COLLINGHAM COLLEGE
CHILD PROTECTION POLICY RELATED DOCUMENT
TYPES, PATTERNS, RECOGNITION and INDICATORS OF ABUSE AND NEGLECT

Keeping Children Safe in Education (2016) defines abuse as a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. They may be abused by an adult or adults or another child or children. *Keeping Children Safe in Education (2016)* further states that the type of abuse and neglect include:

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 and young people may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger, for example via the internet. They may be abused by an adult or adults, or another child or children.

Child Abuse - Possible indicators:
This is intended as a guide. Although these signs do not necessarily indicate that a child has been abused, they may help adults recognise that something is wrong. The possibility of abuse should be investigated if a child shows a number of these symptoms, or any of them to a marked degree:

- Regressing to younger behaviour patterns such as thumb sucking or bringing out discarded cuddly toys.
- Sudden loss of appetite or compulsive eating; self-mutilation.
- Inability to concentrate; sudden poor performance in school; being isolated or withdrawn.
- Lack of trust or fear of someone they know well, such as not wanting to be alone with a child-minder.
- Become worried about clothing being removed; resistance to PE (undressing).
- Unexplained delay in seeking treatment which is needed; incompatible explanations; soiling and wetting.
- Extreme anger or sadness; 'Frozen' look, unresponsiveness in the child; poor self-esteem; withdrawal; apprehension ; reluctance to return home after school; running away.
- Difficulty in forming relationships; antisocial behaviour; confusing affectionate displays; personality changes such as becoming insecure or clinging.
- Poor attendance – repeated infections etc; other extreme reactions, such as depression, self-mutilation, suicide attempts, running away, overdoses, anorexia.

Risk Indicators
The factors described in this section are frequently found in cases of child abuse. Their presence is not proof that abuse has occurred, but: must be regarded as indicators of the possibility of significant harm and justifies the need for careful assessment and discussion with the Designated Safeguarding Lead (or in the absence of the DSL, the Deputy DSL); may require consultation with and / or referral to Children's Social Care, Single Point of Access (SPA). The absence of such indicators does not mean that abuse or neglect has not occurred. In an abusive relationship the child may: appear frightened of the parent/s or act in a way that is inappropriate to her/his age and development (though full account needs to be taken of different patterns of development and different ethnic groups).

The parent/guardian or carer may:

- Persistently avoid child health promotion services and treatment of the child's episodic illnesses; frequently complain about/to the child and may fail to provide attention or praise (high criticism/low warmth environment including struggling to show love or give time to their children).
- Be absent or misusing substances; have unrealistic expectations of the child; persistently refuse to allow access on home visits or be involved in domestic abuse.

Staff should be aware of the potential risk to children when individuals, previously known or suspected to have abused children, move into the household.

By themselves the signs indicated do not prove abuse or neglect. But they do tell us we need to more about the child or youth's circumstances. They can be the result of phenomena such as divorce, separation, death of a significant person or the arrival of a new sibling. That's why indicators must be assessed by professionals. The important thing to know is what the signs are, and how to report them if a child or youth may need protection.

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 protect a child from physical and emotional harm or danger, failure to ensure adequate supervision including the use of inadequate caretakers, or the 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.

Indicators: Constant hunger; poor personal hygiene; constant tiredness, poor state of clothing, emaciation, untreated medical problems; no social relationships, compulsive scavenging, destructive tendencies, attention seeking; unkempt appearance, abandonment, lack of shelter, unattended medical and dental needs, consistent lack of supervision for long periods, ingestion of cleaning fluids, medicines, etc, consistent hunger, nutritional deficiencies, inappropriate dress for weather conditions, distended stomach, emaciated, significant weight change, persistent(untreated) conditions (e.g. scabies, head lice, diaper rash, or other skin disorders), development delays (e.g. language, weight), irregular or nonattendance at school or child care, not registered in school, not attending school, comments from a child that no one is home to provide care, criminal behaviour.

Behavioural Indicators: Depression, poor impulse control, demands constant attention and affection, lack of parental participation and interest, delinquency, misuse of alcohol/drugs, regularly displays fatigue or listlessness, falls asleep in class, steals food or begs for food from classmate(s), hoards Food, reports that no caregiver is at home, frequently absent or tardy, self-destructive, drops out of school (adolescent), takes over adult caring role (of parent), lacks trust in others, unpredictable or plans only for the moment.

Failure to Thrive

Indicators:

- A child who has stopped growing and/or has experienced significant weight loss may be suffering from failure-to-thrive syndrome. Medical assessment is necessary to determine whether the syndrome is organic or non-organic in origin.

The following characteristics are often present in failure-to-thrive children:
Child appears pale, emaciated, has 'sunken cheeks', child's body fat ratio is extremely low, e.g. wrinkled buttocks, skin may feel like parchment paper as a result of dehydration, prolonged vomiting and/or diarrhoea, child has not attained significant development milestones within their age range, e.g. cannot hold head up at six months of age, cannot walk at 18 months etc.

Behavioural Indicators:

- Appears lethargic and undemanding (e.g. cries very little)
- Uninterested in environment or surroundings
- Displays little or no movement, (e.g. lies in crib motionless)
- Is unresponsive to stimulation from strangers
- Shows little stranger anxiety, (e.g. is indifferent to attention received from strangers)

Psychological Abuse

Psychological abuse is the persistent psychological maltreatment of a child which cause adverse effects on the child's emotional wellbeing and development. This type of abuse has clear connections with emotional abuse and includes:

- threats of harm or abandonment; deprivation of contact; humiliation;
- blaming of the child; controlling the child (excessive); intimidation;
- coercion; harassment; verbal abuse/excessive criticism and
- isolation or withdrawal from services or support networks.

Indicators

- Difficulty gaining access or contact to family; the child not getting access to medical care or appointments with other agencies.
- Low self-esteem; lack of confidence and anxiety; increased levels of confusion; decreased ability to communicate feelings or emotions.
- Increased urinary or faecal incontinence; sleep disturbance.
- The person feeling/acting as if they are being watched all of the time.

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:

- Injuries (bruises, welts, cuts, burns, bite marks, fractures, etc.) that are not consistent with the explanation offered (e.g. extensive bruising to one area)
- Presence of several injuries (3+) that are in various stages of healing
- Injuries that form a shape or a pattern that may look like the object used to make the injury (e.g. buckle, hand, iron, teeth, cigarette burns)
- Unexplained fractures, skin lacerations/punctures or abrasions, swollen lips/chipped teeth
- Linear parallel marks on cheeks and temple area
- Puncture wounds, bruising behind the ear
- Repeated injuries over a period of time
- Wearing clothes to cover injures, even in hot weather; dehydration; skin infections.
- Refusal to undress for gym; bald patches; chronic running away; fear of medical help or examination.
- Self-destructive tendencies; aggression towards others.
- Fear of physical contact- shrinking back if touched.
- Admitting that they are punished, but the punishment is excessive (such as a child being every night to 'make him study).
- Injuries not consistent with the child's age and development
- Fear of suspected abused being contacted; constant minor injuries; unexplained bruising; bruise marks in or around the mouth; black eyes, especially if both eyes are black and there are no marks forehead or nose; grasp or finger marks.
- Bald patches on child's head where hair may have been torn out
- Bruising of the ears; linear bruising (particularly buttocks or back; differing age bruising.
- Bite marks, burns and scalds, cigarette burns; general physical disability.
- Any injury to a child who isn't mobile e.g. baby under 1 year, disabled child

Behavioural Indicators

- Runaway attempts and fear of going home
- Stilted conversation, vacant stares or frozen watchfulness, no attempt to seek comfort when hurt
- Describes self as bad and deserving to be punished
- Cannot recall how injuries occurred, or offers inconsistent explanation

- Wary of adults or reluctant to go home, often absent from school/child care, may flinch if touched unexpectedly/skittish with physical contact
- Extremely aggressive or withdrawn
- Self-destructive/Self-mutilation, withdrawn and/or aggressive behaviour extremes
- Displays indiscriminate affection-seeking behaviour, abusive behaviour and language in play
- Arrives at school late/reluctant to return home, chronic runaway (adolescents)
- Overly compliant and/or eager to please
- Poor sleeping patterns, fear of the dark, frequent nightmares, sad, cries frequently
- Complains of soreness or moves uncomfortably
- Wears clothing inappropriate to weather/covering body
- Lack of impulse control (e.g. inappropriate outbursts)
- Drug/alcohol misuse, depression
- Poor memory and concentration, suicide attempts

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

Burns and Scalds
It can be difficult to distinguish between accidental and non-accidental burns and scalds, and will always require experienced medical opinion. Any burn with a clear outline may be suspicious e.g.:
- Circular burns from cigarettes (but may be friction burns if along the bony protuberance of the spine); linear burns from hot metal rods or electrical fire elements.
- Burns of uniform depth over a large area, scalds that have a line indicating immersion or poured liquid (a child getting into hot water is his/her own accord will struggle to get out and cause splash marks).
- Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation.

Scalds to the buttocks of a small child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

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

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

Domestic Violence
We recognise that children who grow up in families where there is domestic violence are at increased risk of harm. It usually impacts on all aspects of a child's life only varying according to the child's resilience or otherwise to his or her own circumstances. Even where the child is not a direct target, the harm can be caused to the children by emotional abuse and/or neglect. Often this is because a victim's ability to parent effectively and protect their children is diminished through a preoccupation about their own survival. Any abusive relationship at home will have a significant impact on their children. We will be alert to the possibility of domestic violence and allow an opportunity for the abused partner to disclose. We will treat any disclosure sensitively and refer the matter to children's social care services where the child is at risk of significant harm and/or neglect.

Drug/alcohol abuse

If a parent or carer appears to be under the influence of alcohol or drugs or to be totally distressed and unable to provide appropriate supervision for their child when they collect them from school, the Designated Safeguarding Lead for child protection will be notified immediately. In their absence the deputy DSL will be informed. Any known agency already involved with the child or family will be informed. Students affected by their own or others drug and/or alcohol abuse, including tobacco, all illegal drugs, medicines, 'legal highs' and volatile substances, should have access to appropriate support from local services. Our nominated members of staff are: Ms Rosie Gill and Mr Stephen Carrington and they will contact parents/guardians/carers the same day. They will also be the key person in liaison with local services such as the police. Sanctions will be applied in keeping with the school's behaviour policy and parent-school contract. We reserve the right to search students safely if we have reason to believe that they are in possession of any such substance which may cause harm to themselves or to others. This school is a smoke-free site. We expect any parent in this situation to make full use of external local support agencies to provide early support for their child.

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 the opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Indicators:

- Physical, mental and emotional development lags; sudden speech disorders.
- Continual self-depreciation ("I'm stupid, ugly, worthless, etc."); overreaction to mistakes.
- Extreme fear of any new situation.
- Bedwetting and/or diarrhoea
- Frequent psychosomatic complaints, headaches, nausea, abdominal pains
- Inappropriate response to pain ("I deserve this"); neurotic behaviour (rocking, hair twisting, self-mutilation).
- Extremes of passivity or aggression; trying to be 'ultra- good' or perfect; overreacting to criticism.

Behavioural Indicators:

- Mental or emotional development lags, behaviours inappropriate for age
- Fear of failure, overly high standards, reluctance to play
- Fears consequences of actions, often leading to lying
- Extreme withdrawal or aggressiveness, mood swings
- Overly compliant, too well-mannered, excessive neatness and cleanliness
- Extreme attention-seeking behaviours, poor peer relationships
- Severe depression, may be suicidal, runaway attempts
- Violence is a subject for art or writing, complains of social isolation
- Forbidden contact with other children
- Sudden onset speech disorders, e.g. suddenly developing a stammer

Abuse of Trust

It is an offence under the 'Sexual Offences Act 2003' for a member of staff to have a sexual relationship with a child under 18, where that person is in a position of trust, even if the relationship is consensual. This applies where the young person is in full time education and the staff member works in the same establishment, even if the adult does not teach them. If the young person is over 18 it may result in 'gross misconduct' by the member of staff.

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, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape, buggery or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may include non-contact activities, such as involving children in looking at, or in the production of, sexual online images and pornography, 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:

- Fatigue due to sleep disturbances
- Sudden weight change
- Cuts or sores made by the child on the arm (self-mutilation)
- Recurring physical ailments
- Difficulty in walking or sitting
- Torn, stained or bloody underwear
- Pregnancy (including pregnancy under 12 years of age)
- Injuries to the mouth, genital or anal areas (e.g. bruising, swelling, sores, infection)
- Sexually transmitted diseases; recurrent urinary infections; genital and rectal itching and soreness, unexplained bleeding and discharges, bruising in genital region.
- Sexual play/masturbation that is inappropriate to a child's age, development and circumstances, over-mature dre
- Poor peer relationships, being overly affectionate or knowledgeable in a sexual way inappropriate to the child's age.
- Medical Problems such as chronic itching, pain in the genitals, venereal diseases.
- Suddenly drawing sexually explicit pictures, sexually precocious behaviour, sexualized drawings and play.

Behavioural Indicators

In a younger child:

- Sad, cries often, unduly anxious
- Chronic depression, short attention span
- Inserts objects into the vagina or rectum
- Change or loss of appetite
- Sleep disturbances, nightmares, excessively dependent
- Fear of home or a specific place, excessive fear of men or women, lacks trust in others
- Age-inappropriate sexual play with toys, self, others (e.g. replication of explicit acts)
- Age-inappropriate, sexually explicit drawings and/or descriptions
- Bizarre, sophisticated or unusual sexual knowledge
- Reverts to bed wetting/soiling, hysteria, lack of emotional control
- Dramatic behavioural changes, sudden non-participation in activities
- Poor peer relationships, self-image
- Overall poor self-care

In an older child:

- Sudden lack of interest in friends or activities
- Fearful or startled response to touching, overwhelming interest in sexual activities
- Hostility towards authority figures, hysteria, lack of emotional control
- Fire setting
- Need for constant companionship, regressive communication patterns (e.g. speaking childishly)
- Academic difficulties or performance suddenly deteriorates, truancy and/or running away from home
- Poor self-esteem, self-devaluation, lack of confidence
- Wears provocative clothing or wears layers of clothing to hide bruises (e.g. keeps jacket on in class)
- Recurrent physical complaints that are without physiological basis (e.g. abdominal pains, headache, nausea)
- Lacks trust in others
- Unable to 'have fun' with others
- Suicide attempts, drug/alcohol misuse
- Poor personal hygiene
- Seductive or promiscuous behaviour, sexual acting out in a variety of ways

A child may be subjected to a combination of different kinds of abuse. It is also possible that a child may show no outward signs and hide what is happening from everyone. (KIDSCAPE)

Children who sexually abuse

It is difficult to define this group of young people but it is clear that some adolescents engage in sexualised behaviour which can be abusive to others. Young people demonstrating sexually abusive behaviour often have educational needs, post-traumatic stress disorder and conduct disorders. We work in partnership with local agencies to safeguard and promote the welfare of all our children, including those who exhibit sexualised behaviour. We are also mindful that the majority of young people who have sexually abused others, are likely to have been victims of sexual abuse themselves. We will work in partnership with police and children's social care to ensure that any children who sexually abuse will get the treatment and support they require to prevent abuse of other children and carry out appropriate risk assessments to manage any such situation. Sexual abuse by young people is a serious matter but the majority do not go on to abuse others into adulthood.

Child Sexual Exploitation

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

We are aware that sexual exploitation can happen through the use of technology without children realising. The perpetrator may befriend the student who becomes groomed into believing there is a relationship between them, or there may be an imbalance of power between the student and the perpetrator, often with a significant age gap. Given the nature of this abuse, vulnerable children are more at risk, including children with SEN and pupils at special schools. Sometimes young people are passed through networks, crossing towns and cities, forced to have sexual activities with many men (sex parties). As a school we work closely with parents/guardians/carers and other agencies and we are alert to the potential signs of exploitation. For example, any young person missing for periods of time or regularly returning home late, developing into a pattern, disengagement from education, unexplained gifts, risks of

sexual health issues, etc. We listen to young people and take any disclosure seriously, sharing information with other agencies. Given its increasing prominence and the significant damage that can result to victims, it is important for schools to train staff on spotting the signs of child sexual exploitation and update their policies as necessary.

The following list of indicators is not exhaustive or definitive but it does highlight common signs which can assist professionals in identifying children or young people who may be victims of sexual exploitation.
Signs include:

- underage sexual activity; inappropriate sexual or sexualised behaviour; sexually risky behaviour, 'swapping' sex
- repeat sexually transmitted infections; in girls, repeat pregnancy, abortions, miscarriage;
- receiving unexplained gifts or gifts from unknown sources; having unaffordable new things (clothes, mobile) or expensive habits (alcohol, drugs);
- having multiple mobile phones and worrying about losing contact via mobile; changes in the way they dress;
- going to hotels or other unusual locations to meet friends; seen at known places of concern;
- moving around the country, appearing in new towns or cities, not knowing where they are; getting in/out of different cars driven by unknown adults; having older boyfriends or girlfriends;
- contact with known perpetrators; involved in abusive relationships, intimidated and fearful of certain people or situations; hanging out with groups of older people, or anti-social groups, or with other vulnerable peers;
- associating with other young people involved in sexual exploitation; recruiting other young people to exploitative situations; truancy, exclusion, disengagement with school, opting out of education altogether;
- unexplained changes in behaviour or personality (chaotic, aggressive, sexual); mood swings, volatile behaviour, emotional distress; self-harming, suicidal thoughts, suicide attempts, overdosing, eating disorders; drug or alcohol misuse; getting involved in crime; police involvement, police records; involved in gangs, gang fights, gang membership; injuries from physical assault, physical restraint, sexual assault.

Female Genital Mutilation (FGM)

Female genital mutilation (FGM) is defined as ‘all procedures (not operations) which involve partial or total removal of the external female genitalia or injury to female genital organs for non-therapeutic reasons.’ (World Health Organisation). Some cultural communities perceive that this is a cultural norm, or that it is appropriate for religious reasons. Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a girl being at risk of FGM, or already having suffered FGM. There is a range of potential indicators that a child or young person may be at risk of FGM, which individually may not indicate risk but if there are two or more indicators present this could signal a risk to the child or young person. Victims of FGM are likely to come from a community that is known to practise FGM. Professionals should note that girls at risk of FGM may not yet be aware of the practice or that it may be conducted on them, so sensitivity should always be shown when approaching the subject. We will always challenge such abusive cultural norms as the welfare of the child is always paramount. We recognise that FGM is not endorsed as a religious practice. It is illegal in the UK to subject any child to FGM or to take a child abroad to undergo FGM. We follow our Local Safeguarding Children’s Board procedures since any such child is at risk of significant harm through physical and emotional abuse. It may also be considered as sexual abuse. We are alert to indicators such as a known community who practices FGM, talk of a long holiday, excused swimming and PE on return for no apparent reason, the child may confide about a special ceremony, mother may have been known to have undergone FGM, sister may have been known to have undergone the same procedure. Any disclosure will be notified to the Designated Safeguarding Lead without delay so that the appropriate referrals can be made and protective measures put into place.

What is FGM?
It involves procedures that intentionally alter/injure the female genital organs for non-medical reasons.
4 types of procedure:
Type 1 Clitoridectomy – partial/total removal of clitoris
Type 2 Excision – partial/total removal of clitoris and labia minora
Type 3 Infibulation entrance to vagina is narrowed by repositioning the inner/outer labia
Type 4 all other procedures that may include: pricking, piercing, incising, cauterising and scraping the genital area.
Why is it carried out? Belief that:

- FGM brings status/respect to the girl – social acceptance for marriage; preserves a girl's virginity
- Part of being a woman / rite of passage; upholds family honour; cleanses and purifies the girl
- Gives a sense of belonging to the community; fulfils a religious requirement; perpetuates a custom/tradition
- Helps girls be clean / hygienic; is cosmetically desirable; mistakenly believed to make childbirth easier

Is FGM legal?
FGM is internationally recognised as a violation of human rights of girls and women. It is **illegal** in most countries including the UK.

Circumstances and occurrences that may point to FGM happening are:

- Child talking about getting ready for a special ceremony; family taking a long trip abroad;
- Child's family being from one of the 'at risk' communities for FGM (Kenya, Somalia, Sudan, Sierra Leon, Egypt, Nigeria, Eritrea as well as non-African communities including Yemeni, Afghani, Kurdistan, Indonesia and Pakistan); knowledge that the child's sibling has undergone FGM and child talks about going abroad to be 'cut' or to prepare for marriage.

Signs that may indicate a child has undergone FGM include:

- prolonged absence from school and other activities; behaviour change on return from a holiday abroad, such as being withdrawn and appearing subdued;
- bladder or menstrual problems; finding it difficult to sit still and looking uncomfortable; complaining about pain between the legs; mentioning something somebody did to them that they are not allowed to talk about;
- secretive behaviour, including isolating themselves from the group; reluctance to take part in physical activity;
- repeated urinal tract infection and disclosure

Child exploitation and E-safety
Children and young people can be exploited and suffer bullying through their use of modern technology such as the internet, mobile phones and social networking sites. In order to minimize the risks to our children and young ensure that we have in place appropriate measures such as security filtering. We will ensure that staff are aware of how not to compromise their position of trust in or outside the setting and are aware of the dangers associated with social networking sites. In accordance with legislative requirements we have a whole school approach to e-safety. This includes annual update training for staff regarding e-safety. The school also organises annually an awareness session or mailshot for parents/guardians/carers with regards to e-safety. We expect all pupils to adhere to the safe use of the internet as detailed in our ICT- Based Forms of Abuse (including Cyber-Bullying) Policy. In accordance with legislative requirements we have a whole school approach to e-safety, which includes the DSL for the whole school having completed CEOP Ambassador training. This includes annual update training for staff regarding e-safety. The school also organises annually an awareness session and if appropriate a mailshot for parents/guardians/carers with regards to e-safety. We expect all pupils to adhere to the safe use of the internet as detailed in our ICT- Based Forms of Abuse (including Cyber-Bullying) Policy.

Forced Marriages

A forced marriage is a marriage that takes place without the full consent of both parties and is characterised by the presence of duress (emotional pressure with physical abuse). This is an entirely separate issue from arranged marriage. Young men and women can be at risk in affected ethnic groups. Whistle-blowing may come from younger siblings. Forced marriage is an abuse of human rights, a form of domestic child abuse and falls within the Crown Prosecution Service definition of domestic violence. In keeping with the Forced Marriages Unit (FMU) advice, we will consult local agencies (police and children's social care) and the FMU if we believe that a young person is being coerced and forced into marriage. We are alert to the potential signs such as: changes in adolescent behaviours, extended absence from school, truancy, drop in academic performance, history of siblings leaving education early to marry, excessive parental restriction, low motivation, evidence of self-harm or depression, eating disorders or depression, domestic violence or running away from home. We will contact the FMU for advice where necessary on 020 7008 0151 and follow our Local Safeguarding Children's Board child protection procedures; following notification to our Designated Safeguarding Lead for child protection.

Vulnerable Groups

Children who may be more vulnerable to being harmed may include: babies and younger children, disabled children, children who are isolated, children who are already thought of as a problem (e.g. children in care, secure accommodation and children with emotional/behavioural difficulties)

Disability and Vulnerability

Some disabled children may have fewer outside contacts than other children; receive intimate, personal care; have an impaired capacity to resist or avoid abuse; have communication difficulties; fear losing services; be more vulnerable to peer abuse (e.g. bullying, sexual assault, intimidation).

Children in Need

Children who are unlikely to reach or maintain a satisfactory level of health or development will be significantly impaired, without provision of services.

Significant Harm

This is the threshold justifying compulsory intervention for the protection of children. We understand that there is no absolute criteria on which to rely when judging what constitutes significant harm. We understand that our Local Safeguarding Children's Board procedures require us to consider the severity of the ill-treatment which may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, the extent of premeditation, and the presence or degree of threat, coercion, sadism and bizarre or unusual elements. Sometimes a single traumatic event may constitute significant harm, such as poisoning or a violent assault. However, more often it is a compilation of significant events, both acute and longstanding, which can change or damage a child's physical and psychological development. We will refer to the London Borough of Richmond upon Thames Local Safeguarding Children's Board threshold guidance which includes how we access local services and the type of help to be provided. This includes the level of need for when a child should be referred to the local authority children's social care for assessment and for statutory services under: section 17 of the Children Act 1989 (children in need); section 47 of the Children Act 1989 (safeguarding); section 31 of the Children Act 1989 (care proceedings); and section 20 of the Children Act (duty to accommodate a child).

Safe School, Safe Staff

Transparency

Our School prides itself on its respect and mutual tolerance. Parents/guardians/carers have an important role in supporting our School. Copies of this policy, together with our other policies relating to issues of child protection are on our website and we hope that parents/guardians/carers will always feel able to take up any issues or worries that they may have with the school. We will never ignore an allegation of child abuse and will always investigate any concerns thoroughly. Open communications are essential.

Safeguarding Disabled Children

Disabled children have exactly the same human rights to be safe from abuse and neglect, to be protected from harm and achieve the Every Child Matters outcomes as non-disabled children. Disabled children do however require additional action. This is because they experience greater risks and created vulnerability as a result of negative attitudes about disabled children and unequal access to services and resources, and because they may have additional needs relating to physical, sensory, cognitive and or communication impairment (Safeguarding Children,). In order to do this we will ensure that our staff receive relevant training to raise awareness and have access to specialist staff in the event they have concerns regarding abuse of a child.

Vulnerable Pupils

Particular vigilance will be exercised in respect of pupils who are the subjects of Child Protection Plans and any incidents or concerns involving these children will be reported immediately to the allocated Social Worker (and confirmed in writing). If a pupil discloses that he/she has witnessed domestic violence or it is suspected that he/she may be living in a household which is affected by family violence, this will be referred to the DSL as a safeguarding issue. The School acknowledges the additional needs for support and protection of children who are vulnerable by virtue of disability, homelessness, refugee/asylum seeker status, the effects of substance abuse within the family, those who are young carers, mid-year admissions and pupils who are excluded from school. We acknowledge that children who are affected by abuse or neglect may demonstrate their needs and distress through their words, actions, behaviour, demeanour, school work or other children. The School has a strong commitment to an anti-bullying policy and will consider all coercive acts and inappropriate child on child behaviour and sexual activity within a Child Protection context. Where it comes to our notice that a child under the age of 13 is, or may be, sexually active, this will result in an immediate referral to Children's Services. This will determine how and when information will be shared with parents/guardians/carers and the investigating agencies.

Specific safeguarding issues

Expert and professional organisations are best placed to provide up-to-date guidance and practical support on specific safeguarding issues. For example NSPCC offers information for schools and colleges on the TES website and also on its own website www.nspcc.org.uk Schools and colleges can also access broad government guidance on the issues listed below via the GOV.UK website:
https://www.gov.uk/government/publications/what-to-do-if-you-suspect-a-child-is-being-sexually-exploited

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