

Kingsweston School - Safeguarding Policy

Rationale

The school seeks to provide an environment where children and young people can develop in ways that will foster security, confidence and independence and where adults are clear about the procedures in place to ensure a child's welfare and safety. The school recognises that all staff have an explicit duty to safeguard and protect pupils from abuse as defined by the 'Keeping Children Safe in Education May 2016' and 'Working Together to Safeguard Children 2015' guidance, the Children Act 2004, the Education Act 2002 and "Sexual harassment between children in schools and colleges - Advice for governing bodies, proprietors, headteachers, principals, senior leadership teams and designated safeguarding leads" (May 2018)

The main purpose of this policy is to ensure that child protection concerns and referrals are handled sensitively, professionally and in ways that support the needs of the child or young person. The school seeks to adopt an open and accepting attitude towards pupils as part of their responsibility for pastoral care. The school hopes that parents and children/young people will feel free to talk about any concerns and will see school as a safe place if there are any difficulties at home.

Pupil's worries and fears will be taken seriously if they seek help from a member of staff. However, staff cannot promise secrecy if concerns are such that referral must be made to the appropriate agencies in order to safeguard the child's/young person's welfare. All concerns will be directly reported to the Safeguarding and Pastoral Mentor who will discuss with his line manager and Designated Safeguarding Lead as appropriate.

Requirements of the designated safeguarding lead (DSL) and Safeguarding and Pastoral Mentor:

- To have the skills and ability to identify signs of abuse
- To know how to refer concerns to the appropriate investigating agencies
- Have a good understanding of the legislation set around Safeguarding in Education
- Maintain detailed and accurate written records of child protection concerns and ensure they are kept securely
- Ensure all staff are aware of and follow the guidance given on the 'Safeguarding Cascade'.
- Offer support, advice and give a level of expertise to all members of the school staff team
- Ensure that all staff have access to and understand the school Safeguarding Policy and 'Keeping Children Safe in Education 2016'
- Ensure that child protection and prevent training are part of the induction for all new staff in school and if appropriate that they are linked into any relevant training.
- Be responsible with the Deputy Head Teacher / Head Teacher for the annual review and update of the school Safeguarding Policy and the presentation of this to the Governing Body.
- Ensure that a copy of the Safeguarding Policy is available for any parents who wish to see it.
- Ensure that the Deputy and Head Teacher are updated on a regular basis about all issues and child protection investigations
- Ensure that relevant safeguarding files are copied and forwarded appropriately when a child/ young person transfers to another school/college.
- To contact feeder schools to enquire about previous safeguarding concerns for new pupils transferring to us and to ensure the changed/post school destinations have the information they need to continue to keep young people safe.
- To ensure staff follow the directed means of monitoring children thought to be at risk on a social concerns form.

- To ensure confidentiality and sensitivity when sharing information – a private location, only with the staff relevant to the situation.
- Act swiftly and make appropriate referrals where an allegation is made that a member of staff has committed an offence against a child, harmed a child, or acted in a way that calls into question their suitability for working with children.
- To keep up to date with new guidance and law and disseminate through the school.

Requirements of all staff:

- To ensure all concerns are reported to the Safeguarding and Pastoral Mentor in a timely manner, all concerning marks or bruises should be reported to the designated Safeguarding and Pastoral Mentor **immediately.**
- To provide detailed observations/reports of individual children for Child Protection case conferences given to the DSL / Safeguarding and Pastoral mentor in advance.
- To promote understanding and build relationships with other agencies in order to work together more effectively.
- To develop active listening skills to enable children to feel safe, with regard to making a disclosure.
- To ensure they do not question pupils once their initial disclosure has been made. A pupil may still tell others their concerns, but as a staff we do not continue to question them.
- To ensure that in relevant subjects we teach about being safe – e.g. in ICT there is reference to learning about e-safety, in PSHE and Sex and Relationships Education there is learning around safe touch, saying no and seeking help.
- We have an e-safety committee who is available to offer advice and support to staff in relation to this area.

Our collective responsibility to pupils:

- To develop a network of support for all pupils where they know who they can talk to first.
- To include in the curriculum activities and opportunities for PSHE/Citizenship which equip pupils with the skills they need to talk to an appropriate adult when they feel worried or unsure.
- To give opportunities for class or group discussions around thoughts and feelings in an atmosphere of trust, acceptance and tolerance.
- To know that when they talk they will be listened to sensitively and in a non-judgmental way.
- To nurture children's abilities to establish and sustain relationships with families, peers and adults in a secure environment.
- Staff will interact with pupils in a professional but warm and safe manner.
- Staff will ensure that confidential information about a pupil and their family will remain confidential and only passed on a 'need to know' basis.

Requirements of the governing body:

Safeguarding pupils is a core role for Governors. Where appropriate, the Governors will ensure that sufficient resources are made available to enable the necessary tasks to be carried out properly under inter-agency procedures.

The Governors will ensure that the designated safeguarding lead is given sufficient time to carry out his or her duties, including accessing training.

The Governors will review safeguarding practices in the school on a regular basis, no less than annually, and will:

- be responsible for undertaking annual reviews of the policies and procedures that apply to child protection and of the efficiency with which the related duties have been discharged
- be responsible for receiving and discussing updates provided by the designated person
- ensure the school is carrying out its duties to safeguard the welfare of children at the school;
- ensure members of staff and volunteers are aware of current practices in this matter, and that staff receive training where appropriate;
- ensure child protection is integrated with induction procedures for all new members of staff and volunteers
- ensure Kingsweston School follows the procedures agreed by Bristol Safeguarding Children Board, and any supplementary guidance issued by the Local Authority
- ensure that only persons suitable to work with children shall be employed in the school or work here in a voluntary capacity
- ensure that where safeguarding concerns about a member of staff are substantiated, appropriate disciplinary action is taken

Guidelines

- All staff, governors, volunteers and regular visitors should read the safeguarding leaflet at the earliest opportunity. Staff will read, annually, chapter 1 of Keeping Children Safe in Education. In line with best practice staff will be allocated time within their working hours to read then document, the safeguarding and pastoral mentor and all line managers will support staff to understand the document and then all staff will be asked to sign to state they have read and understood the document.
- If any member of staff observes outward signs of abuse, sudden changes in behaviour or general attitude, failure to thrive or other signs, they should follow the safeguarding cascade and report it to the Safeguarding and Pastoral mentor immediately.
- When the Safeguarding and Pastoral mentor is unavailable there should always be another member of staff with the required level of child protection training within the school and this person will act (in consultation with the DSL) to carry out the role. It is not acceptable to wait for the Safeguarding and Pastoral mentor to be available in order to discuss concerns.
- If we identify marks or bruises on a child's body that are unusual and/or where there is no known explanation we will, as part of our procedures, contact parents/carers to identify if they are aware of the marks and whether they know how they were caused. The Safeguarding and Pastoral mentor will determine who should make contact with the family.
- Where it is believed that a child is suffering from, or is at risk of, significant harm, we will follow the procedures set out on the South West Child Protection Procedures website www.swcpp.org.uk.
http://www.proceduresonline.com/swcpp/bristol/p_report_concerns.html
- If any member of staff receive a disclosure alleging abuse, they should **listen** attentively and sensitively but not promise secrecy. All staff will make it clear to any child disclosing information that they cannot guarantee confidentiality, but they will only pass the information on to the people who can help them.
- Staff should not actively question the child in any depth after a disclosure. The matter must be reported immediately to the Safeguarding and Pastoral mentor or in their absence to either of the Strand Assistant Heads or DSL.
- The safeguarding cascade makes clear that any concerns or allegations relating to a member of staff, governor or volunteer should be referred immediately to the Deputy Head Teacher as the first point of contact in such situations and he / she will lead on the response to this, this is illustrated on the

safeguarding cascade, which is displayed in prominent positions around the school. Please see the specific section of this policy which relates to allegations / concerns against adults involved in the school.

- Parents/carers will be advised of the intention to refer to First Response and their views and cooperation sought, unless we have good reason to believe that to do so would place a child at greater risk of harm.
- The Safeguarding and Pastoral mentor will contact the First Response Team or relevant CYPS department if there is an allocated social worker for the pupil in order to instigate the appropriate procedures. The school staff will co-operate fully with any enquiries or investigation
- If a pupil has a child protection plan school staff will present a written report. This is sent to the Conference Coordinator, to be shared with the family and a copy kept by the Pastoral and Safeguarding mentor. All safeguarding files are confidential and kept in a locked filing cabinet.
- The school is part of any decision making regarding any outcomes from the case conference e.g. whether the child is placed as subject to a Child Protection Plan and will thereafter carefully monitor the child's progress. The teacher will inform the Safeguarding and Pastoral Lead who will inform the allocated social worker of any concerns.
- The Safeguarding and Pastoral mentor will maintain a monitoring and recording system.
- The Deputy Head Teacher is responsible for ensuring that all staff have relevant training and updates and that safeguarding and the prevent duty is addressed in the Staff Induction Procedures. All new staff will receive induction training and all designated staff will have refresher training every 2 years. Regular annual updates are provided for all classroom staff.
- Appropriate members of staff are to be informed of children who have a Child Protection Plan and be made aware of the importance of reporting any concerns.
- Information concerning children "at risk" will be shared with all members of staff on a "needs to know" basis. The Safeguarding and Pastoral mentor will make a judgment in each individual case about who needs and has a right to access particular information.
- When a child / young person leaves the school then all records will be sent to their new school, or college on transfer, along with the required chronology.
- During the school day we provide times when children can be listened to and articulate their wishes and feelings and have opportunities for class discussions, in an atmosphere of trust, acceptance and tolerance.
- When managing children's behaviour, all incidents of physical restraint will be recorded and parents/carers informed (in line with our Positive Handling Policy and individual children's Risk Assessments).
- We will support staff by providing an opportunity to talk through their anxieties with the Safeguarding and Pastoral mentor, the Family and Systemic Psychotherapist, or the Deputy Head Teacher.
- Ensure that any absence of two days, without satisfactory explanation, of a pupil currently subject to a Child Protection Plan or a Child in Care, is referred to the E.W.O. and/or social worker.
- Ensure that a named teacher is designated for Children in Care (CinC / LAC) and that the list of children is regularly reviewed and updated.
- The Governing Body is responsible for ensuring the annual review of Safeguarding Policy and procedures and also for ensuring that the school completes the annual safeguarding audit. There is a designated governor for Safeguarding and Children in Care.
- Guidelines from the Vetting and Barring Scheme will be followed in all cases.

Female Genital Mutilation:

Female Genital Mutilation is a criminal offence it is a form of child abuse and as such is dealt with under the schools Safeguarding policy. Female genital mutilation (FGM) is a collective term for procedures, which include the removal of part or all of the external female genitalia for cultural or other nontherapeutic reasons. The practice is medically unnecessary, extremely painful and has serious health consequences, both at the time when the mutilation is carried out and in later life. The procedure is typically performed on girls aged between 4 and 13, but in some cases it is performed on new-born infants or on young women before marriage or pregnancy.

Girls are at particular risk of FGM during school summer holidays. This is the time when families may take their children abroad for the procedure. Many girls may not be aware that they may be at risk of undergoing FGM.

UK communities that are most at risk of FGM include Kenyans, Somalis, Sudanese, Sierra Leoneans, Egyptians, Nigerians and Eritreans. However women from non-African communities that are at risk of FGM include Yemeni, Kurdish, Indonesian and Pakistani women.

As a school we have a responsibility to educate and advocate for our pupils we believe may be at risk of FGM. We will:

- Ensure we have robust attendance procedures that does not authorise extended holiday leave for vulnerable pupils
- Ensure the designated safeguarding lead, the deputy and assistant heads have regular FGM training
- Have FGM discussions with parents where we are concerned a pupil is at risk
- Report all concerns to First Response and to the Police if the matter is deemed urgent
- Ensure we raise FGM as a PHSE topic with pupils

Please see links below for additional information and guidance:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/512906/Multi_Agency_Statutory_Guidance_on_FGM_-_FINAL.pdf

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/496415/6_1639_HO_SP_FGM_mandatory_reporting_Fact_sheet_Web.pdf

Forced Marriage:

There is a clear difference between a forced marriage and an arranged marriage. In arranged marriages, the families of both spouses take a leading role in arranging the marriage but the choice of whether or not to accept the arrangement remains with the young people.

In a forced marriage, one or both spouses do not consent to the arrangement of the marriage and some elements of duress are involved. Duress can include physical, psychological, financial, sexual and emotional pressure. Forced Marriage is an abuse of human rights and, where a child is involved, an abuse of the rights of the child.

Forced marriage involving anyone under the age of 18 constitutes a form of child abuse. A child who is forced into marriage is likely to suffer Significant Harm through physical, sexual or emotional abuse. Forced marriage can have a negative impact on a child's health and development, and can also result in sexual violence including rape. If a child is forced to marry, he or she may be taken abroad for an extended period of time which could amount to child abduction.

Anyone threatened with forced marriage or forced to marry against their will can apply for Forced Marriage Protection Order. Third parties, such as relatives, friends, voluntary workers and police officers,

can also apply for a protection order with the leave of the court. Fifteen county courts deal with applications and make orders to prevent forced marriages. Local authorities can seek a protection order for Adults at Risk and children without leave of the court. Guidance published by the Ministry of Justice explains how local authorities can apply for protection orders and provides information for other agencies. (This is available at the Justice website).

The Anti-social Behaviour, Crime and Policing Act 2014 made it a criminal offence, with effect from 16 June 2014, 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 now a criminal offence. The civil remedy of obtaining a Forced Marriage Protection Order through the family courts, as set out above, continues to exist alongside the criminal offence, so victims can choose how they wish to be assisted.

Forcing someone to marry can result in a sentence of up to 7 years in prison.

Disobeying a Forced Marriage Protection Order can result in a sentence of up to 5 years in prison.

As a school we will:

- liaise with First Response for pupils under 18 years old and Care Direct for pupils 18 years and older if we have concerns that Forced Marriage is a risk
- have discussions with pupils and parents if appropriate – in consultation with First Response/social care staff to ensure parents are aware that we are concerned a pupil doesn't have the level of awareness to give informed consent
- report our concerns to the Forced Marriage Unit so an alert can be made
- advocate for our pupils and educate them in the area of forced marriage
- ensure the Education, Health and Care plan identifies the vulnerability of the young person

<https://www.gov.uk/stop-forced-marriage>

Radicalisation:

The school is aware of its responsibilities under the Counter Terrorism and Security Act 2015, specifically Section 26, and the Prevent Strategy to safeguard pupils who are at risk of radicalisation by identifying and risk assessing individual who may be drawn into terrorism, violent or non-violent extremism. We provide a safe environment for our pupils to explore, understand and discuss sensitive topics including terrorism and extremist ideology. We use the curriculum and pastoral support to educate our pupils and to enable them to challenge these ideas. Staff are aware of the risk posed by other students and adults who may have been radicalised and the impact of radicalisation via social media. Staff have received appropriate training and have the knowledge and confidence to identify pupils at risk of being drawn into terrorism and extremism and challenge extremist ideals. We have determined that staff will receive a Prevent update every 3 years. Our IT filters are regularly reviewed in order to minimize or prevent access to terrorist and extremist materials on line at the school.

County Lines: (Exploitation of Vulnerable Children and Adults)

Child criminal exploitation is increasingly used to describe this type of exploitation where children are involved.

Child Criminal Exploitation is common in county lines and occurs where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18. The victim may have been criminally exploited even if the activity appears consensual. Child Criminal Exploitation does not always involve physical contact; it can also occur through the use of technology.

Criminal exploitation of children is broader than just county lines, and includes for instance children forced to work on cannabis farms or to commit theft.

The national picture on county lines continues to develop but there are recorded cases of:

- children as young as 12 years old being exploited or moved by gangs to courier drugs out of their local area; 15-16 years is the most common age range
- both males and females being exploited
- White British children being targeted because gangs perceive they are more likely to evade police detection but a person of any ethnicity or nationality may be exploited
- the use of social media to make initial contact with children and young people
- class A drug users being targeted so that gangs can takeover their homes (known as 'cuckooing').

If there is a suspicion of exploitation a referral should be made in the usual way to the Safeguarding Mentor who will follow usual Safeguarding referral procedures.

Sexual Violence and Sexual Harassment from one or more pupil(s) to other pupil(s):

Children's sexual behaviour exists on a wide continuum, from normal and developmentally expected to inappropriate, problematic, abusive and violent.

Problematic, abusive and violent sexual behaviour is developmentally inappropriate and may cause developmental damage. A useful umbrella term is "**harmful sexual behaviour**". The term has been widely adopted in child protection and is used in this advice. Harmful sexual behaviour can occur online and/or offline and can also occur simultaneously between the two. Harmful sexual behaviour should be considered in a child protection context.

Sexual violence and sexual harassment can occur between two children of any age and sex. It can also occur through a group of children sexually assaulting or sexually harassing a single child or group of children.

Sexual violence and sexual harassment exist on a continuum and may overlap, they can occur both physically and verbally and are never acceptable. It is important that all victims are taken seriously and offered appropriate support.

Children with Special Educational Needs are three times as likely to experience sexual violence or harassment from other children. (Sexual Violence and Harassment in Schools and Colleges: May 2018). Any reports of or observations of abuse involving pupils will require close liaison with the Safeguarding Mentor or the Designated Safeguarding Lead (or deputy).

When considering harmful sexual behaviour, ages and the stages of development of the children are critical factors to consider. Sexual behaviour between children can be considered harmful if one of the children is much older, particularly if there is more than two years' difference or if one of the children is

pre-pubescent and the other is not. However, a younger child can abuse an older child, particularly if they have power over them, for example, if the older child is disabled or smaller in stature.

Addressing inappropriate behaviour can be an important intervention that helps prevent problematic, abusive and/or violent behaviour in the future. Children displaying harmful sexual behaviour have often experienced their own abuse and trauma. It is important that they are offered appropriate support. As with any other serious safeguarding concern, a referral will be made by the Safeguarding Mentor (or DSL in their absence) to First Response or the family social worker if there is one in place. This relates both to the pupil allegedly undertaking the harassment or violence, and to the alleged victim.

The Safeguarding training provided to all staff members and Governors will include a section on sexual violence and harassment between pupils. Full guidance is provided in

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/719902/Sexual_violence_and_sexual_harassment_between_children_in_schools_and_colleges.pdf

When there has been a report of sexual violence, the safeguarding mentor should, in conjunction with the class teacher/Assistant Head make an immediate risk and needs assessment. Where there has been a report or observation of sexual harassment, the need for an amendment to the pupil's risk assessment should be considered. The risk and needs assessment should consider:

- the alleged victim, especially their protection and support;
- the alleged perpetrator; and
- all the other children (and, if appropriate, adult students and staff) at the school, especially any actions that are appropriate to protect them;

Risk assessments should be recorded electronically as normal and should be kept under review all times, the class teacher and safeguarding mentor should be actively considering the risks posed to all their pupils and putting adequate measures in place to protect them and keep them safe.

The safeguarding mentor should ensure they are engaging with children's social care and specialist services as required. Where there has been a report or observation of sexual violence, it is likely that professional risk assessments by social workers and or sexual violence specialists will be required. Any such professional assessments should be used to inform the school's approach to supporting and protecting our pupils and updating our own risk assessment.

As always when concerned about the welfare of a child, all staff should act in the best interests of the child and should follow general safeguarding principles as per Keeping Children Safe in Education. Immediate consideration should be given as to how best to support and protect the alleged victim and the alleged perpetrator (and any other children involved/impacted).

The starting point regarding any report should always be that sexual violence and sexual harassment is not acceptable and will not be tolerated. Especially important, is not to pass off any sexual violence or sexual harassment as 'banter', 'part of growing up' or "having a laugh".

When dealing with alleged sexual violence or harassment between pupils the school will:

- following the Safeguarding Cascade and report the concern within 15 minutes of knowledge of it
- consider the welfare of both the alleged victim and alleged perpetrator remembering that both will have a wide span of needs
- consider the welfare of others who may have been affected or could be at risk and include that information in the Safeguarding referral
- ensure that the DSL and Safeguarding Mentor receive training updates
- ensure clear communication to and from First Response or the pupils' social workers is instigated and maintained
- Ensure appropriate emotional support is available and accessible to any children or adults who may have been affected by the alleged events.

- Ensure that a representative of Kingsweston is included in subsequent discussions and analysis of the allegations and in the plan that follows.

Allegations or Concerns regarding staff, governors, visitors etc. in relation to pupils

- All adults should be aware of their duty to raise concerns about the attitude or actions of other adults who are involved with the school, concerns in relation to pupils / potential safeguarding risks must be raised with the Deputy Head Teacher.
- In the event that the concern involves the Deputy Head Teacher then the concern should be raised with the Head Teacher.
- The DSL (Deputy Head) will discuss relevant allegations / concerns with the LADO (LA Designated Officer for Child Protection) at the earliest opportunity and prior to taking any action.
- If neither the Head Teacher nor the Designated Safeguarding Lead (Deputy Head Teacher) are available the Business Manager should be informed; she will locate the Head or Deputy Head and inform them that there has been an allegation against an adult.
- If a child or adult makes an allegation against the Head Teacher, the Deputy (DSL) should be immediately informed and the Deputy will notify the Chair of Governors.
- If a child or adult makes an allegation against the Safeguarding and Pastoral Mentor, the Designated Safeguarding Lead (Deputy Head) should be informed immediately.
- If a child or adult makes an allegation against the Designated Safeguarding Lead (Deputy Head) the Head Teacher should be notified immediately; he will notify the Chair of Governors.

Part 4 of Keeping Children Safe in Education covers handling allegations against staff. This should be used this part of the guidance for cases in which it's alleged that a member of staff or volunteer has:

- Behaved in a way that has harmed a child, or may have harmed a child;
- Possibly committed a criminal offence against or related to a child; or
- Behaved towards a child or children in a way that indicates they would pose a risk of harm to children

One of the following terms should always be used when determining the outcome of an investigation of an allegation:

- Substantiated
- Malicious
- False
- Unsubstantiated
- Unfounded

The DSL will inform the person accused about the allegation as soon as possible, unless a strategy discussion is needed or other agencies need to be involved, in which case the DSL will wait until these parties have been consulted before informing the accused. This also applies to informing parents or carers of children involved.

The school will think carefully about whether to suspend the person accused or whether alternative arrangements can be put in place until the investigation is resolved. All options to avoid suspension will be considered prior to taking that step. Suspension will be considered only in a case where:

- There is cause to suspect a child or other children at the school is/are at risk of harm, or
- The case is so serious that it might be grounds for dismissal

Supporting those involved

The school has a duty of care to employees and should support the accused to manage and minimise the stress resulting from the allegation. The accused will be advised to contact their union representative or a colleague for support, and be given access to welfare counselling or medical advice where available.

It is important that the school:

- Maintains confidentiality about the investigation
- Where the accused is a teacher, adheres to reporting restrictions that prohibit the publication of any material that may lead to the identification of the accused, unless:
 - o They are charged with an offence,
 - o They have waived their right to anonymity, or
 - o Information or a decision on the case is published by the Secretary of State

Managing the situation

Paragraphs 210-232 of KCSIE contain guidance on how allegation cases should be managed, including specific information about:

- Resignations and 'settlement/compromise agreements'
- Record keeping
- References
- Timescales
- Oversight and monitoring
- Suspension
- Information sharing

If the accused resigns, this should not prevent the allegation being followed up. You must refer the accused to the DBS if the criteria are met.

Safe Recruitment Practice

- All staff will have enhanced DBS checks. Checks are accurately recorded on the Single Central Record.
- At least one person on every interview panel will be trained in safe recruitment practices.

Disagreements with other professionals

The Bristol Safeguarding Children's Board has produced an escalation policy which advises on how to manage disagreements with other professionals.

Related Policies:

Recruitment	Internet Usage	Health, Safety and Well-being	Racial Harassment & Race Equality
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Lone Working	Anti-bullying	CRB Disclosure	School Security
Behaviour	Sex and Relationships	Evacuation Procedures	Visits out of School
Intimate Care	Positive Handling	Children in Care	Touch
Drug Education	First Aid	Manual Handling	

The Kingsweston School Safeguarding cascade is a clear and concise supporting document to this policy and is on display throughout the school.

Relevant Documents:

Sexual Violence and Harassment in Schools and Colleges: (May 2018).

Keeping Children Safe in Education 2016

South West Child Protection Procedures <http://www.swcpp.org.uk>

Working Together to Safeguard Children (2015)

Safeguarding Children and Safer Recruitment in Education (2006), HM govt.

Guidance for Safe Working Practice for Adults Who Work with Children and Young People (2007) Vetting and Barring Scheme Guidelines

BSCB Thresholds Guidance for those working with children and young people in Bristol (2014)

Criminal Exploitation of children and vulnerable adults: County Lines guidance September 2018

Reviewed: Jan 2020 (SP)

Ratified by Governors:

Definitions of Abuse

1. What is Abuse and Neglect?

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting; by those known to them or, more rarely, by a stranger. They may be abused by an adult or adults or another child or children.

2. Physical Abuse

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

2. 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 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 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.

3. Sexual Abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape, buggery or oral sex) or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

4. 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 and clothing, shelter including exclusion from home or abandonment, failing to ensure adequate supervision including the use of inadequate care-takers, or failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Do

- Be accessible and receptive.
- Listen carefully and ask open questions to clarify; e.g. Who, What, When, Where, How.
- Take it seriously. (This is very serious, I'm sad this has happened to you.)
- Reassure the child that they are right to tell. (I'm glad you told me that was the right thing to do.)
- Negotiate getting help. Tell the child that you are going to get help for him and his family – prepare him/her for the fact that you must involve others, they will be interviewed by the police and social worker and may need a medical examination to check that they are ok.
- Explain that you cannot personally protect him/her but you will support him/her in telling the right people to make sure that it does not happen again and that you will have to tell someone else.
- Make careful records of what was said immediately, using child's own words and include questions you have asked.

Don't

- Jump to conclusions.
- Try to get the child to disclose. Let the child talk and ask only the questions you need to clarify immediate safety. The child should not be repeatedly interviewed and the police/social services interview will form the basis of evidence needed to protect the child.
- Speculate or accuse anybody.
- Ask any leading questions whatsoever. (Was it mum/dad, etc, or ask questions requiring a yes/no answer.)
- Make promises you cannot keep.

Appendix 3

Please refer to "Safeguarding at KWS" staff file stored on the T-drive within staff groups to read supporting information.

Bruises

Likely to be:

- Frequent
- Patterned e.g. finger and thumb marks
- Old and new in same place (note colour)
- In an unusual position (see chart)

Consider

- Developmental levels of the child and their activities □ May be more difficult to see on darker skins.
- May be linked to illness

Burns and scalds Likely

to have:

- Clear outline
- Splash marks around burn area.
- Unusual position e.g. back of hand.
- Indicative shapes e.g. cigarette burns, bar of electric fire.
- Have a depth of water mark on the body where the body part has been held in hot water.

Injuries

Suspicious if:

- Bite marks.
- Fingernail marks.
- Large and deep scratches
- Incisions e.g. from a razor blade.

Fractures

Likely to be:

- Numerous, healed at different times.

Consider

- Age of child, always suspicious in babies under 2 years old.
- Delay in seeking treatment.

Sexual Abuse

This may result in:

- Unexplained soreness, bleeding or injury in genital or anal area.
- Sexually transmitted diseases e.g. warts, gonorrhoea.

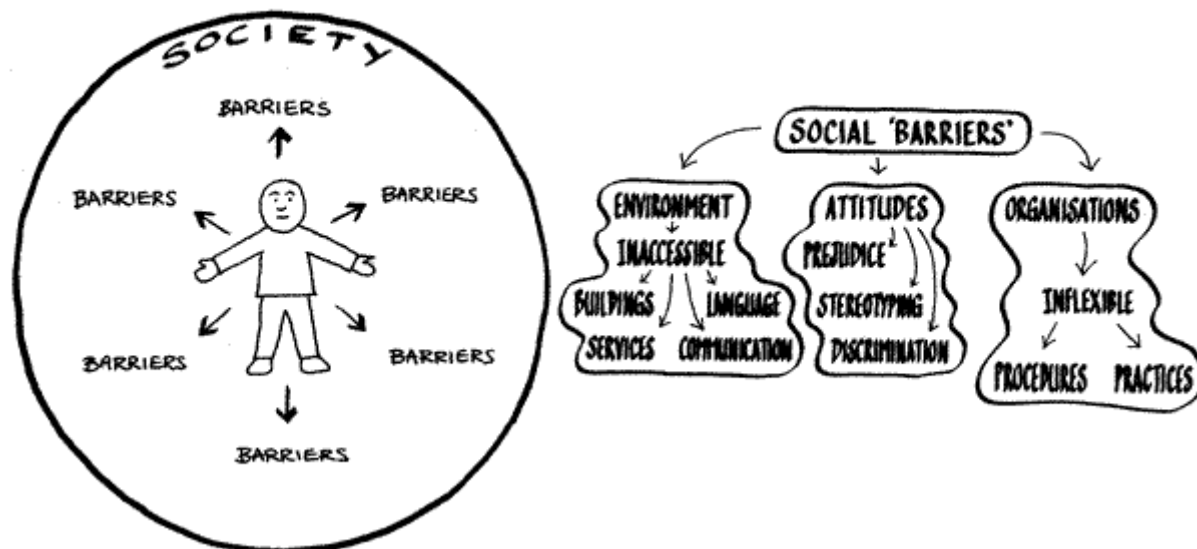
Appendix 4

Protecting disabled children: thematic inspection report reviewed the effectiveness of child protection work for children with disabilities in several Local Authorities and whilst it found that children and their families receive good multi-agency early support, too many children had child protection needs which went unidentified. A well-defined, robust, timely and coordinated multi-agency response is always required and the unique needs of children, young people and young adults with impairments are recognised, identified and the necessary adjustments are made at all stages of the safeguarding process in order that they are best protected

Social Model of Disability: This model refers to the way in which society discriminates against people who have physical or sensory impairments, learning difficulties or emotional distress. It recognises that

children and adults with disabilities face prejudice and discrimination and are excluded from mainstream activity. It seeks to locate the problem with society rather than the individual. It seeks to inform and alter society's structures, physical environment and attitudes to develop equality of opportunity for disabled children and adults. This model's principles of choice, rights and empowerment are fundamental to good practice in working with children, young people and young adults with disabilities.

THE SOCIAL MODEL OF DISABILITY



Medical Model of Disability The medical model sees the person's impairment or health condition as 'the problem'. The focus is therefore on 'fixing' or 'curing' the individual. Aspects of the Equality Act 2010, in relation to disability discrimination, follow the medical model of disability as they focus on what a person is unable to do. This shows that society is generally somewhere on the spectrum between the two models. For an assessment, professionals should use the one used within their agency. Disabled children receive specialist provision in special schools and are entered for alternative qualifications. Disabled children are educated in accessible mainstream schools alongside non-disabled children. Education provision is accessible to all with the same qualifications and opportunities open to all who wish to access them.

Appendix 5

Children with Disabilities are:

3.4 times more likely to be abused or neglected 3.8 times more likely to be neglected 3.8 times more likely to be physically abused 3.1 times more likely to be sexually abused 3.9 times more likely to be emotionally abused (Sullivan & Knutson 2000)

Meta-analysis of 17 studies of violence against children: Disabled children are 3/4 times more likely to experience violence 26.7% experience more than one form of violence in their lifetime 20% physical violence 14% sexual violence Emotional abuse is "comparable" to violence (Jones et al. 2012)

Children, young people and young adults with disabilities are vulnerable for a number of reasons:

- Less likely to receive sex education or information about their own bodies;
- Use different communication systems and may not have the language skills to disclose;
- May be unable to distinguish between types of touch;
- Have less choice in everyday life;
- Don't believe their wishes will be listened to;

- Don't believe they can control things;
- More isolated physically and socially from mainstream services;
- Have more dependency on parents and carers for practical assistance in daily care including intimate personal care, increasing risk of exposure;
- Be exposed to more carers, professionals and volunteers (including in residential and short break settings);
- Have an impaired capacity to resist or avoid abuse (e.g. restricted mobility or a communication barrier);
- Are subjected to an increased inequality of power;
- Need to be assisted with movement;
- Lack of support and training for parents and carers in managing difficult behaviour;
- An assumption that behaviour is an integral part of the child's condition rather than a response to pain, abusive treatment and/ or a negative reaction to medication;
- Multiple carers and different settings;
- Many disabled children and young adults are at an increased likelihood of being socially isolated with fewer outside contacts than non-disabled people;
- Especially vulnerable to bullying, intimidation hate and mate crime. Looked after children, young people with disabilities are not only vulnerable to the same factors that exists for all children living away from home and adults but are susceptible to possible abuse because of their additional dependency on residential, short break and hospital staff for day to day care needs. Similarly, this applies to young adults with disabilities in care settings

Features of abuse for disabled children

- Sexual exploitation- involves exploitative situations and relationships where people receive 'something' (e.g. accommodation, alcohol, affection, money) as a result of them performing, or others performing on them, sexual activities.
- Key features include coercion and control, disclosures and retractions.
- Psychological abuse – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation, or unreasonable and unjustified withdrawal of services or support networks.
- Financial or material abuse – including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements(including in connection with wills, property, inheritance or financial transactions) or the misuse or misappropriation of property, possessions or benefits.
- Modern slavery – encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude, and inhumane treatment. A large number of active organized crime groups are involved in modern slavery but it is also committed by individual opportunistic perpetrators. Someone is in slavery if they are:
 - Forced to work (through mental or physical threat)
- Owned or controlled by an 'employer'(usually through mental or physical abuse, or the threat of abuse)
- Dehumanised, treated as a commodity or bought and sold as 'property'
- Physically constrained or has restrictions on his or her freedom of movement. Contemporary slavery takes various forms and affects people of all ages, gender and races. Human trafficking involves an act of recruiting, transporting, transferring, harbouring or receiving a person through use of force, coercion or other means for the purpose of exploiting them.
- Criminal Exploitation and County Line Activity - Criminal exploitation of children and vulnerable adults is a geographically widespread form of harm that is a typical feature of county lines activity. It is a harm which is relatively little known about or recognised by those best placed to spot its potential victims. County lines is the police term for urban gangs supplying drugs to suburban areas

and market and coastal towns using dedicated mobile phone lines or "deal lines". It involves child criminal exploitation (CCE) as gangs use children and vulnerable people to move drugs and money. Gangs establish a base in the market location, typically by taking over the homes of local vulnerable adults by force or coercion in a practice referred to as 'cuckooing'. This is a cross-cutting issue involving drugs, violence, gangs, safeguarding, criminal and sexual exploitation, modern slavery, and missing persons.

- Discriminatory abuse – including forms of harassment, slurs or similar treatment because of race, gender, gender identity, age, disability, sexual orientation or religion. This includes hate and mate crime.
- Mate Crime is where people with disabilities have so called 'friends' who go on to abuse them. This has led to financial, physical and sexual abuse, people losing their independence and sometimes even murder. Whilst Mate Crime is not defined in the Care Act it is important that professionals are aware that these so called friendships could be an indication that a person with a disability is being targeted. 'Mate Crime' is a term used to describe the relationship the perpetrators had with their victim. In the Serious Case review of Gemma Hater (2010), and it was argued in the Serious Case Review of Steven Hoskins (2007), that the term 'disability hate crime' failed to recognise the duration of Steven's contact with his persecutors and referred to it as a 'counterfeit friendship.' In a national survey by the National Autistic Society (NAS) in 2014, 49% of adults with autism reported that they had been abused by someone they had thought of as a friend.
- Organisational abuse – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to ongoing ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.
- Neglect and acts of omission – including ignoring medical, emotional or physical care needs; failure to provide access to appropriate health, care and support or educational services, and the withholding of the necessities of life such as medication, adequate nutrition and heating
- Self-neglect – This covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.
- Forced Marriage - a marriage in which one or both of the parties is married without their consent or against their will. In a situation where there is concern that an adult is at risk of being forced into a marriage they do not or cannot consent to, there will be an overlap between action taken under the forced marriage provisions and the Safeguarding Adults process.

Appendix 6

Duty of organisations and professionals in overcoming the barriers

Organisations must ensure that arrangements are in place to minimise the likely impact of these vulnerabilities on children, young people and adults with disabilities with a particular focus on prevention.

- They must:
- Ensure there is a focus on prevention;
 - Ensure that the required policies and procedures are in place in relation to; 1. intimate care guidelines, 2. managing behaviour that challenges families and services, 3. issues around consent to treatment; 4. anti-bullying and inclusion strategies; 5. sexuality and safe sexual behaviour among young people; 6. monitoring and challenging placement arrangements for young people living away from home;
 - Ensure that staff are trained appropriately where a child/young person is cared for away from home ensuring they have access to an independent advocate;
 - Promote children and young people's right to safeguarding;
 - Ensuring children and young people have access to information and their basic right to communicate is always met;

- Access to information about strategies for keeping safe that is usually available to other children and young people;
- Ensure staff are aware of the warning signs of fabricated or induced illness.

“All children can communicate something and [professionals] shouldn’t ever dismiss the possibility of getting information from children if you find the right way.” (Stalker et al 2010)

Reluctance to engage with children and young adults with disabilities is likely to be based on a lack of confidence, knowledge and experience.

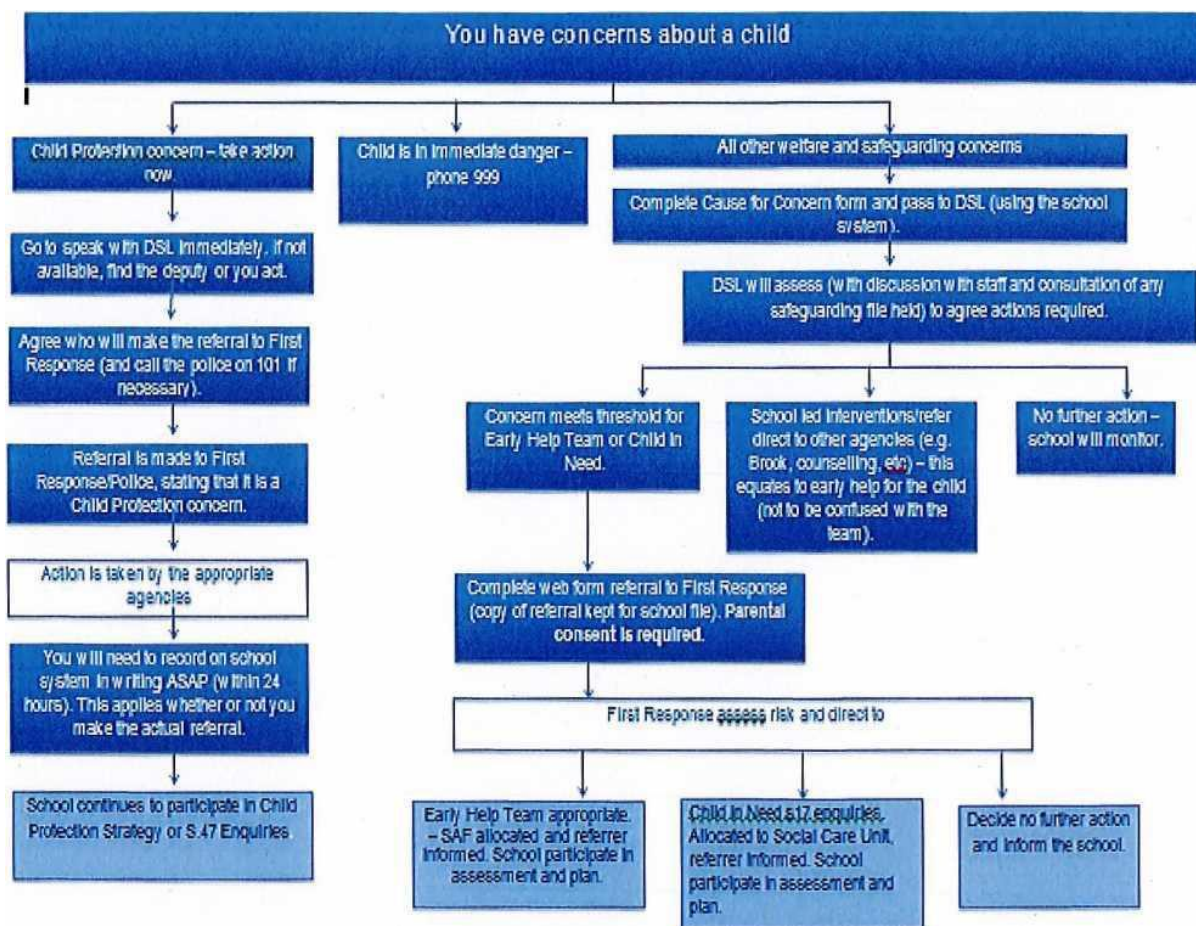
Training is needed for police, education and social work staff in terms of communicating with disabled children, especially those with communication impairments.

Augmentative or alternative communication (AAC) is the term used to describe different methods of communication that can be used to add to the more usual methods of speech or writing when these are impaired.

There are many different formats:

- **Signing and gesture;**
- **Picture boards**
- **Braille**
- **Computer based methods**
- **Sounds**

Appendix 7



No matter what the outcome, keep monitoring, re-refer or escalate as appropriate. Participate in all assessments and plans. Chase referrals if not kept informed - this is our responsibility.