?
Comment:	☐	☐

3. What are you afraid of? Is it further injury or violence? (Please give an indication of what you think (name of abuser(s).....) might do and to whom) Kill: Self ☐ Children ☐ Other (please specifiy) ☐ Further injury or Violence Self ☐ Children ☐ Other (please specifiy) ☐ Other (please clarify): Self ☐ Children ☐ Other (please specifiy) ☐ 	☐	☐
4. Do you feel isolated from family/ friends i.e. does (……) try to stop you from seeing friends/family/Dr or others?	☐	☐
5. Are you feeling depressed or having suicidal thoughts?	☐	☐
6. Have you separated or tried to separate from (……) within the past year?	☐	☐
7. Is there conflict over child contact? (Please state what)	☐	☐
8. Does (..….) constantly text, call, contact, follow, stalk or harass you? (Please expand to identify what and whether you believe that this is done deliberately to intimidate you? Consider: Harassment History. Criminal Damage. Following the victim/ loitering/ turning up unannounced. Aggression, Violence, Harassment or use of any third party).	☐	☐
9. Are you pregnant or have you recently had a baby (within 18 months)?	☐	☐

CHILDREN/DEPENDENTS (If no children/dependents, please go to next section)	Yes	No
10. Are there any children, step-children that aren't (…) in the household? Or are there other dependents in the household (i.e.older relative)?	☐	☐
11. Has (…) ever hurt the children/dependents?	☐	☐
12. Has (…) ever threatened to hurt or kill the children/dependents?	☐	☐

DOMESTIC VIOLENCE HISTORY	Yes	No
13. Is the abuse happening more often?	☐	☐
14. Is the abuse getting worse?	☐	☐
15. Does (…) try to control everything you do and/or are they excessively jealous? (In terms of relationships, who you see, being 'policed at home', telling you what to wear for example. Consider honour based violence and stalking and specify the behaviour)	☐	☐
16. Has (…) ever used weapons or objects to hurt you?	☐	☐
17. Has (…) ever threatened to kill you or someone else and you believed them?	☐	☐
18. Has (…) ever attempted to strangle/choke/suffocate/drown you?	☐	☐

19. Does (…) do or say things of a sexual nature that makes you feel bad or that physically hurt you or someone else? (Please specify who and what)	☐	☐
20. Is there any other person that has threatened you or that you are afraid of? (If yes, consider extended family if honour based violence. Please specify who)	☐	☐
21. Do you know if (…) has hurt anyone else? (Children/siblings/elderly relative/stranger. For example. Consider HBV. Please specify who and what) Children ☐ Another family member ☐ Someone from previous relationship☐ Other (please specify) ☐	☐	☐
22. Has (…) ever mistreated an animal or the family pet?	☐	☐

ABUSER(S)	Yes	No
23. Are there any financial issues? For example, are you dependent on (…) for money/have they recently lost their job/other financial issues?	☐	☐
24.Has (…) had problems in the past year with drugs (prescription or other), alcohol or mental health leading to problems in leading a normal life? (Please specify what) Drugs ☐ Alcohol ☐ Mental Health ☐	☐	☐
25. Has (…) ever threatened or attempted suicide?	☐	☐
26. Has (…) ever breached bail/an injunction and/or any agreement for when they can see you and/or the children? (Please specify) Bail conditions ☐ Non Molestation/ Occupation Order ☐ Child contact Arrangements ☐ Forced Marriage Protection Order ☐ Other ☐	☐	☐
27. Do you know if (…) has ever been in trouble with the police or has a criminal history? (If yes, please specify) DV ☐ Sexual Violence ☐ Other violence ☐ Other ☐	☐	☐
Other relevant information (from victim) which may alter risk levels. Describe: (consider for example victim's vulnerability – disability, mental health, alcohol/substance misuse and/or the abuser's occupation/interests – does this give unique access to weapons i.e. ex-military, police, pest control)		

Is there anything else you would like to add to this?

| In **all** cases an initial risk classification is required:
28. RISK TO VICTIM:

STANDARD ☐   **MEDIUM** ☐   **HIGH** ☐
If your client is at HIGH RISK i.e.
14+ ticks relating to questions 1 – 9 and 13 – 27. 0R
3 or more Domestic Abuse Incidents in the last 12 months. OR
Professional concern (noted above) Refer to local referral pathway

Medium and Standard Risk are identified according to professional judgement in each individual case. |

Client Consent Signature: …………………………….. Date: …………………………

Practitioner Signature: ………………………………… Date: ………………………….

Referring Practitioner Details:
Name of Referring Practitioner & Agency …………………………….

Telephone

Mobile
Email Address

Appendix 7 Additional information in relation to accidental and non-accidental Injury

Bruising

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

Bite Marks

Bite marks can leave clear impressions of the teeth. Human bite marks are oval or crescent shaped. Those over 3 cm in diameter are more likely to have been caused by an adult or older child. A medical opinion should be sought where there is any doubt over the origin of the bite.

Burns & Scalds

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

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

Fractures

Fractures may cause pain, swelling and discolouration over a bone or joint. Non mobile children rarely sustain fractures. There are grounds for concern if:
- The history provided is vague, non-existent or inconsistent with the fracture type
- There are associated old fractures
- Medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement
- There is an unexplained fracture in the first year of life.

Scars

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

Policy agreed by staff: **Autumn term 2021**

Policy adopted by Governors: **Autumn term 2021**

Review Date: **Autumn term 2022**