Poringland Primary School and Nursery

Safeguarding Manual

Date of Policy: **Summer 2023**

Review Date: **Summer 2024**

Members of staff responsible: DSL

CONTENTS

AIMS

The aim of this booklet is to:

- Describe what safeguarding is and the different ways in which children can be harmed.
- Recognise and describe indicators of child abuse and neglect.
- Appreciate your own role and responsibilities and those of others in safeguarding and promoting the welfare of children.
- Outline what to do if you have concerns about a child in line with the school's Safeguarding Policy.
- Describe areas of working practice that can make children and staff vulnerable.
- Identify the procedures for sharing concerns about another adult's behaviour in line with your school's Whistleblowing Policy.

My School's Procedures: What do I need to know?

You should receive child protection training annually and you should be able to answer the following questions:

1. Do you understand the categories of abuse and recognise the possible indicators of concern?

2. Have you read Part 1 & Annex A of 'Keeping Children Safe in Education' (2023)?
   Have you read the School's Staff Code of Conduct?

3. Do you know who the Designated Safeguarding Lead(s) and alternate for safeguarding are that you should report any concerns to?

4. How do you pass on concerns? Is there an agreed format to record any concerns on?

5. Do you know how to report a concern about another adult's behaviour?

6. Do you understand safeguarding responses to Children Missing in Education?

THE ROLE OF SCHOOL STAFF

Staff members working with children are advised to maintain an attitude of 'it could happen here' where safeguarding is concerned. When concerned about the welfare of a child, staff members should always act in the best interests of the child.

Providing Support to Children & their Families

Safeguarding and Promoting the Welfare of Children is defined as:

- protecting children from maltreatment
- preventing impairment of children's health or development
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- taking action to enable all children to have the best outcomes

Working Together to Safeguard Children (2018)

Child Protection is part of safeguarding and promoting the welfare of children. It is activity undertaken to protect specific children who are suffering or at risk of suffering significant harm.

Working Together to Safeguard Children (2018)

A Child is:
Anyone who has not yet reached their 18th birthday. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate, does not change his/her status or entitlements to services or protection.

Working Together to Safeguard Children (2018)

Early Intervention & Support
'Keeping Children Safe in Education' (2023) states that everyone who comes into contact with children and their families has a role to play in safeguarding children. School and college staff are particularly important as they are in a position to identify concerns early and provide help for children, to prevent concerns from escalating. Schools and colleges and their staff form part of the wider safeguarding system for children and should ensure that systems are in place to identify additional needs and support children at the earliest opportunity.

RECOGNITION AND IDENTIFICATION OF ABUSE

Taken from Working Together to Safeguard Children 2018, Appendix A

What is abuse?

Abuse is a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults, or another child or children.

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.

Possible indicators

Staff must be alert to:

- Unexplained recurrent injuries or burns; improbable excuses or refusal to explain injuries;
- Injuries that are not consistent with the story: too many, too severe, wrong place or pattern, child too young for the activity described.

Physical signs:

- Bald patches
- Bruises, black eyes and broken
- Untreated or inadequately treated injuries
- Injuries to parts of the body where accidents are unlikely, such as thighs, back, abdomen
- Scalds and burns
- General appearance and behaviour of the child may include:
  - Concurrent failure to thrive: measure height, weight and, in the younger child, head circumference;
  - Frozen watchfulness: impassive facial appearance of the abused child who carefully tracks the examiner with his eyes.
- Bruising:
  - Bruising patterns can suggest gripping (finger marks), slapping or beating with an object.
  - Bruising on the cheeks, head or around the ear and black eyes can be the result of non-accidental injury.
- Other injuries:
  - Bite marks may be evident from an impression of teeth
  - Small circular burns on the skin suggest cigarette burns
  - Scalding inflicted by immersion in hot water often affects buttocks or feet and legs symmetrically
  - Red lines occur with ligature injuries

- Retinal haemorrhages can occur with head injury and vigorous shaking of the baby
- Tearing of the frenulum of the upper lip can occur with force-feeding. However, any injury of this type must be assessed in the context of the explanation given, the child's developmental stage, a full examination and other relevant investigations as appropriate.
- Fractured ribs: rib fractures in a young child are suggestive of non-accidental injury
- Other fractures: spiral fractures of the long bones are suggestive of non-accidental injury

Behavioural signs:

- Wearing clothes to cover injuries, even in hot weather
- Refusal to undress for gym
- Chronic running away
- Fear of medical help or examination
- Self-destructive tendencies
- Fear of physical contact - shrinking back if touched
- Admitting that they are punished, but the punishment is excessive (such as a child being beaten every night to 'make him study')
- Fear of suspected abuser being contacted
- Injuries that the child cannot explain or explains unconvincingly
- Become sad, withdrawn or depressed
- Having trouble sleeping
- Behaving aggressively or be disruptive
- Showing fear of certain adults
- Having a lack of confidence and low self-esteem
- Using drugs or alcohol
- Repetitive pattern of attendance: recurrent visits, repeated injuries
- Excessive compliance
- Hyper-vigilance

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 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.

Possible indicators

Indicators may include:

- 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
- Inappropriate response to pain ('I deserve this')
- Unusual physical behaviour (rocking, hair twisting, self-mutilation) - consider within the context of any form of disability such as autism
- Extremes of passivity or aggression
- Children suffering from emotional abuse may be withdrawn and emotionally flat. One reaction is for the child to seek attention constantly or to be over-familiar. Lack of self-esteem and developmental delay are again likely to be present
- Babies – feeding difficulties, crying, poor sleep patterns, delayed development, irritable, non-cuddly, apathetic, non-demanding
- Toddler/Pre-School – head banging, rocking, bad temper, 'violent', clingy. Spectrum from overactive to apathetic, noisy to quiet. Developmental delay – especially language and social skills
- School age – Wetting and soiling, relationship difficulties, poor performance at school, non-attendance, antisocial behaviour. Feels worthless, unloved, inadequate, frightened, isolated, corrupted and terrorised
- Adolescent – depression, self harm, substance abuse, eating disorder, poor self-esteem, oppositional, aggressive and delinquent behaviour
- Child may be underweight and/or stunted
- Child may fail to achieve milestones, fail to thrive, experience academic failure or under achievement

- Also consider a child's difficulties in expressing their emotions and what they are experiencing and whether this has been impacted on by factors such as age, language barriers or disability

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 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). Adult males are not the sole perpetrators of sexual abuse. Women can also commit acts of sexual abuse, as can other children.

Sexual abuse is usually perpetrated by people who are known to and trusted by the child – e.g. relatives, family friends, neighbours, people working with the child in school or through other activities.

Characteristics of child sexual abuse:
• It is usually planned and systematic – people do not sexually abuse children by accident, though sexual abuse can be opportunistic;
• Grooming the child – people who abuse children take care to choose a vulnerable child and often spend time making them dependent. This can be done in person or via the internet through chat-rooms and social networking sites;
• Grooming the child's environment – abusers try to ensure that potential adult protectors (parents and other carers especially) are not suspicious of their motives. Again, this can be done in person or via the internet through chat-rooms and social networking sites.

In young children behavioural changes may include:
- Regressing to younger behaviour patterns such as thumb sucking or bringing out discarded cuddly toys
- Being overly affectionate - desiring high levels of physical contact and signs of affection such as hugs and kisses
- Lack of trust or fear of someone they know well, such as not wanting to be alone with a babysitter or child minder
- They may start using sexually explicit behaviour or language, particularly if the behaviour or language is not appropriate for their age
- Starting to wet again, day or night/nightmares

In older children behavioural changes may include:
- Extreme reactions, such as depression, self-mutilation, suicide attempts, running away, overdoses, anorexia
- Personality changes such as becoming insecure or clinging
- Sudden loss of appetite or compulsive eating

- Being isolated or withdrawn
- Inability to concentrate
- Become worried about clothing being removed
- Suddenly drawing sexually explicit pictures
- Trying to be 'ultra-good' or perfect; overreacting to criticism
- Genital discharge or urinary tract infections
- Marked changes in the child's general behaviour. For example, they may become unusually quiet and withdrawn, or unusually aggressive. Or they may start suffering from what may seem to be physical ailments, but which can't be explained medically
- The child may refuse to attend school or start to have difficulty concentrating so that their schoolwork is affected
- They may show unexpected fear or distrust of a particular adult or refuse to continue with their usual social activities
- The child may describe receiving special attention from a particular adult, or refer to a new, "secret" friendship with an adult or young person
- Children who have been sexually abused may demonstrate inappropriate sexualised knowledge and behaviour
- Low self-esteem, depression and self-harm are all associated with sexual abuse

Physical signs and symptoms for any age child could be:

- Medical problems such as chronic itching, pain in the genitals, venereal diseases or sexually transmitted infections
- Stomach pains or discomfort walking or sitting
- Any features that suggest interference with the genitalia. These may include bruising, swelling, abrasions or tears
- Soreness, itching or unexplained bleeding from penis, vagina or anus
- Sexual abuse may lead to secondary enuresis or faecal soiling and retention
  Symptoms of a sexually transmitted disease such as vaginal discharge or genital warts, or pregnancy in adolescent girls

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), failing to protect a child from physical and emotional harm or danger, failure to ensure adequate supervision (including the use of inadequate care-givers) 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.

Here are some signs of possible neglect:
Physical signs:

- Constant hunger
- Poor personal hygiene
- Constant tiredness
- Emaciation
- Untreated medical problems
- The child seems underweight and is very small for their age
- The child is poorly clothed, with inadequate protection from the weather
- Neglect can lead to failure to thrive, manifest by a fall away from initial centile lines in weight, height and head circumference. Repeated growth measurements are crucially important.
- Signs of malnutrition include wasted muscles and poor condition of skin and hair. It is important not to miss an organic cause of failure to thrive; if this is suspected, further investigations will be required
- Infants and children with neglect often show rapid growth catch-up and improved emotional response in a hospital environment
- Failure to thrive through lack of understanding of dietary needs of a child or inability to provide an appropriate diet; or they may present with obesity through inadequate attention to the child's diet
- Being too hot or too cold – red, swollen and cold hands and feet or they may be dressed in inappropriate clothing
- Consequences arising from situations of danger – accidents, assaults, poisoning
- Unusually severe but preventable physical conditions owing to lack of awareness of preventative health care or failure to treat minor conditions
- Health problems associated with lack of basic facilities such as heating
- Neglect can also include failure to care for the individual needs of the child including any additional support the child may need as a result of any disability

Behavioural signs:

- No social relationships
- Compulsive scavenging
- Destructive tendencies
- If they are often absent from school for no apparent reason

- If they are regularly left alone, or in charge of younger brothers or sisters
- Lack of stimulation can result in developmental delay, for example, speech delay, and this may be picked up opportunistically or at formal development checks
- Craving attention or ambivalent towards adults, or may be very withdrawn
- Delayed development and failing at school (poor stimulation and opportunity to learn)
- Difficult or challenging behaviour

CHILD SEXUAL EXPLOITATION

The sexual exploitation of children and young people (CSE) under-18 is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact.

Child sexual exploitation can occur through the use of technology without the child's immediate recognition; for example being persuaded to post sexual images on the Internet/mobile phones without immediate payment or gain. In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's limited availability of choice resulting from their social/economic and/or emotional vulnerability.

(Child Sexual Abuse, Definition and Guidance, DfE, February 2017)

Who is at risk?
Child sexual exploitation can happen to any young person from any background. Although the research suggests that the females are more vulnerable to CSE, boys and young men are also victims of this type of abuse.

The characteristics common to all victims of CSE are not those of age, ethnicity or gender, rather their powerlessness and vulnerability. Victims often do not recognise that they are being exploited because they will have been groomed by their abuser(s). As a result, victims do not make informed choices to enter into, or remain involved in, sexually exploitative situations but do so from coercion, enticement, manipulation or fear. Sexual exploitation can happen face to face and it can happen online. It can also occur between young people.

In all its forms, CSE is child abuse and should be treated as a child protection issue.

Warning Signs and Vulnerabilities Checklist

The evidence available points to several factors that can increase a child's vulnerability to being sexually exploited. The following are typical **vulnerabilities in children prior to abuse**:

- Living in a chaotic or dysfunctional household (including parental substance use, domestic violence, parental mental health issues, parental criminality)
- History of abuse (including familial child sexual abuse, risk of forced marriage, risk of 'honour'-based violence, physical and emotional abuse and neglect)
- Recent bereavement or loss
- Gang association either through relatives, peers or intimate relationships (in cases of gang-associated CSE only)
- Attending school with young people who are sexually exploited
- Learning disabilities
- Unsure about their sexual orientation or unable to disclose sexual orientation to their families
- Friends with young people who are sexually exploited
- Homeless
- Lacking friends from the same age group
- Living in a gang neighbourhood
- Living in residential care
- Living in hostel, bed and breakfast accommodation or a foyer
- Low self-esteem or self-confidence
- Young carer

The following signs and behaviour are generally seen in children who are **already being sexually exploited.**

- Missing from home or care
- Physical injuries
- Drug or alcohol misuse
- Involvement in offending
- Inappropriate sexualised behaviour for their age/sexually-transmitted infections, pregnancy and terminations
- Absent from school
- Evidence of sexual bullying and/or vulnerability through the internet and/or social networking sites and/or excessive receipt of texts/phone calls
- Estranged from their family
- Receipt of gifts from unknown sources
- Recruiting others into exploitative situations
- Poor mental health
- Self-harm
- Thoughts of or attempts at suicide

Evidence shows that any child displaying several vulnerabilities from the above lists should be considered to be at high risk of sexual exploitation. If you identify a child who you consider to be suffering from or a high risk of CSE, it is important that the Designated Safeguarding Lead is school is informed so that they can contact Children's Services.

PREVENTION OF FORCED MARRIAGE AND FEMALE GENITAL MUTILATION (FGM)

Schools are well placed to raise concerns and take action to prevent young people from being forced into marriage whilst on extended visits to their parents' home country or that of extended family. The majority of extended holidays or visits to family overseas are for valid reasons. This guidance aims to raise the awareness of education professionals regarding the safeguarding of children at risk. It should be read together with the multi-agency practice guidelines produced by the Forced Marriage Unit and the Foreign and Commonwealth Office.

What is forced marriage?
A forced marriage is a marriage in which one or both spouses do not (or, in the case of some adults with learning or physical disabilities, cannot) consent to the marriage and duress is involved. Duress can include physical, psychological, financial, sexual and emotional pressure.

This is not the same as an arranged marriage. In arranged marriages, the families of both spouses take a leading role in arranging the marriage but the choice whether or not to accept the arrangement remains with the prospective spouses.

Who is at risk?
Pupils, male or female, from as young as 11 may be at risk of being forced into marriage by parents. They may be pressurised and then agree to marry one of the prospective candidates without time for reflection. The younger pupils may be betrothed with the expectation that they will enter full married state at a later stage of their lives.

In the UK, young people can be forced into a legal marriage from age 16 or undergo a religious ceremony at an earlier age and suffer sexual abuse.

The key motives for forcing a child into marriage have been identified as:

- Controlling unwanted behaviour and sexuality (including perceived promiscuity such as kissing or hand holding, or being gay, lesbian, bisexual or transgender) – particularly the behaviour and sexuality of women
- Controlling unwanted behaviour, for example, alcohol and drug use, wearing make-up or behaving in a 'westernized manner'
- Preventing 'unsuitable' relationships, e.g. outside the ethnic, cultural religious or caste group

- Protecting 'family honour' or 'izzat'
- Rejecting a proposal of marriage
- Responding to peer group or family pressure
- Attempting to strengthen family links
- Achieving financial gain
- Ensuring land, property and wealth remain within the family
- Protecting perceived cultural ideas
- Protecting perceived religious ideals that are misguided
- Ensuring care for a child or vulnerable adult with special needs when parents or existing carers are unable to fulfil that role
- Assisting claims for residence and citizenship
- Long standing family commitments

Female genital mutilation (FGM)

Female genital mutilation (FGM) involves procedures that include the partial or total removal of the external female genital organs for cultural or other non-therapeutic 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.

Who is at risk?

A recent study has estimated that approximately:

- 60,000 girls aged 0 to14 years were born in England and Wales to mothers who had undergone FGM.
- 103,000 women aged 15 to 49 and approximately 24,000 women aged 50 and over who have migrated to England and Wales are living with the consequences of FGM.
- 10,000 girls aged under 15 who have migrated to England and Wales are likely to have undergone FGM.

FGM is prevalent in 30 countries. These are concentrated in countries around the Atlantic coast to the Horn of Africa, in areas of the Middle East and in some countries in Asia. However, it also takes place within parts of Western Europe and other developed countries, primarily amongst immigrant and refugee communities. UK communities that are at risk of FGM include Somali, Kenyan, Ethiopian, Sierra Leonean, Sudanese, Egyptian, Nigerian, Eritrean, Yemeni, Kurdish and Indonesian women and girls.

Risks & Indicators of FGM

FACTORS THAT MAY INDICATE A GIRL IS POTENTIALLY AT RISK OF BEING AFFECTED BY FGM
The most significant factor to consider when deciding whether a girl or woman may be at risk of FGM is whether her family has a history of practising FGM. In addition, it is important to consider whether FGM is known to be practised in her community or country of origin.

There are a number of factors in addition to a girl's or woman's community, country of origin and family history that could indicate she is at risk of being subjected to FGM. Potential risk factors may include:

a female child is born to a woman who has undergone FGM;
a female child has an older sibling or cousin who has undergone FGM;
a female child's father comes from a community known to practise FGM;
the family indicate that there are strong levels of influence held by elders and/or elders are involved in bringing up female children;
a woman/family believe FGM is integral to cultural or religious identity;
a girl/family has limited level of integration within UK community;
parents have limited access to information about FGM and do not know about the harmful effects of FGM or UK law;
a girl confides to a professional that she is to have a 'special procedure' or to attend a special occasion to 'become a woman';
a girl talks about a long holiday to her country of origin or another country where the practice is prevalent;
parents state that they or a relative will take the girl out of the country for a prolonged period;
a parent or family member expresses concern that FGM may be carried out on the girl;
a family is not engaging with professionals (health, education or other);
a family is already known to social care in relation to other safeguarding issues;
a girl requests help from a teacher or another adult because she is aware or suspects that she is at immediate risk of FGM;
a girl talks about FGM in conversation, for example, a girl may tell other children about it - it is important to take into account the context of the discussion;
a girl from a practising community is withdrawn from Personal, Social, Health and Economic (PSHE) education or its equivalent;
a girl is unexpectedly absent from school.

INDICATIONS THAT FGM MAY HAVE ALREADY TAKEN PLACE

A girl may:
ask for help;
confide in a professional that FGM has taken place;
have difficulty walking, sitting or standing or looks uncomfortable;
find it hard to sit still for long periods of time, and this was not a problem previously;
spend longer than normal in the bathroom or toilet due to difficulties urinating;
spend long periods of time away from a classroom during the day with bladder or menstrual problems;
have frequent urinary, menstrual or stomach problems;
avoid physical exercise or requires to be excused from physical education (PE) lessons without a GP's letter;
have prolonged or repeated absences from school or college
have increased emotional and psychological needs, for example withdrawal or depression, or a significant change in behaviour;

be reluctant to undergo any medical examinations;
ask for help, but is not be explicit about the problem; and/or
talk about pain or discomfort between her legs.

Mandatory Reporting Requirements for Teachers (October 2015)

Section 5B of the FGM Act 2003 (as amended by the Serious Crime Act 2015) introduces a mandatory reporting duty which requires regulated health and social care professionals and teachers in England and Wales to report 'known' cases of FGM in under 18s which they identify in the course of their professional work to the police. The duty applies from 31 October 2015 onwards.

The duty does not apply in suspected cases or if a teacher identifies a child at risk of FGM but these concerns should be reported to the Designated Safeguarding Lead within the school in any event.

The duty is a personal duty, which requires the individual professional, who becomes aware of the case, to make a report; the responsibility cannot be transferred. The only exception to this is if you know that another individual from your profession has already made a report; there is no requirement to make a second.

Guidance from the Home Office on this reporting requirement advises that any professional making a report to the police does this orally by calling 101, the single non-emergency number. Where there is a risk to life or likelihood of serious immediate harm, professionals should report the case immediately to police, including dialling 999 if appropriate. Full procedural information relating to the requirement including frequently asked questions is provided within the Home Office Guidance and should be read by all relevant professionals working in a school.

If a member of staff needs to report a 'known' case of FGM to the police, they should also be advised to inform the Designated Safeguarding Lead in line with the school's safeguarding policy.

A child at risk of FGM may also be at risk of other forms of honour-based abuse. Extreme caution should be taken in sharing information with any family members or those with influence within the community as this may alert them to your concerns and may place the student in danger.

PREVENT

Prevent is the Government's strategy to stop people becoming terrorists or supporting terrorism, **in all its forms**. Prevent works at the pre-criminal stage by using early intervention to encourage individuals and communities to challenge extremist and terrorist ideology and behaviour.

The Counter-Terrorism and Security Act (2015), places a duty on specified authorities, including schools and colleges, to have due regard to the need to prevent people from being drawn into terrorism ("the Prevent duty"). The Prevent duty reinforces existing duties placed upon educational establishments for keeping children safe by:

- Ensuring a broad and balanced curriculum is in place schools to promote the spiritual, moral, social and cultural development of pupils.
- Assessing the risk of pupils being drawn into extremist views.
- Ensuring safeguarding arrangements by working in partnership with local authorities, police and communities.
- Training staff to provide them with the knowledge and ability to identify pupils at risk.
- Keeping pupils safe online, using effective filtering and usage policies.

Warning Signs/Indicators of Concern

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

Pupils may become susceptible to radicalisation through a range of social, personal and environmental factors. It is vital that school staff are able to recognise those vulnerabilities. However, this list is not exhaustive, nor does it mean that all young people experiencing the above are at risk of radicalisation for the purposes of violent extremism.

Factors which may make pupils more vulnerable may include:

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

Pupils who are vulnerable to radicalisation may also be experiencing:

- Substance and alcohol misuse
- Peer pressure

• Influence from older people or via the Internet
• Bullying
• Domestic violence
• Race/hate crime

Behaviours which may indicate a child is at risk of being radicalised or exposed to extremist views could include:

- Being in contact with extremist recruiters and/or spending increasing time in the company of other suspected extremists;
- Loss of interest in other friends and activities not associated with the extremist ideology, group or cause;
- Pupils accessing extremist material online, including through social networking sites;
- Possessing or accessing materials or symbols associated with an extremist cause;
- Using extremist narratives and a global ideology to explain personal disadvantage;
- Pupils voicing opinions drawn from extremist ideologies and narratives, this may include justifying the use of violence to solve societal issues;
- Graffiti symbols, writing or art work promoting extremist messages or images;
- Significant changes to appearance and/or behaviour increasingly centred on an extremist ideology, group or cause;
- Changing their style of dress or personal appearance to accord with the group;
- Attempts to recruit others to the group/cause;
- Using insulting to derogatory names for another group;
- Increase in prejudice-related incidents committed by that person – these may include:

o physical or verbal assault
o provocative behaviour
o damage to property
o derogatory name calling
o possession of prejudice-related materials
o prejudice related ridicule or name calling
o inappropriate forms of address
o refusal to co-operate
o attempts to recruit to prejudice-related organisations
o condoning or supporting violence towards others
o Parental reports of changes in behaviour, friendship or actions and requests for assistance;
o Partner schools, local authority services, and police reports of issues affecting pupils in other schools.

If there is a concern, then a *Vulnerable to Radicalisation Form* must be submitted. This will be sent to CADS and then to the Prevent Officer for Norfolk, who puts an intelligence order on the child. The Prevent Officer would want to speak to the referrer, not necessarily the DSL. A meeting could be arranged between the Prevent Officer, the referrer, the DSL and the parents/carers.

CCE

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.

County lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other form of "deal line". They are likely to exploit children and vulnerable adults to move and store the drugs and money and they will often use coercion, intimidation, violence (including sexual violence) and weapons.

Signs to look out for:

A young person's involvement in county lines activity often leaves signs. A person might exhibit some of these signs, either as a member or as an associate of a gang dealing drugs. Any sudden changes in a person's lifestyle should be discussed with them.
Some potential indicators of county lines involvement and exploitation are listed below, with those at the top of particular concern:

- persistently going missing from school or home and / or being found out-of-area;
- unexplained acquisition of money, clothes, or mobile phones
- excessive receipt of texts / phone calls and/or having multiple handsets
- relationships with controlling / older individuals or groups
- leaving home / care without explanation
- suspicion of physical assault / unexplained injuries
- parental concerns
- carrying weapons
- significant decline in school results / performance
- gang association or isolation from peers or social networks
- self-harm or significant changes in emotional well-being

Child on child (peer) abuse

Children can abuse other children. This is generally referred to as peer on peer abuse and can take many forms. This can include (but is not limited to) bullying (including cyberbullying); sexual violence and sexual harassment; physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm; sexting and initiating/hazing type violence and rituals.

Part one and Annex A of 'Keeping Children Safe in Education' provide guidance for all school staff about child on child abuse. There is further information in Part 5 'Child on child sexual violence and sexual harassment'. This tells schools and colleges how they should deal with such abuse when it occurs between children. The guidance 'Sexual violence and sexual harassment between children in schools and colleges' Department for Education' (May 2018) provides further information in terms of what it may look like, the context in which it may occur, the legal responsibilities and an approach to preventing it. Any member of staff in school or college is likely to find all of this guidance helpful.

SAFEGUARDING CHILDREN WITH A DISABILITY: PRACTICE GUIDANCE

Children with disabilities are more vulnerable to abuse than their peers who do not have a disability for a range of reasons and yet, research shows us that they are less likely to be safeguarded from harm than people without learning disabilities.

When considering whether a disabled child is at risk of or suffering significant harm, professionals should always take into account the nature of the child's disability but should not confuse behaviours that might indicate a person is being abused with those associated with disability (e.g. behaviour that challenges). The following are some additional indicators of possible abuse or neglect:

- A bruise in a site that might not be of concern on an ambulant child, such as the shin, might be of concern on a non-mobile child
- Not getting enough help with feeding leading to malnourishment
- Poor toileting arrangements
- Lack of stimulation
- Unjustified and/or excessive use of restraint
- Rough handling, extreme behaviour modification e.g. deprivation of liquid, medication, food or clothing
- Unwillingness to try to learn a child's means of communication
- Ill-fitting equipment e.g. callipers, sleep boards, inappropriate splinting; misappropriation of a child's finances
- Invasive procedures which are unnecessary or are carried out against the child's will.

RESPONSIBILITIES and RECORDING A DISCLOSURE

We all have a statutory duty to safeguard and promote the welfare of children, and it is important we take this responsibility seriously.

You may be concerned because:

- The child's behaviour has deteriorated/changed and a number of the possible indicators of abuse have been observed;
- The child has become withdrawn or is missing from the setting regularly;
- You have knowledge of some of the high risk factors e.g. domestic violence, substance misuse, mental illness within the family;
- The child has spoken to you about abuse.

What must you do?

- *Take what you are being told seriously*
- *Listen carefully – do not interrupt*
- *Acknowledge what you have been told*
- *Remain calm*
- *Reassure – tell them they have done the right thing*
- *Tell them you will have to pass the information on and who you will be telling and why*
- *Pass to your DSL in writing via CPOMS or on agreed school form.*
- *Seek support for yourself.*

What must you not do?

- *Dismiss what you are being told*
- *Do not investigate*
- *Do not ask leading questions or jump to conclusions*
- *Do not look shocked or distasteful*
- *Do not probe*
- *Do not speculate*
- *Do not examine a child*
- *Do not pass an opinion about the alleged perpetrator*
- *Do not make negative comments*
- *Do not promise to keep a secret*
- *Do not display disbelief*
- *Never delay getting help*

Where would you find the form to record a disclosure from a child? Who should you give it to (DSL)?

All staff, with the exception of MSAs, have access to CPOMS. To make a disclosure, go to https://poringland.cpoms.net/

Use your email address and password to log in and record the disclosure.

For MSAs and volunteers, paper copies of the form are kept on the safeguarding notice board in the staffroom and in the filing cabinet in the headteacher's office. They are also available in the office, on our 'Teaching Staff' and 'Teaching Assistants' Google Shared Drives, and from the DSL.

Your record must include the following:

- The name of the child
- The place where you have made the observations
- Or who passed information onto you
- The date and time of the observations
- Who you are passing your concerns onto
- Your name and your role

You should:

- Record the facts - i.e. what you saw, what you heard.
- Be careful to avoid any opinion, hearsay or gossip.
- If you are recording what the child or an adult said try to use the exact words used as much as you possibly can.
- Be very clear about why you are concerned about the child.

Remember:

- **Do not delay in passing your concerns to the DSL**
- Do not investigate or seek to resolve the matter yourself
- Seek advice and support from the Designated Safeguarding Lead
- Make a clear and accurate record of the concerns and pass the information on without delay

If you have any concerns about a child or young person that you are working with, you must share this information with the Designated Safeguarding Lead (DSL) or one of the alternate post holders. It is important that you find out who these people are and the procedures within the school for reporting concerns during your induction period.

Staff should always follow the reporting procedures outlined in the safeguarding policy in the first instance. However, they may also share information directly with Children's Services, or the police if:

- the situation is an emergency and the designated senior person, their alternate and the Headteacher are all unavailable;
- they are convinced that a direct report is the only way to ensure the pupil's safety.

Do not think that your worry is insignificant if it is about hygiene, appearance or behaviour – it is important to pass on your concerns about something that appears small than miss a worrying situation.

Any allegation concerning a member of staff, a child's foster carer or a volunteer should be reported
immediately to the Headteacher. If an allegation is made about the Headteacher you should pass this information to the Chair of the Governing Body.

If, at any point, there is a risk of immediate serious harm to a child a referral should be made to children's social care immediately. Anybody can make a referral. If the child's situation does not appear to be improving the staff member with concerns should press for re-consideration. Concerns should always lead to help for the child at some point.

Any member of staff who does not feel that concerns about a child have been responded to appropriately and in accordance with the procedures outlined in the Safeguarding Policy should raise their concerns by following the whistleblowing procedures in your setting and raising concerns with the Headteacher or the Chair of Governors. If any member of staff does not feel the situation has been addressed appropriately at this point should contact Children's Services directly with their concerns.

Lead DSLPeter Dean—Headteacher

Hannah Howard— Deputy Headteacher

Emma Steward— SENDco

Mike Woodhams— KS2 teacher

Lucie Burdett - KS2 class teacher

Sarah Chilvers – EHAP leader

Children's Advice and Duty Service (CADS) – what to do if you need to make a call

If you are a professional concerned about a child in Norfolk and want to speak to someone, you can call the Children's Advice and Duty Service, on our direct line 0344 800 8021. If you are a member of the public you can do this through our Customer Service Centre on 0344 800 8020. You may wish to refer to the FAQ's to help you prepare for the conversation.

For any call raising concerns about a child, CADS will ask:

- all of the details known to you/your agency about the child;
- their family composition including siblings, and where possible extended
- family members and anyone important in the child's life;
- the nature of the concern and how immediate it is;
- Any and what kind of work/support you have provided to the child or family
- to date.

They will also need to know where the child is now and whether you have informed parents/carers of your concern.

Notice to callers:

- Preparing for the conversation: please see the tools developed by the CADS
- to support communication. This includes, FAQs and a flow chart. Please
- remember to record your concerns for your internal audit trail.
- Consent: It is good practice and the expectation that you seek consent from
- parents. We acknowledge that there are occasions when to do so could put
- a child at risk or undermine the investigation into a serious crime. In these
- instances, we would accept a call without consent from the parents.
- Reasons for not seeking consent should be clearly stated when speaking
- with CADS and recorded on internal systems for your records.

For more information see the Norfolk Threshold Guide

Out of hours: 0344 800 8020
In an emergency call 999

SAFE WORKING PRACTICES

We all have a duty to consider our professional conduct (please see the Staff Code of Conduct), and to be aware of situations that could make us vulnerable:

- *Alone with a child*
- *Administering first aid*
- *Restraining a child*
- *When a child seeks affection*
- *Providing intimate personal care*
- *Lack of training or support*
- *When you are unclear about guidance and/ or procedures*
- *When you fail to report or seek advice / poor lines of communication*
- *When you fail to record*
- *Ethos and culture*

Take the following steps:

- *Your behaviour should be open and transparent*
- *You must adopt high standards of personal conduct*
- *Your behaviour in or out of school must not compromise your position within the school*
- *Avoid being alone with a student behind a closed, windowless door*
- *Never give an individual student a gift that is not part of the 'Rewards Policy'*
- *Never give your personal mobile number or personal e-mail address to a student*
- *Be aware of the dangers of social networking site*

If you thought that a colleague was putting a child at risk, what must you do?

- Self-report if you think you got it wrong or may be misinterpreted
- Voice your concerns, suspicions or uneasiness as soon as possible
- Pinpoint what practice is concerning you and why
- Don't think *"What if I'm wrong?"* think *"What if I'm right?"*

If the colleague placing a child at risk was the member of staff you would normally inform, who would you contact?

The Chair of Governors or the Local Authority Designated Officer (LADO).

VISITORS IN SCHOOL

Visitors who are remaining on site must sign in and be provided with a RED LANYARD AND BADGE unless they are a contractor or otherwise have an ID badge. Upon leaving, the visitor must sign out. They should be directed to the school Safeguarding Leaflet.

Regular volunteers will have undergone a DBS check and will have read and signed the Safeguarding Folder containing procedures and policies.

If the visitor is not known, ask them to take a seat whilst you contact the person whom they are meeting. ***If you open the door to them, it is your responsibility.***

What information must you provide to volunteers before they can work with children in our school?

In order to comply with current regulations, please find below the procedures that need to be following when volunteering or studying in school:

- ☐ Safeguarding and Child Protection Policy;
- ☐ Behaviour Policy;
- ☐ Whistleblowing Policy;
- ☐ Health and Safety Policy;
- ☐ SEND Policy;
- ☐ Part 1 and Annex A of 'Keeping Children Safe in Education' (2018).

Through their work in the school, it is foreseeable that students and volunteers may occasionally be party to sensitive information, e.g. information about pupils, professional dialogue between staff, communications in the staffroom, etc. Students and volunteers have a responsibility to maintain confidentiality, and should not disclose sensitive information about the school, its pupils or employees to other parties.

They should have been shown disclosure forms and been provided with a safeguarding leaflet.

EDUCATIONAL VISITS

Volunteers should be provided with a letter outlining their roles and responsibilities (this is available from the DSL):

- Volunteers must work under the direction of school staff. The group leader should provide them with details of the itinerary and any planned learning activities.
- Volunteers should be aware of any children for whom they have a specific responsibility, and supervise them closely, with regular head counts. If appropriate, the school staff may provide information about the individual needs of the children under supervision.
- First Aid should be administered by school staff.
- Volunteers should remain in sight of school staff at all times. Only volunteers who have undergone a DBS check can work unsupervised with the children.
- If a volunteer's own child is within the school party, the group leader remains responsible for his/her welfare during the school day.
- Volunteers should be provided with the leaflet entitled 'Safeguarding and Child Protection'. This provides an overview of our safeguarding procedures.
- It is foreseeable that volunteers may occasionally be party to sensitive information, e.g. information about pupils, etc. They a responsibility to maintain confidentiality, and should not disclose sensitive information about the school, its pupils or employees to other parties.
- Volunteers should not take photographs on school visits, unless directed to do so by the group leader.

ATTENDANCE AND CHILDREN MISSING IN EDUCATION

As a result of daily registration, schools are particularly well placed to notice when a child has gone missing.

Procedures
Any child who is absent from school at the morning or afternoon registration period must have their absence recorded as being authorised, unauthorised or as an approved educational activity [attendance out of school]. Only the Headteacher or a member of staff acting on their behalf can authorise absence. If there is no known reason for the absence at registration, then the absence must be recorded in the first instance as unauthorised.

First Day Absence
On the first day of an absence, parents and carers should contact the school before the registration period closes. If no contact has been made, administrative staff will endeavour to contact parents or carers as quickly as possible during the day and will transfer information to the registers, alerting the Headteacher or other key staff to any wellbeing issues.

Third Day Absence
If the child is still absent and no contact has been established with the family, a letter will be sent home and Children's Services informed by contacting the Attendance Team or CME Team.

Continuing Absence
If the absence continues, further enquiries will continue, including within the local community.

WISHES AND FEELINGS

Why is the child's voice important?

Children feel listened to:

- When children are involved in devising their own plans, targets and learning they are generally more successful;
- We get to hear about their experiences and view points;
- Children can develop their own story about what is happening in their lives.

What happens when children and young people are not listened to?

- Children are less safe;
- Children are less happy and their wellbeing is lower;
- Children become less visible; adult needs can dominate;
- Assumptions are made about children's lives;
- Knowledge about children is limited to their relationships with adults.

Barriers

From the child's perspective:

- Emotional: shame, embarrassment, self-blame
- They can't get the words out, not having the vocabulary
- Lack of recognition that what is happening counts as abuse
- Loyalty to family members
- Fear: someone they care about may get into trouble, they might get taken away from family, worry about brothers and sisters
- Fear: No one will believe them
- Fear: it happened a long time ago
- Fear: they will have to go home to family who will know they have told
- Fear: threats from abuser of consequences of telling
- Negative past experience of telling, careful what they say around professionals – no one will do anything or they'll do something the child doesn't want

From a staff member's perspective:

- I haven't got time for this
- It's not my job, I'm a …….
- It doesn't happen to children here
- This is painful to hear
- What if I'm wrong about this?
- Her parents seem so nice
- I'm scared of her parents
- I don't know what to say to her
- Someone else must already know, the family is well known
- If I make a referral no one will do anything and she will lose trust in me
- I haven't had enough training
- I'm not sure what the process is

Overcoming the barriers

- Pupils feel safe in school have staff members they can trust;
- Education about relationships and abuse is included in the curriculum so pupils are aware of risks and have the words to voice concerns
- Senior managers within schools encourage a culture where safeguarding is central
- Well-funded services including pastoral support
- Appropriate spaces for children to go to within the school
- Staff know students well enough to recognise potential signs of abuse such as changes in behaviour
- There are strong collaborative links between school staff and other agencies
- There is a culture of openness and trust amongst staff and between staff and students

The Child's Voice: What Does Good Look Like?

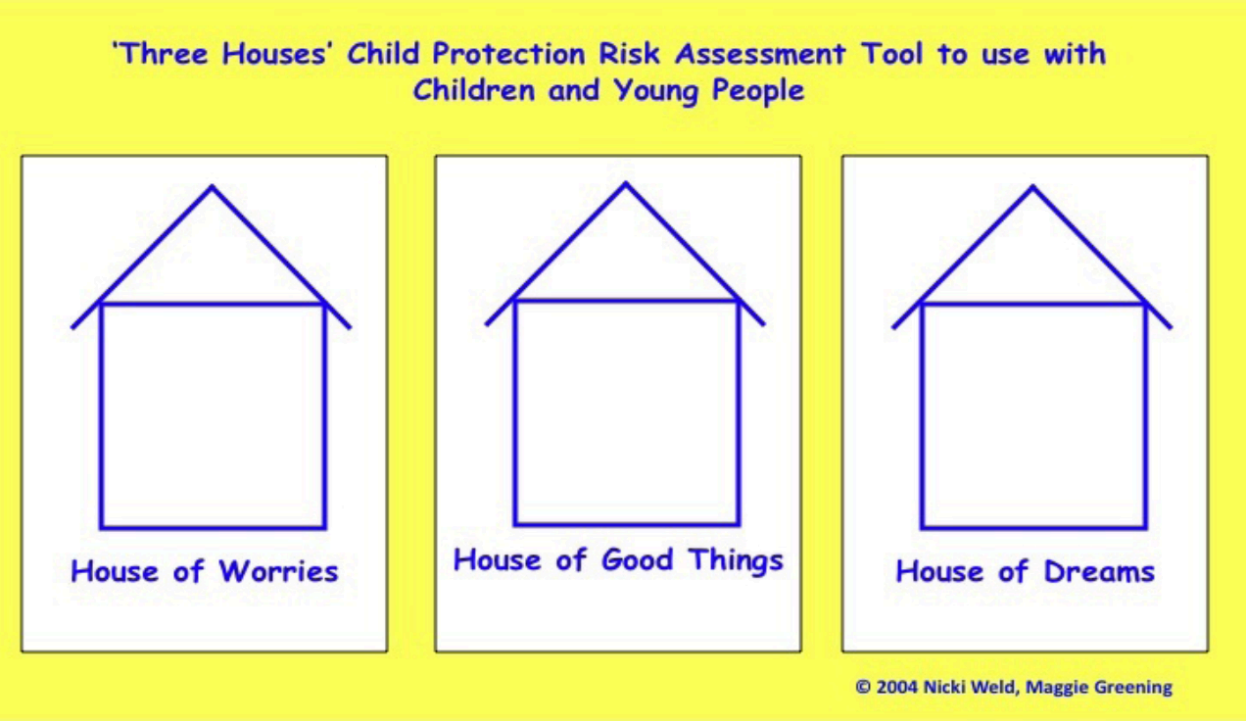
- Making the child or young person central to the story being told.
- The child or young person should "jump off the page".
- No child is too young to have a voice. Involve the child regardless of age.
- Creative methods are used to involve the child or young person, meeting their learning and development needs, and their preferences.
- Involving the child or young person is a continual process
- that needs reviewing as the child changes and develops.
- Drawing a picture of the child or young person's day to capture what their day is like.
- Having a real understanding of what makes a child or young person's day good or not so good.

Tips and techniques on listening to children with communication difficulties

- 'Communication Passport' – This can be a form or leaflet that belongs to a child and provides information on how they communicate, for example, how they will indicate 'yes' and 'no'.
- Communication tools – Pictures of items and symbols; perhaps the most important one is the 'stop' symbol.
- Planning a meeting – If you are planning to meet with a child, write a letter to the child in words and symbols, letting them know that you are going to visit them. Include a picture of yourself with the letter.
- Helping the child prepare for a meeting – A blank board can be used and the child could be helped to stick on pictures and symbols representing what they want to say.
- 'All about me' – It is good for children with communication difficulties to have pictures of people in their life who are important to them.
- Involving the child or young person is a continual process
- that needs reviewing as the child changes and develops.
- Drawing a picture of the child or young person's day to capture what their day is like.

- Having a real understanding of what makes a child or young person's day good or not so good.

Three Houses



Fairy and Wizard

Other helpful resources

Cafcass

https://www.cafcass.gov.uk/grown-ups/professionals/resources-for-professionals/

NSPCC

https://learning.nspcc.org.uk/research-resources/childline-posters-wallet-cards/
Coram Voice Norfolk- advocacy service