

# Witton Gilbert Primary School



## Child Protection and Safeguarding Policy

# Appendices

2021-2022

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## Appendix 1: Types of abuse

**Abuse**, including neglect, and safeguarding issues are rarely standalone events that can be covered by one definition or label. In most cases, multiple issues will overlap.

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

**Emotional abuse** is the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

Emotional abuse 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
- Not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate
- 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
- Seeing or hearing the ill-treatment of another
- Serious bullying (including cyber-bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children

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

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

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

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

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

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

## Appendix 2: Indicators of Harm

### **PHYSICAL ABUSE**

***Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child.***

***Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.***

#### **Indicators in the child**

##### **Bruising**

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

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

##### **Fractures**

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

There are grounds for concern if:

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

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

Skull fractures are uncommon in ordinary falls, i.e. from three feet or less. The injury is usually

witnessed, the child will cry and if there is a fracture, there is likely to be swelling on the skull developing over 2 to 3 hours. All fractures of the skull should be taken seriously.

### **Mouth Injuries**

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

### **Poisoning**

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

### **Fabricated or Induced Illness**

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

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

### **Bite Marks**

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

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

### **Burns and Scalds**

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

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

line indicating immersion or poured liquid.

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

The following points are also worth remembering:

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

### **Scars**

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

### **Emotional/behavioural presentation**

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

### **Indicators in the parent**

- May have injuries themselves that suggest domestic violence
- Not seeking medical help/unexplained delay in seeking treatment
- Reluctant to give information or mention previous injuries
- Absent without good reason when their child is presented for treatment
- Disinterested or undisturbed by accident or injury
- Aggressive towards child or others
- Unauthorised attempts to administer medication
- Tries to draw the child into their own illness.
- Past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault
- Parent/carer may be over involved in participating in medical tests, taking temperatures and measuring bodily fluids

- Observed to be intensely involved with their children, never taking a much needed break nor allowing anyone else to undertake their child's care.
- May appear unusually concerned about the results of investigations which may indicate physical illness in the child
- Wider parenting difficulties may (or may not) be associated with this form of abuse.
- Parent/carer has convictions for violent crimes.

#### **Indicators in the family/environment**

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

#### **EMOTIONAL ABUSE**

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

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

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

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

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

#### **Indicators in the child**

- Developmental delay
- Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or no attachment
- Aggressive behaviour towards others
- Child scapegoated within the family

- Frozen watchfulness, particularly in pre-school children
- Low self esteem and lack of confidence
- Withdrawn or seen as a 'loner' - difficulty relating to others
- Over-reaction to mistakes
- Fear of new situations
- Inappropriate emotional responses to painful situations
- Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)
- Self harm
- Fear of parents being contacted
- Extremes of passivity or aggression
- Drug/solvent abuse
- Chronic running away
- Compulsive stealing
- Low self-esteem
- Air of detachment – 'don't care' attitude
- Social isolation – does not join in and has few friends
- Depression, withdrawal
- Behavioural problems e.g. aggression, attention seeking, hyperactivity, poor attention
- Low self esteem, lack of confidence, fearful, distressed, anxious
- Poor peer relationships including withdrawn or isolated behaviour

#### **Indicators in the parent**

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

#### **Indicators of in the family/environment**

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

## **NEGLECT**

***Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's***

***health or development. Neglect may occur during pregnancy as a result of maternal substance abuse.***

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

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

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

### **Indicators in the child**

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

### **Development**

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

### **Emotional/behavioural presentation**

- Attachment disorders
- Absence of normal social responsiveness
- Indiscriminate behaviour in relationships with adults
- Emotionally needy
- Compulsive stealing

- Constant tiredness
- Frequently absent or late at school
- Poor self esteem
- Destructive tendencies
- Thrives away from home environment
- Aggressive and impulsive behaviour
- Disturbed peer relationships
- Self harming behaviour

### **Indicators in the parent**

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

### **Indicators in the family/environment**

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

## **SEXUAL ABUSE**

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

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

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

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

### **Indicators in the child**

#### **Physical presentation**

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

#### **Emotional/behavioural presentation**

- Makes a disclosure.
- Demonstrates sexual knowledge or behaviour inappropriate to age/stage of development, or that is unusually explicit
- Inexplicable changes in behaviour, such as becoming aggressive or withdrawn
- Self-harm - eating disorders, self mutilation and suicide attempts
- Poor self-image, self-harm, self-hatred
- Reluctant to undress for PE
- Running away from home
- Poor attention / concentration (world of their own)
- Sudden changes in school work habits, become truant

- Withdrawal, isolation or excessive worrying
- Inappropriate sexualised conduct
- Sexually exploited or indiscriminate choice of sexual partners
- Wetting or other regressive behaviours e.g. thumb sucking
- Draws sexually explicit pictures
- Depression

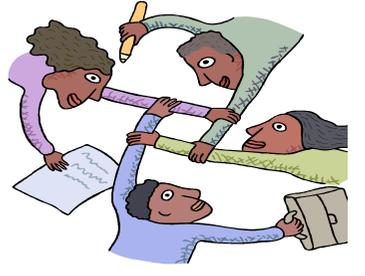
**Indicators in the parents**

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

**Indicators in the family/environment**

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

## Appendix 3 : Multi-agency meetings

 <p><b>Strategy</b></p>	<p><b>Multi-Agency Meetings</b></p> <ul style="list-style-type: none"> <li>•Referral taken up by First contact Service: 'reasonable cause to suspect child is suffering or likely to suffer significant harm'.</li> <li>•To agree whether to start s47 enquiries and to begin/complete a core assessment under Child Act 1989.</li> <li>•Professionals meeting only</li> <li>•Held at short notice (some professionals may be available by phone). Police Sergeant and investigating officer (VU); Assessment and Intervention Team manager and SW, Health, referrer (if professional) and other relevant colleagues.</li> <li>•Usually held in A&amp;I Team office, hospital.</li> <li>•To PLAN how to look into the concern: share information, consider criminal investigation, medicals, interviews etc.</li> </ul>	
 <p><b>Initial Child Protection Conference</b></p>	<ul style="list-style-type: none"> <li>•<b>15 DAYS</b> after last strategy meeting</li> <li>•Accessible public building: A&amp;I offices</li> <li>•Parents/carers (supporter/legal adviser) and all relevant professionals who work with family members and children attend</li> </ul> <p>Conference is to decide whether the child(ren) are at continuing risk of significant harm and whether CP Plan needs to be put in place. •<b>Tasks:</b> prepare a report for the conference on all children in family you work with •Share report with parents and carers at least two working days before the conference (open/transparent procedure so parents can know and question all information in advance). •Ensure that child's views are given •Produce single-agency chronology. •If children not put on list then consideration of services needed, now passes to relevant Child Protection Team.</p>	
 <p><b>Core Group</b></p>	<ul style="list-style-type: none"> <li>•<b>10 DAYS</b> later. Date for this meeting and first Review Conference is set at the Initial Conference</li> <li>•This 'core' of essential professionals will work with the family and the young person to try and achieve change and improvement so that the child is not still at continuing risk of harm (these safety issues are dealt with before other 'welfare' matters)</li> <li>• Key worker is the social worker</li> <li>•The group complete the Child Protection Plan and complete work on the core assessment as part of this</li> <li>•The chronologies are merged and continuously updated as working documents</li> <li>•Initially meetings quite frequent but generally held about every 4-6 weeks</li> </ul>	

 <p><b>Review CP Conference</b></p>	<ul style="list-style-type: none"> <li>● <b>10 WEEKS</b> (3 months) before first Review conference.</li> <li>● Evaluate effectiveness of Core Group in effecting change and better care of the children</li> <li>● to review the safety, health and development of the child against the planned outcomes set out in the child protection plan</li> <li>● to see whether CP plan should continue to be in place or should be changed</li> <li>● Child's wishes and feelings must be sought and taken into account</li> <li>● if the child is not still at risk of significant harm then they should not require a CP plan</li> <li>● <b>Tasks:</b> report needed and shared with parents/carers 7 days prior to conference: evaluation what has changed, the impact on child's welfare against objectives set out in the plan</li> </ul>	

## Appendix 4: Safer recruitment and DBS checks – policy and procedures

### Recruitment and selection process

The recruitment steps outlined below are based on part 3 of Keeping Children Safe in Education.

To make sure we recruit suitable people, we will ensure that those involved in the recruitment and employment of staff to work with children have received appropriate safer recruitment training.

We have put the following steps in place during our recruitment and selection process to ensure we are committed to safeguarding and promoting the welfare of children.

#### Advertising

When advertising roles, we will make clear:

- Our school's commitment to safeguarding and promoting the welfare of children
- That safeguarding checks will be undertaken
- The safeguarding requirements and responsibilities of the role, such as the extent to which the role will involve contact with children
- Whether or not the role is exempt from the Rehabilitation of Offenders Act 1974 and the amendments to the Exceptions Order 1975, 2013 and 2020. If the role is exempt, certain spent convictions and cautions are 'protected', so they do not need to be disclosed, and if they are disclosed, we cannot take them into account

#### Application forms

Our application forms will:

- Include a statement saying that it is an offence to apply for the role if an applicant is barred from engaging in regulated activity relevant to children (where the role involves this type of regulated activity)

#### Shortlisting

Our shortlisting process will:

- Consider any inconsistencies and look for gaps in employment and reasons given for them
- Explore all potential concerns

Once we have shortlisted candidates, we will ask shortlisted candidates to:

- Complete a self-declaration of their criminal record or any information that would make them unsuitable to work with children, so that they have the opportunity to share relevant information and discuss it at interview stage. The information we will ask for includes:
  - If they have a criminal history
  - Whether they are included on the barred list
  - Whether they are prohibited from teaching
  - Information about any criminal offences committed in any country in line with the law as applicable in England and Wales
  - Any relevant overseas information
- Sign a declaration confirming the information they have provided is true

#### Seeking references and checking employment history

Where possible, we will obtain references before interview. Any concerns raised will be explored further with referees and taken up with the candidate at interview.

When seeking references we will:

- Not accept open references
- Liaise directly with referees and verify any information contained within references with the referees
- Ensure any references are from the candidate's current employer and completed by a senior person. Where the referee is school based, we will ask for the reference to be confirmed by the headteacher/principal as accurate in respect to disciplinary investigations
- Obtain verification of the candidate's most recent relevant period of employment if they are not currently employed
- Secure a reference from the relevant employer from the last time the candidate worked with children if they are not currently working with children
- Compare the information on the application form with that in the reference and take up any inconsistencies with the candidate
- Resolve any concerns before any appointment is confirmed

### **Interview and selection**

When interviewing candidates, we will:

- Probe any gaps in employment, or where the candidate has changed employment or location frequently, and ask candidates to explain this
- Explore any potential areas of concern to determine the candidate's suitability to work with children
- Record all information considered and decisions made

### **Pre-appointment vetting checks**

We will record all information on the checks carried out in the school's single central record (SCR). Copies of these checks, where appropriate, will be held in individuals' personnel files. We follow requirements and best practice in retaining copies of these checks, as set out below.

#### **New staff**

All offers of appointment will be conditional until satisfactory completion of the necessary pre-employment checks. When appointing new staff, we will:

- Verify their identity
- Obtain (via the applicant) an enhanced DBS certificate, including barred list information for those who will be engaging in regulated activity (see definition below). We will obtain the certificate before, or as soon as practicable after, appointment, including when using the DBS update service. We will not keep a copy of the certificate for longer than 6 months, but when the copy is destroyed we may still keep a record of the fact that vetting took place, the result of the check and recruitment decision taken
- Obtain a separate barred list check if they will start work in regulated activity before the DBS certificate is available
- Verify their mental and physical fitness to carry out their work responsibilities
- Verify their right to work in the UK. We will keep a copy of this verification for the duration of the member of staff's employment and for 2 years afterwards
- Verify their professional qualifications, as appropriate
- Ensure they are not subject to a prohibition order if they are employed to be a teacher
- Carry out further additional checks, as appropriate, on candidates who have lived or worked outside of the UK. Where available, these will include:
  - For all staff, including teaching positions: [criminal records checks for overseas applicants](#)

- For teaching positions: obtaining a letter of professional standing from the professional regulating authority in the country where the applicant has worked

We will ensure that appropriate checks are carried out to ensure that individuals are not disqualified under the 2018 Childcare Disqualification Regulations and Childcare Act 2006. Where we take a decision that an individual falls outside of the scope of these regulations and we do not carry out such checks, we will retain a record of our assessment on the individual's personnel file. This will include our evaluation of any risks and control measures put in place, and any advice sought.

**Regulated activity** means a person who will be:

- Responsible, on a regular basis in a school or college, for teaching, training, instructing, caring for or supervising children; or
- Carrying out paid, or unsupervised unpaid, work regularly in a school or college where that work provides an opportunity for contact with children; or
- Engaging in intimate or personal care or overnight activity, even if this happens only once and regardless of whether they are supervised or not

### **Existing staff**

In certain circumstances we will carry out all the relevant checks on existing staff as if the individual was a new member of staff. These circumstances are when:

- There are concerns about an existing member of staff's suitability to work with children; or
- An individual moves from a post that is not regulated activity to one that is; or
- There has been a break in service of 12 weeks or more

We will refer to the DBS anyone who has harmed, or poses a risk of harm, to a child or vulnerable adult where:

- We believe the individual has engaged in [relevant conduct](#); or
- We believe the individual has received a caution or conviction for a relevant (automatic barring either with or without the right to make representations) offence, under the [Safeguarding Vulnerable Groups Act 2006 \(Prescribed Criteria and Miscellaneous Provisions\) Regulations 2009](#); or
- We believe the 'harm test' is satisfied in respect of the individual (i.e. they may harm a child or vulnerable adult or put them at risk of harm); and
- The individual has been removed from working in regulated activity (paid or unpaid) or would have been removed if they had not left

### **Agency and third-party staff**

We will obtain written notification from any agency or third-party organisation that it has carried out the necessary safer recruitment checks that we would otherwise perform. We will also check that the person presenting themselves for work is the same person on whom the checks have been made.

### **Contractors**

We will ensure that any contractor, or any employee of the contractor, who is to work at the school has had the appropriate level of DBS check (this includes contractors who are provided through a PFI or similar contract). This will be:

- An enhanced DBS check with barred list information for contractors engaging in regulated activity
- An enhanced DBS check, not including barred list information, for all other contractors who are not in regulated activity but whose work provides them with an opportunity for regular contact with children

We will obtain the DBS check for self-employed contractors.

We will not keep copies of such checks for longer than 6 months.

Contractors who have not had any checks will not be allowed to work unsupervised or engage in regulated activity under any circumstances.

We will check the identity of all contractors and their staff on arrival at the school.

For self-employed contractors such as music teachers or sports coaches, we will ensure that appropriate checks are carried out to ensure that individuals are not disqualified under the 2018 Childcare Disqualification Regulations and Childcare Act 2006. Where we decide that an individual falls outside of the scope of these regulations and we do not carry out such checks, we will retain a record of our assessment. This will include our evaluation of any risks and control measures put in place, and any advice sought.

### **Trainee/student teachers**

Where applicants for initial teacher training are salaried by us, we will ensure that all necessary checks are carried out.

Where trainee teachers are fee-funded, we will obtain written confirmation from the training provider that necessary checks have been carried out and that the trainee has been judged by the provider to be suitable to work with children.

In both cases, this includes checks to ensure that individuals are not disqualified under the 2018 Childcare Disqualification Regulations and Childcare Act 2006.

### **Volunteers**

We will:

- Never leave an unchecked volunteer unsupervised or allow them to work in regulated activity
- Obtain an enhanced DBS check with barred list information for all volunteers who are new to working in regulated activity
- Carry out a risk assessment when deciding whether to seek an enhanced DBS check without barred list information for any volunteers not engaging in regulated activity. We will retain a record of this risk assessment
- Ensure that appropriate checks are carried out to ensure that individuals are not disqualified under the 2018 Childcare Disqualification Regulations and Childcare Act 2006. Where we decide that an individual falls outside of the scope of these regulations and we do not carry out such checks, we will retain a record of our assessment. This will include our evaluation of any risks and control measures put in place, and any advice sought

### **Governors**

All governors will have an enhanced DBS check without barred list information.

They will have an enhanced DBS check with barred list information if working in regulated activity.

All governors will also have a section 128 check (as a section 128 direction disqualifies an individual from being a maintained school governor).

### **Staff working in alternative provision settings**

Where we place a pupil with an alternative provision provider, we obtain written confirmation from the provider that they have carried out the appropriate safeguarding checks on individuals working there that we would otherwise perform.

**Pupils staying with host families**

Where the school makes arrangements for pupils to be provided with care and accommodation by a host family to which they are not related (for example, during a foreign exchange visit), we will request enhanced DBS checks with barred list information on those people.

Where the school is organising such hosting arrangements overseas and host families cannot be checked in the same way, we will work with our partner schools abroad to ensure that similar assurances are undertaken prior to the visit.

## Appendix 5: Specific safeguarding issues

This appendix is mostly based on the advice in Keeping Children Safe in Education, in particular annex B.

Annex B also includes information on further issues to be aware of, including child abduction and community safety incidents, children's involvement in the court system, children with family members in prison, county lines, modern slavery and cybercrime.

### Children missing from education

A child going missing from education, particularly repeatedly, can be a warning sign of a range of safeguarding issues. This might include abuse or neglect, such as sexual abuse or exploitation or child criminal exploitation, or issues such as mental health problems, substance abuse, radicalisation, FGM or forced marriage.

There are many circumstances where a child may become missing from education, but some children are particularly at risk. These include children who:

- Are at risk of harm or neglect
- Are at risk of forced marriage or FGM
- Come from Gypsy, Roma, or Traveller families
- Come from the families of service personnel
- Go missing or run away from home or care
- Are supervised by the youth justice system
- Cease to attend a school
- Come from new migrant families

We will follow our procedures for unauthorised absence and for dealing with children who go missing from education, particularly on repeat occasions, to help identify the risk of abuse and neglect, including sexual exploitation, and to help prevent the risks of going missing in future. This includes informing the local authority if a child leaves the school without a new school being named, and adhering to requirements with respect to sharing information with the local authority, when applicable, when removing a child's name from the admission register at non-standard transition points.

Staff will be trained in signs to look out for and the individual triggers to be aware of when considering the risks of potential safeguarding concerns which may be related to being missing, such as travelling to conflict zones, FGM and forced marriage.

If a staff member suspects that a child is suffering from harm or neglect, we will follow local child protection procedures, including with respect to making reasonable enquiries. We will make an immediate referral to the local authority children's social care team, and the police, if the child is suffering or likely to suffer from harm, or in immediate danger.

### Child criminal exploitation

Child criminal exploitation (CCE) is a form of abuse where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child into criminal activity, in exchange for something the victim needs or wants, and/or for the financial or other advantage of the perpetrator or facilitator, and/or through violence or the threat of violence.

The abuse can be perpetrated by males or females, and children or adults. It can be a one-off occurrence or a series of incidents over time, and range from opportunistic to complex organised abuse.

The victim can be exploited even when the activity appears to be consensual. It does not always involve physical contact and can happen online. For example, young people may be forced to work in cannabis factories, coerced into moving drugs or money across the country (county lines), forced to shoplift or pickpocket, or to threaten other young people.

Indicators of CCE can include a child:

- Appearing with unexplained gifts or new possessions
- Associating with other young people involved in exploitation
- Suffering from changes in emotional wellbeing
- Misusing drugs and alcohol
- Going missing for periods of time or regularly coming home late
- Regularly missing school or education
- Not taking part in education

If a member of staff suspects CCE, they will discuss this with the DSL. The DSL will trigger the local safeguarding procedures, including a referral to the local authority's children's social care team and the police, if appropriate.

## **Child sexual exploitation**

Child sexual exploitation (CSE) is a form of child sexual abuse where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child into sexual activity, in exchange for something the victim needs or wants and/or for the financial advantage or increased status of the perpetrator or facilitator. It may, or may not, be accompanied by violence or threats of violence.

The abuse can be perpetrated by males or females, and children or adults. It can be a one-off occurrence or a series of incidents over time, and range from opportunistic to complex organised abuse.

The victim can be exploited even when the activity appears to be consensual. Children or young people who are being sexually exploited may not understand that they are being abused. They often trust their abuser and may be tricked into believing they are in a loving, consensual relationship.

CSE can include both physical contact (penetrative and non-penetrative acts) and non-contact sexual activity. It can also happen online. For example, young people may be persuaded or forced to share sexually explicit images of themselves, have sexual conversations by text, or take part in sexual activities using a webcam. CSE may also occur without the victim's immediate knowledge, for example through others copying videos or images.

In addition to the CCE indicators above, indicators of CSE can include a child:

- Having an older boyfriend or girlfriend
- Suffering from sexually transmitted infections or becoming pregnant

If a member of staff suspects CSE, they will discuss this with the DSL. The DSL will trigger the local safeguarding procedures, including a referral to the local authority's children's social care team and the police, if appropriate.

## **Domestic abuse**

Children can witness and be adversely affected by domestic abuse and/or violence at home where it occurs between family members. In some cases, a child may blame themselves for the abuse or may have had to leave the family home as a result.

Types of domestic abuse include intimate partner violence, abuse by family members, teenage relationship abuse and child/adolescent to parent violence and abuse. Anyone can be a victim of domestic abuse, regardless of gender, age, ethnicity, socioeconomic status, sexuality or background, and domestic abuse can take place inside or outside of the home.

Exposure to domestic abuse and/or violence can have a serious, long-lasting emotional and psychological impact on children.

If police are called to an incident of domestic abuse and any children in the household have experienced the incident, the police will inform the key adult in school (usually the designated

safeguarding lead) before the child or children arrive at school the following day, as part of Operation Encompass.

The DSL will provide support according to the child's needs and update records about their circumstances.

## **Homelessness**

Being homeless or being at risk of becoming homeless presents a real risk to a child's welfare.

The DSL and Deputy DSL will be aware of contact details and referral routes in to the local housing authority so they can raise/progress concerns at the earliest opportunity (where appropriate and in accordance with local procedures).

Where a child has been harmed or is at risk of harm, the DSL will also make a referral to children's social care.

## **So-called 'honour-based' abuse (including FGM and forced marriage)**

So-called 'honour-based' abuse (HBA) encompasses incidents or crimes committed to protect or defend the honour of the family and/or community, including FGM, forced marriage, and practices such as breast ironing.

Abuse committed in this context often involves a wider network of family or community pressure and can include multiple perpetrators.

All forms of HBA are abuse and will be handled and escalated as such. All staff will be alert to the possibility of a child being at risk of HBA or already having suffered it. If staff have a concern, they will speak to the DSL, who will activate local safeguarding procedures.

## **FGM**

The DSL will make sure that staff have access to appropriate training to equip them to be alert to children affected by FGM or at risk of FGM.

Section 7.3 of this policy sets out the procedures to be followed if a staff member discovers that an act of FGM appears to have been carried out or suspects that a pupil is at risk of FGM.

Indicators that FGM has already occurred include:

- A pupil confiding in a professional that FGM has taken place
- A mother/family member disclosing that FGM has been carried out
- A family/pupil already being known to social services in relation to other safeguarding issues
- A girl:
  - Having difficulty walking, sitting or standing, or looking uncomfortable
  - Finding it hard to sit still for long periods of time (where this was not a problem previously)
  - Spending longer than normal in the bathroom or toilet due to difficulties urinating
  - Having frequent urinary, menstrual or stomach problems
  - Avoiding physical exercise or missing PE
  - Being repeatedly absent from school, or absent for a prolonged period
  - Demonstrating increased emotional and psychological needs – for example, withdrawal or depression, or significant change in behaviour
  - Being reluctant to undergo any medical examinations
  - Asking for help, but not being explicit about the problem
  - Talking about pain or discomfort between her legs

Potential signs that a pupil may be at risk of FGM include:

- The girl's family having a history of practising FGM (this is the biggest risk factor to consider)
- FGM being known to be practised in the girl's community or country of origin
- A parent or family member expressing concern that FGM may be carried out
- A family not engaging with professionals (health, education or other) or already being known to social care in relation to other safeguarding issues
- A girl:
  - Having a mother, older sibling or cousin who has undergone FGM
  - Having limited level of integration within UK society
  - Confiding to a professional that she is to have a "special procedure" or to attend a special occasion to "become a woman"
  - Talking about a long holiday to her country of origin or another country where the practice is prevalent, or parents/carers stating that they or a relative will take the girl out of the country for a prolonged period
  - Requesting help from a teacher or another adult because she is aware or suspects that she is at immediate risk of FGM
  - Talking about FGM in conversation – for example, a girl may tell other children about it (although it is important to take into account the context of the discussion)
  - Being unexpectedly absent from school
  - Having sections missing from her 'red book' (child health record) and/or attending a travel clinic or equivalent for vaccinations/anti-malarial medication

The above indicators and risk factors are not intended to be exhaustive.

### **Forced marriage**

Forcing a person into marriage is a crime. A forced marriage is one entered into without the full and free consent of one or both parties and where violence, threats, or any other form of coercion is used to cause a person to enter into a marriage. Threats can be physical or emotional and psychological.

Staff will receive training around forced marriage and the presenting symptoms. We are aware of the 'one chance' rule, i.e. we may only have one chance to speak to the potential victim and only one chance to save them.

If a member of staff suspects that a pupil is being forced into marriage, they will speak to the pupil about their concerns in a secure and private place. They will then report this to the DSL.

The DSL will:

- Speak to the pupil about the concerns in a secure and private place
- Activate the local safeguarding procedures and refer the case to the local authority's designated officer
- Seek advice from the Forced Marriage Unit on 020 7008 0151 or [fm@fco.gov.uk](mailto:fm@fco.gov.uk)
- Refer the pupil to an education welfare officer, pastoral tutor, learning mentor, or school counsellor, as appropriate

### **Preventing radicalisation**

- **Radicalisation** refers to the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups
- **Extremism** is vocal or active opposition to fundamental British values, such as democracy, the rule of law, individual liberty, and mutual respect and tolerance of different faiths and beliefs. This also includes calling for the death of members of the armed forces

➤ **Terrorism** is an action that:

- Endangers or causes serious violence to a person/people;
- Causes serious damage to property; or
- Seriously interferes or disrupts an electronic system

The use or threat of terrorism must be designed to influence the government or to intimidate the public and is made for the purpose of advancing a political, religious or ideological cause.

Schools have a duty to prevent children from being drawn into terrorism. The DSL will undertake Prevent awareness training and make sure that staff have access to appropriate training to equip them to identify children at risk.

We will assess the risk of children in our school being drawn into terrorism. This assessment will be based on an understanding of the potential risk in our local area, in collaboration with our local safeguarding partners and local police force.

We will ensure that suitable internet filtering is in place, and equip our pupils to stay safe online at school and at home.

There is no single way of identifying an individual who is likely to be susceptible to an extremist ideology. Radicalisation can occur quickly or over a long period.

Staff will be alert to changes in pupils' behaviour.

The government website [Educate Against Hate](#) and charity [NSPCC](#) say that signs that a pupil is being radicalised can include:

- Refusal to engage with, or becoming abusive to, peers who are different from themselves
- Becoming susceptible to conspiracy theories and feelings of persecution
- Changes in friendship groups and appearance
- Rejecting activities they used to enjoy
- Converting to a new religion
- Isolating themselves from family and friends
- Talking as if from a scripted speech
- An unwillingness or inability to discuss their views
- A sudden disrespectful attitude towards others
- Increased levels of anger
- Increased secretiveness, especially around internet use
- Expressions of sympathy for extremist ideologies and groups, or justification of their actions
- Accessing extremist material online, including on Facebook or Twitter
- Possessing extremist literature
- Being in contact with extremist recruiters and joining, or seeking to join, extremist organisations

Children who are at risk of radicalisation may have low self-esteem, or be victims of bullying or discrimination. It is important to note that these signs can also be part of normal teenage behaviour – staff should have confidence in their instincts and seek advice if something feels wrong.

If staff are concerned about a pupil, they will follow our procedures set out in section 7.5 of this policy, including discussing their concerns with the DSL.

Staff should **always** take action if they are worried.

## **Sexual violence and sexual harassment between children in schools**

Sexual violence and sexual harassment can occur:

- Between 2 children of any age and sex
- Through a group of children sexually assaulting or sexually harassing a single child or group of children
- Online and face to face (both physically and verbally)

Sexual violence and sexual harassment exist on a continuum and may overlap.

Children who are victims of sexual violence and sexual harassment will likely find the experience stressful and distressing. This will, in all likelihood, adversely affect their educational attainment and will be exacerbated if the alleged perpetrator(s) attends the same school.

If a victim reports an incident, it is essential that staff make sure they are reassured that they are being taken seriously and that they will be supported and kept safe. A victim should never be given the impression that they are creating a problem by reporting sexual violence or sexual harassment. Nor should a victim ever be made to feel ashamed for making a report.

Some groups are potentially more at risk. Evidence shows that girls, children with SEN and/or disabilities, and lesbian, gay, bisexual and transgender (LGBT) children are at greater risk.

Staff should be aware of the importance of:

- Challenging inappropriate behaviours
- Making clear that sexual violence and sexual harassment is not acceptable, will never be tolerated and is not an inevitable part of growing up
- Challenging physical behaviours (potentially criminal in nature), such as grabbing bottoms, breasts and genitalia, pulling down trousers, flicking bras and lifting up skirts. Dismissing or tolerating such behaviours risks normalising them

If staff have any concerns about sexual violence or sexual harassment, or a child makes a report to them, they will follow the procedures set out in section 7 of this policy, as appropriate. In particular, section 7.8 and 7.9 set out more detail about our school's approach to this type of abuse.

## **Serious violence**

Indicators which may signal that a child is at risk from, or involved with, serious violent crime may include:

- Increased absence from school
- Change in friendships or relationships with older individuals or groups
- Significant decline in performance
- Signs of self-harm or a significant change in wellbeing
- Signs of assault or unexplained injuries
- Unexplained gifts or new possessions (this could indicate that the child has been approached by, or is involved with, individuals associated with criminal networks or gangs and may be at risk of criminal exploitation (see above))

Risk factors which increase the likelihood of involvement in serious violence include:

- Being male
- Having been frequently absent or permanently excluded from school
- Having experienced child maltreatment
- Having been involved in offending, such as theft or robbery

Staff will be aware of these indicators and risk factors. If a member of staff has a concern about a pupil being involved in, or at risk of, serious violence, they will report this to the DSL.

## **Checking the identity and suitability of visitors**

All visitors will be required to verify their identity to the satisfaction of staff and to leave their belongings, including their mobile phone(s), in a safe place during their visit.

If the visitor is unknown to the setting, we will check their credentials and reason for visiting before allowing them to enter the setting. Visitors should be ready to produce identification.

Visitors are expected to sign the visitors' book and wear a visitor's badge.

Visitors to the school who are visiting for a professional purpose, such as educational psychologists and school improvement officers, will be asked to show photo ID and:

- Will be asked to show their DBS certificate, which will be checked alongside their photo ID; or
- The organisation sending the professional, such as the LA or educational psychology service, will provide prior written confirmation that an appropriate level of DBS check has been carried out

All other visitors, including visiting speakers, will be accompanied by a member of staff at all times. We will not invite into the school any speaker who is known to disseminate extremist views, and will carry out appropriate checks to ensure that any individual or organisation using school facilities is not seeking to disseminate extremist views or radicalise pupils or staff.

## **Non-collection of children**

If a child is not collected at the end of the session/day, we will:

- Contact parents by telephone
- If no response, contact 'other contacts'
- If there is no collection or contact after 10 minutes, the child will join after school club and parents will be charged via ParentPay
- If there has been no contact with parents before end of after school clubs, Children's Social Care will be contacted. This may happen earlier if there are specific concerns.

## Appendix 6 – Links to Key Documents

### Information Sharing

[Information sharing: advice for practitioners \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

### Advice for educational settings on sharing nudes or semi-nudes

[Sharing nudes and semi-nudes: advice for education settings working with children and young people - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

### Advice for schools on sexual violence and sexual harassment

[Sexual violence and sexual harassment between children in schools and colleges \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

### When to call the police

[2491596 C&YP schools guides.indd \(npcc.police.uk\)](https://npcc.police.uk)

### Developing a low-level concerns policy

[low-level-concerns-guidance-2020.pdf \(farrer.co.uk\)](https://farrer.co.uk)