THE REACH FREE SCHOOL

Safeguarding and Child Protection Policy

1. Monitoring and Review

The Reach Free School Governing Body will monitor and review this policy annually.

Created: March 2013
Revised: September 2023
Ratified by the Governing Body: October 2013
Date of Last Review: September 2024
Date of Next Review: September 2025

Change History	Date	Change(s) Made	Change Author	EDI[1]
V3.1	Sept 2024	Definition of 'safeguarding and promoting the welfare of children' – amended to reflect the duties that relate to school and college staff within the updated 'Working together to safeguard children 2023'/ Keeping Children Safe in Education 2024' Other minor changes to reflect the changes in Keeping Children Safe in Education 2024, Working Together to Safeguard Children 2023 and the updated Prevent Duty Guidance.	ASM	Yes
V3.0	Sept 2023	Extensive changes have been made and sections added in consultation with the model Child Protection and Safeguarding Policy provided by The Key for School Leaders and to bring in line with KCSiE 2023. Including but not limited to: ● Links to statutory guidance that we follow ● The new procedure for sixth form pupils to study offsite ● Section 8 - The Governing Body - Added responsibilities linked to filtering and monitoring and use of the premises by third parties Added: ● Section 6 - Definitions ● Section 7 - Equality Statement	ASM	Yes
V2.5	Sept 2022	Updated to reflect changes in KCSiE 2022, changing roles within the school and the contact details of key Local Authority staff.	ASM	Yes
V2.4	Nov 2021	Updated references to KCSIE 2021. Addition of 'Sexual Violence and Sexual Harrassment in Schools and Colleges 2021' document	RBO/ SHO	
V2.3	Mar 2021	Section 6 updated to include reference to the locally agreed multi-agency procedures that have been put in place. Including reference to safeguarding online as well as in school	SHO	
V2.2	Sept 2020	The changes reflect the updated DfE document Keeping Children Safe in Education (KCSIE) 2020. Including references to: mental health, county lines, child criminal exploitation, radicalisation and safeguarding children if they are working on-line out of school.	SHO	
V2.1		Updated statutory guidance and members of the	RBO/	

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[1] Any changes or revisions to the policy have considered equality, diversity and inclusion.

		Governing Body with safeguarding and child protection roles.	ASM	
V2.0		Policy name changed to Safeguarding and Child Protection Policy. Minor adjustments relating to developed electronic record keeping and Hertfordshire Safeguarding Children's Board's (HSCB) name change to Hertfordshire Safeguarding Children's Partnership (HSCP)	RBO	
V1.5		Section 6.5 on peer-on-peer abuse added	ASM	
V1.4		Revised to include Keeping Children Safe in Education Sept 2018 and Working Together to Safeguard Children April 2018. Updated details regarding the Designated Safeguarding Lead (DSL) and Deputy DSLs	RBO/ ASM	
V1.3		Policy revised to include procedures relating to CPOMS and updated contact information	RBO/ ASM	
V1.2		Policy revised to include latest procedures following updated DfE guidance	NSI	
V1.1		Policy revised to include updated DfE guidance	RBO	
V1.0		Policy created	NSI	

2. Purpose:

At The Reach Free School, the safety and wellbeing of children are paramount. This policy is designed to:

- Inform staff, parents, guardians and carers, volunteers and governors about The Reach Free School's responsibilities for safeguarding children.
- Enable everyone to have a clear understanding of how these responsibilities should be carried out.
- Ensure that all staff consider, at all times, what is in the best interests of the child and ensure that any necessary action is taken in a timely manner to safeguard and promote children's welfare.

"Safeguarding and promoting the welfare of children is everyone's responsibility. 'Children' includes everyone under the age of 18. Everyone who comes into contact with children and their families has a role to play. In order to fulfil this responsibility effectively, all practitioners should make sure their approach is child centred. This means that they should consider, at all times, what is in the best interests of the child." Keeping Children Safe in Education 2024

3. Principles

The Reach Free School:

3.1 Follows the procedures established by the Hertfordshire Safeguarding Children Partnership; a guide to procedure and practice for all agencies in Hertfordshire working with children and their families.

3.2 Recognises that school staff and volunteers are particularly well placed to observe outward signs of abuse, changes in behaviour and failure to develop because they have daily contact with children.

3.3 Maintains an environment in school and within the school's online learning platform where children feel secure, are encouraged to talk, and are listened to when they have a worry or

concern.

3.4 Maintains an environment where school staff and volunteers feel safe, are encouraged to talk and are listened to when they have concerns about the safety and wellbeing of a child.

3.5 Ensures children know that there are adults in the school whom they can approach if they are worried.

3.6 Ensures that children who have a Child Protection Plan or a Child in Need Plan are supported in line with that plan.

3.7 Includes opportunities in the REACH Time curriculum and through assemblies for children to develop the skills they need to recognise and stay safe from abuse of all kinds.

4. Training and Continuing Professional Development

4.1 All staff members will undertake safeguarding and child protection training at induction, including on whistle-blowing procedures and online safety, to ensure they understand the school's safeguarding systems and their responsibilities, and can identify signs of possible abuse, exploitation or neglect.

This training will be regularly updated and will:
- Be integrated, aligned and considered as part of the whole-school safeguarding approach and wider staff training, and curriculum planning
- Be in line with advice from the 3 safeguarding partners
- Include online safety, including an understanding of the expectations, roles and responsibilities for staff around filtering and monitoring
- Have regard to the Teachers' Standards to support the expectation that all teachers:
  - Manage behaviour effectively to ensure a good and safe environment
  - Have a clear understanding of the needs of all pupils

All staff will have training on the government's anti-radicalisation strategy, Prevent, to enable them to identify children at risk of becoming involved with or supporting terrorism and to challenge extremist ideas.

Staff will also receive regular safeguarding and child protection updates, including on online safety, as required but at least annually (for example, through emails, e-bulletins and staff meetings).

Volunteers will receive appropriate training, if applicable.

4.2 Temporary staff, supply staff and volunteers will be made aware of the safeguarding policies and procedures by the Designated Safeguarding Lead.

4.3 The DSL and deputies will undertake child protection and safeguarding training at least every 2 years.

In addition, they will update their knowledge and skills at regular intervals and at least annually (for example, through e-bulletins, meeting other DSLs, or taking time to read and digest safeguarding developments).

They will also undertake Prevent awareness training.

DSLs who have contact with children and families will have supervisions, both internal and

external, which will provide them with support, coaching and training, promote the interests of children and allow for confidential discussions of sensitive issues.

4.4 All governors receive training about safeguarding and child protection (including online safety) at induction, which is regularly updated. This is to make sure that they:
- Have the knowledge and information needed to perform their functions and understand their responsibilities, such as providing strategic challenge
- Can be assured that safeguarding policies and procedures are effective and support the school to deliver a robust whole-school approach to safeguarding

As the chair of governors may be required to act as the 'case manager' in the event that an allegation of abuse is made against the headteacher, they receive training in managing allegations for this purpose.

5. Statutory Framework

In order to safeguard and promote the welfare of children, The Reach Free School will act in accordance with the following legislation and guidance:

- Rehabilitation of Offenders Act 1974
- The Children Act 1989 and 2004 amendment
- Human Rights Act 1998 and European Convention on Human Rights
- Education Act 2002 (section 157 and 175)
- Female Genital Mutilation Act 2003
- The Education (Pupil Information) (England) Regulations 2005
- Safeguarding Vulnerable Groups Act 2006
- The School Staffing (England) Regulations 2009
- Equality Act 2010
- Dealing with Allegations of Abuse Against Teachers and Other Staff (DfE 2011)
- The Anti-social Behaviour, Crime and Policing Act 2014 (Forced Marriage, Bullying including cyberbullying, child-on-child abuse)
- The Education (Independent School Standards) Regulations 2014
- Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers 2015
- Counter Terrorism and Security Act 2015 (section 26)
- Children Missing in Education (last updated 2016)
- Multi-agency statutory guidance on female genital mutilation 2016
- Working Together to Safeguard Children 2023
- Mental Health and Behaviour in Schools 2018
- Keeping Children Safe in Education 2024
- Prevent duty guidance: England and Wales (2023)
- Hertfordshire Safeguarding Children Partnership Inter-agency Child Protection and Safeguarding Children Procedures
- Governance handbook and competency framework
- Public Sector Equality Duty
- HM Government Information sharing advice for safeguarding practitioners
- This policy also complies with our funding agreement and articles of association.

Working Together to Safeguard Children 2023 requires all schools to follow the procedures for protecting children from abuse, which are published by the Local (Hertfordshire) Safeguarding Partnership.

6. Definitions

Safeguarding and promoting the welfare of children means:

- Protecting children from maltreatment
- Preventing impairment of children's mental and physical 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

Child protection is part of this definition and refers to activities undertaken to prevent children suffering, or being likely to suffer, significant harm.

Abuse is a form of maltreatment of a child, and may involve inflicting harm or failing to act to prevent harm. Appendix 1 explains the different types of abuse.

Neglect is a form of abuse and 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. Appendix 1 defines neglect in more detail.

Sharing of nudes and semi-nudes[2] (also known as sexting or youth-produced sexual imagery) is where children share nude or semi-nude images, videos, computer generated images or live streams.

Children includes everyone under the age of 18.

The following 3 **safeguarding partners** are identified in Keeping Children Safe in Education (and defined in the Children Act 2004, as amended by chapter 2 of the Children and Social Work Act 2017). They will make arrangements to work together to safeguard and promote the welfare of local children, including identifying and responding to their needs:
- The local authority (LA) - Hertfordshire
- Integrated care boards (previously known as clinical commissioning groups) for an area within the LA - NHS Hertfordshire and West Essex Integrated Care Board (ICB), South and West Hertfordshire section
- The chief officer of police for Hertfordshire

Victim is a widely understood and recognised term, but we understand that not everyone who has been subjected to abuse considers themselves a victim, or would want to be described that way. When managing an incident, we will be prepared to use any term that the child involved feels most comfortable with.

Alleged perpetrator(s) and **perpetrator(s)** are widely used and recognised terms. However, we will think carefully about what terminology we use (especially in front of children) as, in some cases, abusive behaviour can be harmful to the perpetrator too. We will decide what is appropriate and which terms to use on a case-by-case basis.

7. Equality Statement

Some children have an increased risk of abuse, both online and offline, and additional barriers can exist for some children with respect to recognising or disclosing it. We are committed to anti-discriminatory practice and recognise children's diverse circumstances. We ensure that all children have the same protection, regardless of any barriers they may face.

We give special consideration to children who:
- Have special educational needs and/or disabilities (SEND) or health conditions (see section 10)

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[2] When handling incidents relating to nudes and semi-nudes the Sharing nudes and semi-nudes: how to respond to an incident (overview) (updated March 2024) will be followed

- Are young carers
- May experience discrimination due to their race, ethnicity, religion, gender identification or sexuality
- Have English as an additional language
- Are known to be living in difficult situations – for example, temporary accommodation or where there are issues such as substance abuse or domestic violence
- This can be particularly relevant, for example, in relation to the impact on children of all forms of domestic abuse, including where they see, hear or experience its effects
- Are at risk of FGM, sexual exploitation, forced marriage, or radicalisation
- Are asylum seekers
- Are at risk due to either their own or a family member's mental health needs
- Are looked after or previously looked after (see section 12)
- Are missing or absent from education for prolonged periods and/or repeat occasions
- Whose parent/carer has expressed an intention to remove them from school to be home educated

8. Roles and Responsibilities

At The Reach Free School, safeguarding and child protection is everyone's responsibility. This policy applies to all staff, volunteers and governors in the school and is consistent with the procedures of the 3 safeguarding partners. Our policy and procedures also apply to extended school and off-site activities.

The school plays a crucial role in preventative education. This is in the context of a whole-school approach to preparing pupils for life in modern Britain, and a culture of zero tolerance of sexism, misogyny/misandry, homophobia, biphobia, transphobia and sexual violence/harassment. This will be underpinned by our:

- Behaviour policy
- Pastoral support (House) system
- Planned programme of relationships, sex and health education (RSHE), which is inclusive and delivered regularly through REACH Time during our Reach Beyond sessions, tackling issues such as:
  - Healthy and respectful relationships
  - Boundaries and consent
  - Stereotyping, prejudice and equality
  - Body confidence and self-esteem
  - How to recognise an abusive relationship (including coercive and controlling behaviour)
  - The concepts of, and laws relating to, sexual consent, sexual exploitation, abuse, grooming, coercion, harassment, rape, domestic abuse, so-called honour-based violence such as forced marriage and FGM and how to access support
  - What constitutes sexual harassment and sexual violence and why they are always unacceptable

8.1 All staff

All staff will:
- Read and understand part 1 and annex B of the Department for Education's statutory safeguarding guidance, Keeping Children Safe in Education, and review this guidance at least annually
- Sign a declaration at the beginning of each academic year to say that they have reviewed the guidance
- Reinforce the importance of online safety when communicating with parents and carers.

This includes making parents and carers aware of what we ask children to do online (e.g. sites they need to visit or who they will be interacting with online)
- Provide a safe space for pupils who are LGBTQ+ to speak out and share their concerns

All staff will be aware of:
- Our systems which support safeguarding, including this child protection and safeguarding policy, the staff code of conduct, the role and identity of the designated safeguarding lead (DSL) and deputies, the behaviour policy, online safety which includes the expectations, applicable roles and responsibilities in relation to filtering and monitoring, and the safeguarding response to children who go missing from education
- The early help assessment process (sometimes known as the common assessment framework) and their role in it, including identifying emerging problems, liaising with the DSL, and sharing information with other professionals to support early identification and assessment
- The process for making referrals to local authority children's social care and for statutory assessments that may follow a referral, including the role they might be expected to play
- What to do if they identify a safeguarding issue or a child tells them they are being abused or neglected, including specific issues such as FGM, and how to maintain an appropriate level of confidentiality while liaising with relevant professionals
- The signs of different types of abuse, exploitation and neglect, as well as specific safeguarding issues, such as child-on-child abuse, child sexual exploitation (CSE), child criminal exploitation (CCE), indicators of being at risk from or involved with serious violent crime, FGM, radicalisation and serious violence (including that linked to county lines)
- The importance of reassuring victims that they are being taken seriously and that they will be supported and kept safe
- The fact that children can be at risk of harm inside and outside their home, at school and online
- The fact that children who are (or who are perceived to be) lesbian, gay, bi or gender questioning (LGBTQ+) can be targeted by other children
- What to look for to identify children who need help or protection

8.2 The Designated Safeguarding Leads (DSLs)

The Designated Safeguarding Lead (DSL) for Child Protection at The Reach Free School is: Anthony Smith, Deputy Headteacher - Quality of Education.

The DSL and Head of Safeguarding take lead responsibility for child protection and wider safeguarding in the school. This includes online safety, and understanding our filtering and monitoring processes on school devices and school networks to keep pupils safe online.

During term time, the DSL and Head of Safeguarding will be available during school hours for staff to discuss any safeguarding concerns. Out of school hours the DSL or Head of Safeguarding can be contacted via their email addresses listed below.
A Deputy DSL should be appointed to act in the absence/unavailability of the DSL.
The Deputy Designated Safeguarding Leads for Child Protection in this school are:

Anthony Smith, Deputy Headteacher - Quality of Education (asmith@reachfree.co.uk)
Joanne Kelly, Head of Safeguarding and Pupil Support (jkelly@reachfree.co.uk)
Kaliegh Mottram, Deputy Head of House - Atticus
Julie Delicata, Deputy Head of House - Calpurnia
Charlene Redmond, Deputy Head of House - Jem
Luke Dunn, Deputy Head of House - Radley
Annalise Armitage, Head of year 12

8.2.1 The DSL will be given the time, funding, training, resources and support to:

- Provide advice and support to other staff on child welfare and child protection matters
- Take part in strategy discussions and inter-agency meetings and/or support other staff to do so
- Contribute to the assessment of children
- Refer suspected cases, as appropriate, to the relevant body (local authority children's social care, Channel programme, Disclosure and Barring Service, and/or police), and support staff who make such referrals directly
- Have a good understanding of harmful sexual behaviour
- Have a good understanding of the filtering and monitoring systems and processes in place at our school

The DSL will also:

- Keep the headteacher informed of any issues
- Liaise with local authority case managers and designated officers for child protection concerns as appropriate
- Discuss the local response to sexual violence and sexual harassment with police and local authority children's social care colleagues to prepare the school's policies
- Be confident that they know what local specialist support is available to support all children involved (including victims and alleged perpetrators) in sexual violence and sexual harassment, and be confident as to how to access this support
- Be aware that children must have an 'appropriate adult' to support and help them in the case of a police investigation or search

8.3 The Governing Body

The Governing Body has overall responsibility for ensuring that there are sufficient measures in place to safeguard the children in their establishment and whilst out of school when accessing online learning.

The nominated governors for child protection are: Carolyn Venn and Diana Culliton

The governing body will:

- Facilitate a whole-school approach to safeguarding, ensuring that safeguarding and child protection are at the forefront of, and underpin, all relevant aspects of process and policy development
- Evaluate and approve this policy at each review, ensuring it complies with the law, and hold the headteacher to account for its implementation
- Be aware of its obligations under the Human Rights Act 1998, the Equality Act 2010 (including the Public Sector Equality Duty), and our school's local multi-agency safeguarding arrangements
- Appoint a link governor to monitor the effectiveness of this policy in conjunction with the full governing board. This is always a different person from the DSL
- Ensure all staff undergo safeguarding and child protection training, including online safety, and that such training is regularly updated and is in line with advice from the safeguarding partners
- Ensure that the school has appropriate filtering and monitoring systems in place, and review their effectiveness. This includes:
  - Making sure that the leadership team and staff are aware of the provisions in place, and that they understand their expectations, roles and responsibilities around filtering and monitoring as part of safeguarding training

- ○ Reviewing the [DfE's filtering and monitoring standards](#), and discussing with IT staff and service providers what needs to be done to support the school in meeting these standards

Make sure:
- The DSL has the appropriate status and authority to carry out their job, including additional time, funding, training, resources and support
- Online safety is a running and interrelated theme within the whole-school approach to safeguarding and related policies
- The DSL has lead authority for safeguarding, including online safety and understanding the filtering and monitoring systems and processes in place
- The school has procedures to manage any safeguarding concerns (no matter how small) or allegations that do not meet the harm threshold (low-level concerns) about staff members (including supply staff, volunteers and contractors). The Managing Allegations Against Staff contains more detailed information.
- That this policy reflects that children with SEND, or certain medical or physical health conditions, can face additional barriers to any abuse or neglect being recognised
- Where another body is providing services or activities (regardless of whether or not the children who attend these services/activities are children on the school roll):
  - ○ Seek assurance that the other body has appropriate safeguarding and child protection policies/procedures in place, and inspect them if needed
  - ○ Make sure there are arrangements for the body to liaise with the school about safeguarding arrangements, where appropriate
  - ○ Make sure that safeguarding requirements are a condition of using the school premises, and that any agreement to use the premises would be terminated if the other body fails to comply

The chair of governors will act as the 'case manager' in the event that an allegation of abuse is made against the headteacher, where appropriate (see Managing Allegations Against Staff Policy).

All governors will read Keeping Children Safe in Education in its entirety.

8.4 The Headteacher

The headteacher is responsible for the implementation of this policy, including:
- Ensuring that staff (including temporary staff) and volunteers:
  - ○ Are informed of our systems which support safeguarding, including this policy, as part of their induction
  - ○ Understand and follow the procedures included in this policy, particularly those concerning referrals of cases of suspected abuse, exploitation and neglect
- Ensuring this policy is highlighted to parents/carers when their child joins the school and via the school website
- Ensuring that the DSL has appropriate time, funding, training and resources, and that there is always adequate cover if the DSL is absent
- Acting as the 'case manager' in the event of an allegation of abuse made against another member of staff or volunteer, as per the Managing Allegations Against Staff Policy

9. Confidentiality

The Reach Free School's approach to confidentiality is detailed in the Data Protection Policy. However, it is important to note that:

- Timely information sharing is essential to effective safeguarding
- Fears about sharing information must not be allowed to stand in the way of the need to promote the welfare, and protect the safety, of children

- The Data Protection Act (DPA) 2018 and UK GDPR do not prevent, or limit, the sharing of information for the purposes of keeping children safe
- If staff need to share 'special category personal data', the DPA 2018 contains 'safeguarding of children and individuals at risk' as a processing condition that allows practitioners to share information without consent if: it is not possible to gain consent; it cannot be reasonably expected that a practitioner gains consent; or if to gain consent would place a child at risk
- Staff should never promise a child that they will not tell anyone about a report of abuse, as this may not be in the child's best interests
- If a victim asks the school not to tell anyone about the sexual violence or sexual harassment:
    - There is no definitive answer, because even if a victim does not consent to sharing information, staff may still lawfully share it if there is another legal basis under the UK GDPR that applies
    - The DSL will have to balance the victim's wishes against their duty to protect the victim and other children

The DSL should consider that:
- Parents or carers should normally be informed (unless this would put the victim at greater risk)
- The basic safeguarding principle is: if a child is at risk of harm, is in immediate danger, or has been harmed, a referral should be made to the child's local authority children's social care team
- Rape, assault by penetration and sexual assault are crimes. Where a report of rape, assault by penetration or sexual assault is made, this should be referred to the police. While the age of criminal responsibility is 10, if the alleged perpetrator is under 10, the starting principle of referring to the police remains

Regarding anonymity, all staff will:
- Be aware of anonymity, witness support and the criminal process in general where an allegation of sexual violence or sexual harassment is progressing through the criminal justice system
- Do all they reasonably can to protect the anonymity of any children involved in any report of sexual violence or sexual harassment, for example, carefully considering which staff should know about the report, and any support for children involved
- Consider the potential impact of social media in facilitating the spreading of rumours and exposing victims' identities
- The government's [information sharing advice for safeguarding practitioners](#) includes 7 'golden rules' for sharing information, and will support staff who have to make decisions about sharing information
- If staff are in any doubt about sharing information, they should speak to the DSL (or deputy)
- Confidentiality is also addressed in this policy with respect to record-keeping below

10. If you have concerns about a child (as opposed to believing a child is suffering or likely to suffer from harm, or is in immediate danger)

Staff, volunteers and governors must follow the procedures set out below in the event of a safeguarding issue. Please note – in this and subsequent sections, you should take any references to the DSL to mean "the DSL (or deputy DSL)".

10.1 If any member of staff is concerned about a child he or she must inform the Designated Safeguarding Lead using their logon to The Reach Free School CPOMS module.

10.2 The member of staff must record information using The Reach Free School CPOMS module regarding the concerns as soon as possible and at the very least on the same day. The recording must be a clear, precise, factual account of the observations.

10.3.1 Referral to Children's Services

The Designated Safeguarding Lead will decide whether the concerns should be referred to Children's Services (normally via the Consultation Hub in the first instance). If it is decided that a referral to Children's Services should be made, this will be discussed with the parents, unless to do so would place the child at further risk of harm or is not in the best interests of the child.

If it is appropriate to refer the case to local authority children's social care or the police, the DSL will make the referral or support you to do so.

If you make a referral directly (see section 17), you must tell the DSL as soon as possible.

The local authority will make a decision within 1 working day of a referral about what course of action to take and will let the person who made the referral know the outcome. The DSL or person who made the referral must follow up with the local authority if this information is not made available, and ensure outcomes are properly recorded.

If the child's situation does not seem to be improving after the referral, the DSL or person who made the referral must follow local escalation procedures to ensure their concerns have been addressed and that the child's situation improves.

10.3.2 Families First Assessment

If an early help assessment is appropriate, the DSL will generally lead on liaising with other agencies and setting up an inter-agency assessment as appropriate (In Hertfordshire this is known as a Families First Assessment and Early Help Module). Staff may be required to support other agencies and professionals in an early help assessment, in some cases acting as the lead practitioner.

We will discuss and agree, with statutory safeguarding partners, levels for the different types of assessment, as part of our local arrangements.

The DSL will keep the case under constant review and the school will consider a referral to local authority children's social care if the situation does not seem to be improving. Timelines of interventions will be monitored and reviewed.

10.4 Particular attention will be paid to the attendance and development of any child about whom the school has concerns, or who has been identified as being the subject of a child protection plan, and a written record will be kept on CPOMS.

10.5 If a pupil who is/or has been the subject of a child protection plan changes school, the Designated Safeguarding Lead will inform the social worker responsible for the case and transfer the appropriate records to the Designated Safeguarding Lead at the receiving school, in a secure manner, and separate from the child's academic file.

10.6 All staff should be aware of the proceedings around external agencies interviewing pupils at school and the process of informing parents. This includes ensuring any special needs are disclosed.

11. When to be concerned

11.1 All staff and volunteers should be aware that the main categories of abuse are:

- Physical abuse
- Emotional abuse
- Sexual abuse
- Neglect

11.2 In addition all staff and volunteers should be aware of the specific safeguarding issues detailed in the latest version of Keeping Children Safe in Education

11.3 All staff and volunteers should be concerned about a child if they present indicators of possible significant harm – **see Appendix 1 for more details**.

10.4 If you discover that FGM has taken place or a pupil is at risk of FGM

Keeping Children Safe in Education explains that FGM comprises "all procedures involving partial or total removal of the external female genitalia, or other injury to the female genital organs".
FGM is illegal in the UK and a form of child abuse with long-lasting, harmful consequences. It is also known as 'female genital cutting', 'circumcision' or 'initiation'.

Possible indicators that a pupil has already been subjected to FGM, and factors that suggest a pupil may be at risk, are set out in Annex B of Multi-agency statutory guidance on female genital mutilation - GOV.UK

Any teacher who either:
- Is informed by a girl under 18 that an act of FGM has been carried out on her; or
- Observes physical signs which appear to show that an act of FGM has been carried out on a girl under 18 and they have no reason to believe that the act was necessary for the girl's physical or mental health or for purposes connected with labour or birth

Must immediately report this to the police, personally. This is a mandatory statutory duty, and teachers will face disciplinary sanctions for failing to meet it.
Unless they have been specifically told not to disclose, they should also discuss the case with the DSL and involve children's social care as appropriate.

Any other member of staff who discovers that an act of FGM appears to have been carried out on a pupil under 18 must speak to the DSL and follow our Hertfordshire Safeguarding Partnership procedures.

The duty for teachers mentioned above does not apply in cases where a pupil is *at risk* of FGM or FGM is suspected but is not known to have been carried out. Staff should not examine pupils.
Any member of staff who suspects a pupil is at risk of FGM or suspects that FGM has been carried out should speak to the DSL and follow our Hertfordshire Safeguarding Partnership procedures.

10.5 If you have concerns about extremism

If a child is not suffering or likely to suffer from harm, or in immediate danger, where possible speak to the DSL first to agree a course of action.

If in exceptional circumstances the DSL is not available, this should not delay appropriate action being taken. Speak to a member of the senior leadership team and/or seek advice from local authority children's social care. Make a referral to local authority children's social care directly, if appropriate (see 'Referral' above). Inform the DSL or deputy as soon as practically possible after the referral.

Where there is a concern, the DSL will consider the level of risk and decide which agency to make

a referral to. This could include the police or Channel, the government's programme for identifying and supporting individuals at risk of becoming involved with or supporting terrorism, or the local authority children's social care team.

The DfE also has a dedicated telephone helpline, 020 7340 7264, which school staff and governors can call to raise concerns about extremism with respect to a pupil. You can also email counter.extremism@education.gov.uk. Note that this is not for use in emergency situations.

In an emergency, call 999 or the confidential anti-terrorist hotline on 0800 789 321 if you:
- Think someone is in immediate danger
- Think someone may be planning to travel to join an extremist group
- See or hear something that may be terrorist-related

10.6 If you have a concern about mental health
Mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation.

Staff will be alert to behavioural signs that suggest a child may be experiencing a mental health problem or be at risk of developing one.

If you have a mental health concern about a child that is also a safeguarding concern, take immediate action by following the steps in section 10.3.3.

If you have a mental health concern that is not also a safeguarding concern, speak to the DSL to agree on a course of action.

Speak to the child's Deputy Head of House in the first instance and if your concerns remain speak to Joanne Kelly (Head of Safeguarding) and Colette Oliver (Mental Health Lead). Refer to the Department for Education guidance on mental health and behaviour in schools for more information.

10.7 Allegations of abuse made against other pupils
We recognise that children are capable of abusing their peers. Abuse will never be tolerated or passed off as "banter", "just having a laugh" or "part of growing up", as this can lead to a culture of unacceptable behaviours and an unsafe environment for pupils.

We also recognise the gendered nature of child-on-child abuse. However, all child-on-child abuse is unacceptable and will be taken seriously and should be referred to the safeguarding team in the same way as any other concern via CPOMS or in person if a pupil is at risk of immediate harm.

Most cases of pupils hurting other pupils will be dealt with under our school's behaviour policy, but this child protection and safeguarding policy will apply to any allegations that raise safeguarding concerns. This might include where the alleged behaviour:

- Is serious, and potentially a criminal offence
- Could put pupils in the school at risk
- Is violent
- Involves pupils being forced to use drugs or alcohol
- Involves sexual exploitation, sexual abuse or sexual harassment, such as indecent exposure, sexual assault, upskirting or sexually inappropriate pictures or videos (including the sharing of nudes and semi-nudes)

At The Reach Free school we recognise the importance of taking proactive action to create a

supportive environment and minimise the risk of child-on-child abuse and to achieve this we will:

- Challenge any form of derogatory or sexualised language or inappropriate behaviour between peers, including requesting or sending sexual images
- Be vigilant to issues that particularly affect different genders – for example, sexualised or aggressive touching or grabbing towards female pupils, and initiation or hazing type violence with respect to boys
- Ensure our curriculum helps to educate pupils about appropriate behaviour and consent
- Ensure pupils are able to easily and confidently report abuse using our reporting systems (as described in section 12 below)
- Ensure staff reassure victims that they are being taken seriously
- Be alert to reports of sexual violence and/or harassment that may point to environmental or systemic problems that could be addressed by updating policies, processes and the curriculum, or could reflect wider issues in the local area that should be shared with safeguarding partners
- Support children who have witnessed sexual violence, especially rape or assault by penetration. We will do all we can to make sure the victim, alleged perpetrator(s) and any witnesses are not bullied or harassed
- Consider intra-familial harms and any necessary support for siblings following a report of sexual violence and/or harassment

Ensure staff are trained to understand:

- How to recognise the indicators and signs of child-on-child abuse, and know how to identify it and respond to reports
- That even if there are no reports of child-on-child abuse in school, it does not mean it is not happening – staff should maintain an attitude of "it could happen here"
- That if they have any concerns about a child's welfare, they should act on them immediately rather than wait to be told, and that victims may not always make a direct report. For example:
  - Children can show signs or act in ways they hope adults will notice and react to
  - A friend may make a report
  - A member of staff may overhear a conversation
  - A child's behaviour might indicate that something is wrong
- That certain children may face additional barriers to telling someone because of their vulnerability, disability, gender, ethnicity and/or sexual orientation
- That a pupil harming a peer could be a sign that the child is being abused themselves, and that this would fall under the scope of this policy
- The important role they have to play in preventing child-on-child abuse and responding where they believe a child may be at risk from it
- That they should speak to the DSL if they have any concerns
- That social media is likely to play a role in the fall-out from any incident or alleged incident, including for potential contact between the victim, alleged perpetrator(s) and friends from either side

The DSL will take the lead role in any disciplining of the alleged perpetrator(s). We will provide support at the same time as taking any disciplinary action.

Disciplinary action can be taken while other investigations are going on, e.g. by the police. The fact that another body is investigating or has investigated an incident does not (in itself) prevent our school from coming to its own conclusion about what happened and imposing a penalty accordingly. We will consider these matters on a case-by-case basis, taking into account whether:

- Taking action would prejudice an investigation and/or subsequent prosecution – we will

liaise with the police and/or local authority children's social care to determine this
- There are circumstances that make it unreasonable or irrational for us to reach our own view about what happened while an independent investigation is ongoing

10.8 If there is a serious or immediate threat to a child, contact the DSL, Local Authority calling 0300 123 4043 or emergency services using '999' if appropriate at once.

11. Online safety and the use of mobile technology
We recognise the importance of safeguarding children from potentially harmful and inappropriate online material, and we understand that technology is a significant component in many safeguarding and wellbeing issues.

To address this, our school aims to:

- Have robust processes (including filtering and monitoring systems - provided via Securly and monitored by the DSL team) in place to ensure the online safety of pupils, staff, volunteers and governors
- Protect and educate the whole school community in its safe and responsible use of technology, including mobile and smart technology (which we refer to as 'mobile phones')
- Set clear guidelines for the use of mobile phones for the whole school community
- Establish clear mechanisms to identify, intervene in and escalate any incidents or concerns, where appropriate

Our approach to online safety is based on addressing the following four categories of risk:

- **Content** – being exposed to illegal, inappropriate or harmful content, such as pornography, fake news, racism, misogyny, self-harm, suicide, antisemitism, radicalisation and extremism
- **Contact** – being subjected to harmful online interaction with other users, such as peer-to-peer pressure, commercial advertising and adults posing as children or young adults with the intention to groom or exploit them for sexual, criminal, financial or other purposes
- **Conduct** – personal online behaviour that increases the likelihood of, or causes, harm, such as making, sending and receiving explicit images (e.g. consensual and non-consensual sharing of nudes and semi-nudes and/or pornography), sharing other explicit images and online bullying; and
- **Commerce** – risks such as online gambling, inappropriate advertising, phishing and/or financial scams

To meet our aims and address the risks above, we will:

- Educate pupils about online safety as part of our curriculum. For example:
  - The safe use of social media, the internet and technology
  - Keeping personal information private
  - How to recognise unacceptable behaviour online
  - How to report any incidents of cyber-bullying, ensuring pupils are encouraged to do so, including where they are a witness rather than a victim
- Train staff, as part of their induction, on safe internet use and online safeguarding issues including cyber-bullying, the risks of online radicalisation, and the expectations, roles and responsibilities around filtering and monitoring. All staff members will receive refresher training as required and at least once each academic year
- Educate parents, guardians and carers about online safety via our website, communications sent directly to them and during parents' evenings. We will also share clear procedures with them so they know how to raise concerns about online safety

- Make sure staff are aware of any restrictions placed on them with regards to the use of their mobile phone and cameras:
  - Staff are allowed to bring their personal phones to school for their own use, but will limit such use to non-contact time when pupils are not present
  - Staff should remove any pictures or recordings of pupils on their personal phones or cameras once they have been uploaded for the purpose they were intended or if they are no longer required for school use (eg. Twitter, coursework evidence, displays)
- Make all pupils, parents, guardians and carers, staff, volunteers and governors aware that they are expected to sign an agreement regarding the acceptable use of the internet in school, use of the school's ICT systems and use of their mobile and smart technology
- Explain the consequences we will use if a pupil is in breach of our policies on the acceptable use of the internet and mobile phones
- Make sure all staff, pupils and parents/carers are aware that staff have the power to search pupils' phones, as set out in the DfE's guidance on searching, screening and confiscation
- Put in place robust filtering and monitoring systems to limit children's exposure to the 4 key categories of risk (described above) from the school's IT systems.
- Carry out an annual review of our approach to online safety, supported by an annual risk assessment that considers and reflects the risks faced by our school community
- Provide regular safeguarding and children protection updates including online safety to all staff, at least annually, in order to continue to provide them with the relevant skills and knowledge to safeguard effectively
- Review the child protection and safeguarding policy, including online safety, annually and ensure the procedures and implementation are updated and reviewed regularly

This section summarises our approach to online safety and mobile phone use. For full details about our school's policies in these areas, please refer to our online safety policy and mobile phone policies which can be found on our website.

11.1 Artificial intelligence (AI)

Generative artificial intelligence (AI) tools are now widespread and easy to access. Staff, pupils and parents, guardians and carers may be familiar with generative chatbots such as ChatGPT and Google Bard.

The Reach Free School recognises that AI has many uses, including enhancing teaching and learning, and in helping to protect and safeguard pupils. However, AI may also have the potential to facilitate abuse (e.g. bullying and grooming) and/or expose pupils to harmful content. For example, in the form of 'deepfakes', where AI is used to create images, audio or video hoaxes that look real.

The Reach Free School will treat any use of AI to access harmful content or bully pupils in line with this policy and our anti-bullying and behaviour policies.

Staff should be aware of the risks of using AI tools whilst they are still being developed and should carry out risk assessments for any new AI tool being used by the school.

12. Reporting systems for our pupils

Where there is a safeguarding concern, we will take the child's wishes and feelings into account when determining what action to take and what services to provide.

We recognise the importance of ensuring pupils feel safe and comfortable to come forward and report any concerns and/or allegations.

To achieve this, we will:
- Put systems in place for pupils to confidently report abuse
- Ensure our reporting systems are well promoted, easily understood and easily accessible for pupils
- Make it clear to pupils that their concerns will be taken seriously, and that they can safely express their views and give feedback

We do this by:
- Training all staff to ensure that pupils know that they can talk to any member of staff they feel comfortable with
- Providing confidential 'Report Bullying' and 'Worries and wishes' Google Forms available on our website in the pupil section
- Promoting 'What to do if you are concerned for your wellbeing or a peers' via REACH Time lessons, assemblies and through form time
- Reassuring pupils that any concerns they have will be taken seriously

12.1 Pupils with special educational needs, disabilities or health issues

We recognise that pupils with SEND or certain health conditions can face additional safeguarding challenges. Children with disabilities are more likely to be abused than their peers. Additional barriers can exist when recognising abuse, exploitation and neglect in this group, including:g:

- Assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's condition without further exploration
- Pupils being more prone to peer group isolation or bullying (including prejudice-based bullying) than other pupils
- The potential for pupils with SEN, disabilities or certain health conditions being disproportionally impacted by behaviours such as bullying, without outwardly showing any signs
- Communication barriers and difficulties in managing or reporting these challenges
- Cognitive understanding

We offer extra pastoral support for these pupils. This includes:

- Sessions with SEND Assistant Teachers who understand the pupil's needs best
- Additional contact with Deputy Heads of House to support pastoral needs

Any abuse involving pupils with SEND will require close liaison with the DSL (or deputy) and the SENCO.

12.2 Pupils with a social worker

Pupils may need a social worker due to safeguarding or welfare needs. We recognise that a child's experiences of adversity and trauma can leave them vulnerable to further harm as well as potentially creating barriers to attendance, learning, behaviour and mental health.

The DSL and all members of staff will work with and support social workers to help protect vulnerable children.

Where we are aware that a pupil has a social worker, the DSL will always consider this fact to ensure any decisions are made in the best interests of the pupil's safety, welfare and educational outcomes. For example, it will inform decisions about:

- Responding to unauthorised absence or missing education where there are known safeguarding risks

● The provision of pastoral and/or academic support

12.3 Looked-after and previously looked-after children

We will ensure that staff have the skills, knowledge and understanding to keep looked-after children and previously looked-after children safe. In particular, we will ensure that:

● Appropriate staff have relevant information about children's looked after legal status, contact arrangements with birth parents or those with parental responsibility, and care arrangements
● The DSL has details of children's social workers and relevant virtual school heads

We have appointed a designated teacher, Colette Oliver, who is responsible for promoting the educational achievement of looked-after children and previously looked-after children in line with statutory guidance.

The designated teacher is appropriately trained and has the relevant qualifications and experience to perform the role. As part of their role, the designated teacher will:

● Work closely with the DSL to ensure that any safeguarding concerns regarding looked-after and previously looked-after children are quickly and effectively responded to
● Work with virtual school heads to promote the educational achievement of looked-after and previously looked-after children, including discussing how pupil premium plus funding can be best used to support looked-after children and meet the needs identified in their personal education plans

11. Dealing with a disclosure

11.1 If a child discloses that he or she has been abused in some way, the member of staff/ volunteer should:

● Listen to what is being said without displaying shock or disbelief
● Accept what is being said
● Allow the child to talk freely
● Reassure the child, but not make promises which it might not be possible to keep
● Not promise confidentiality – it might be necessary to refer to Children's Services: Safeguarding and Specialist Services
● Reassure them that what has happened is not his or her fault
● Stress that it was the right thing to tell. Do not tell them they should have told you sooner
● Listen, only asking questions when necessary to clarify
● Not criticise the alleged perpetrator
● Explain what has to be done next and who has to be told
● Make a written record (see Record Keeping below)
● Pass the information to the Designated Safeguarding Lead without delay, do not disclose the information to anyone else unless told to do so by a relevant authority involved in the safeguarding process

Bear in mind that some children may:

● Not feel ready, or know how to tell someone that they are being abused, exploited or neglected
● Not recognise their experiences as harmful
● Feel embarrassed, humiliated or threatened. This could be due to their vulnerability, disability, sexual orientation and/or language barriers

None of this should stop you from having a 'professional curiosity' and speaking to the DSL if you have concerns about a child.

11.2 Support

Dealing with a disclosure from a child, and safeguarding issues can be stressful. The member of staff/volunteer should, therefore, consider seeking support for themselves and discuss this with the Designated Safeguarding Lead.

12. Communication with Parents, Guardians and Carers

The Reach Free School will:

- Undertake appropriate discussion with parents, guardians and carers prior to involvement of another agency unless to do so would place the child at further risk of harm.
- Ensure that parents, guardians and carers have an understanding of the responsibilities placed on The Reach Free School and its staff for safeguarding children.

13. Record Keeping

All safeguarding concerns, discussions, decisions made and the reasons for those decisions, must be recorded in writing electronically on CPOMS. This should include instances where referrals were or were not made to another agency such as local authority children's social care or the Prevent programme, etc. If you are in any doubt about whether to record something, discuss it with the DSL. Records will include:

- A clear and comprehensive summary of the concern
- Details of how the concern was followed up and resolved
- A note of any action taken, decisions reached and the outcome

Concerns and referrals will be kept in a separate child protection file for each child - this is completed electronically via CPOMS.

Any non-confidential records will be readily accessible and available via Arbor or the pupil's written file in admin.

Confidential information and records will be held securely and only available to those who have a right or professional need to see them - they are protected by two-factor authentication on CPOMS or via access to the key for the written safeguarding files. These are scanned in, saved to the pupil's electronic file and destroyed.

Safeguarding records relating to individual children will be retained for a reasonable period of time after they have left the school.

If a child for whom the school has, or has had, safeguarding concerns moves to another school, the DSL will ensure that their child protection file is forwarded as soon as possible, securely, and separately from the main pupil file.

To allow the new school/college to have support in place when the child arrives, this should be within:

- 5 days for an in-year transfer, or within
- The first 5 days of the start of a new term

In addition, if the concerns are significant or complex, and/or social services are involved, the DSL will speak to the DSL of the receiving school and provide information to enable them to have time to make any necessary preparations to ensure the safety of the child.

In addition:

The Safer Recruitment Policy sets out our policy on record-keeping specifically with respect to recruitment and pre-appointment checks

The Managing Allegations Against Staff Policy sets out our policy on record-keeping with respect to allegations of abuse made against staff

When a child has made a disclosure, the member of staff/volunteer should:

- Make brief notes as soon as possible after the conversation. Write up notes on The Reach Free School CPOMS module as soon as possible and definitely on the same day.
- Not destroy the original notes in case they are needed by a court, these should be submitted to the DSL for secure storage on the written file.
- Record the date, time, place and any noticeable non-verbal behaviour and the words used by the child
- Draw a diagram to indicate the position of any injuries and use the Body Map on CPOMS
- Record statements and observations rather than interpretations or assumptions
- Use the CPOMS checklist for guidance, that is available in the Staff Handbook

13.1 All records need to be given to the Designated Safeguarding Lead promptly. The member of staff or volunteer should retain no copies.

13.2 The Designated Safeguarding Lead will ensure that all safeguarding records are managed in accordance with the Education (Pupil Information) (England) Regulations 2005.

14. Concerns about a staff member, supply teacher, volunteer or contractor

14.1 If you have concerns about a member of staff (including a supply teacher, volunteer or contractor), or an allegation is made about a member of staff (including a supply teacher, volunteer or contractor) posing a risk of harm to children, speak to the headteacher as soon as possible. If the concerns/allegations are about the headteacher, speak to the chair of governors. The headteacher/chair of governors will then follow the procedures set out in the Managing Allegations Against Staff Policy, if appropriate.

Where you believe there is a conflict of interest in reporting a concern or allegation about a member of staff (including a supply teacher, volunteer or contractor) to the headteacher, report it directly to the local authority designated officer (LADO).

If you receive an allegation relating to an incident where an individual or organisation was using the school premises for running an activity for children, follow our school safeguarding policies and procedures, informing the LADO, as you would with any safeguarding allegation.

14.2 An allegation is any information, which indicates that a member of staff member, supply teacher, volunteer or contractor may have:

- Behaved in a way that has, or may have harmed a child
- Possibly committed a criminal offence against/related to a child
- Behaved towards a child or children in a way which indicates they would pose a risk of harm if they work regularly or closely with children

14.3 This applies to any child who the staff member, supply teacher, volunteer or contractor has contact with in their personal, professional or community life.

14.4 To reduce the risk of allegations, all staff should be aware of the document '*Working Together to Safeguard Children 2023*' and *Guidance for Safer Working Practice for Adults who work with Children and Young People in Education Settings 2015*' published by the Safer Recruitment Consortium made up of NSPCC, Lucy Faithfull Foundation, National Association of Special Schools and Child Protection in Education Foundation.

14.5 The person to whom an allegation is first reported should take the matter seriously and keep an open mind. They should not investigate or ask leading questions if seeking clarification; it is important not to make assumptions. Confidentiality should not be promised and the person should be advised that the concern will be shared on a 'need to know' basis only.

14.6 Actions to be taken include making an immediate written record of the allegation using the informant's words - including time, date and place where the alleged incident took place, brief details of what happened, what was said and who was present. This record should be signed, dated and immediately passed on to the Headteacher.

14.7 If the concerns are about the Headteacher, then the Chair of Governors should be contacted. The Chair of Governors of The Reach Free School is: Carolyn Venn

In the absence of the Chair of Governors, the Vice Chair should be contacted. The Vice Chair in this school is: Matthew Cawthorne

14.8 The recipient of an allegation must **not** unilaterally determine its validity, and failure to report it in accordance with procedures is a potential disciplinary matter.

14.9 The Headteacher will not investigate the allegation itself, or take written or detailed statements, but will assess whether it is necessary to refer the concern to the Local Authority Designated Officer (LADO). If the allegation meets any of the three criteria set out in **11.1**, contact will always be made with the LADO without delay.

14.10 If it is decided that the allegation meets the threshold for safeguarding, this will take place in accordance with section 4.1 of the Hertfordshire Safeguarding Children Partnership Inter-agency Child Protection and Safeguarding Children Procedures.

14.11 If it is decided that the allegation does not meet the threshold for safeguarding, it will be handed back to the employer for consideration via The Reach Free School's internal procedures.

14.12 The Headteacher should, as soon as possible, following briefing from the LADO inform the subject of the allegation. Support for the subject of the allegation can be found in the Managing Allegations against staff policy.

14.13 Any concerns regarding the Designated Safeguarding Lead should be referred to the Headteacher who will then follow the procedures outlined above.

15. In Year Admissions

The Reach Free School contacts the most recent school attended by any potential in-year admissions to ascertain school history, number of schools attended and any concerns previous schools have raised. This is in order to best support any pupil joining the school and to ensure that any safeguarding issues are not left unaddressed.

16. Sixth Form

On occasions where sixth form students do not have timetabled lessons in the afternoon they are allowed to study from home after 1.40pm. In order for them to access this benefit their parents, guardians or carers must sign an agreement to acknowledge responsibility for their safeguarding once they have signed out of school.

17. Contacts

Anyone can make a referral to children's social care and/or the police if you believe a child is suffering or likely to suffer from harm, or is in immediate danger. Tell the DSL (see section 8.2) as soon as possible if you make a referral directly.

17.1 Initial Screening of Referrals Tel: 0300 123 4043

17.2 Consultation Hub Tel: 01438 737511

17.3 Hertfordshire Safeguarding Children's Partnership
Email: admin.hscp@hertfordshire.gov.uk

Hertfordshire Safeguarding Children Partnership Team
Room 152
Postal Point CHO116
County Hall
Hertford
SG13 3DQ

01992 588757

17.4 LADOs:
Kassiane Papageorgiou (Team manager LADO and CPSLO)
01992 588168
LADO.Referrals@hertfordshire.gov.uk

Louise McCourt (Child Protection School Liaison Officer (CPSLO))
07814 077877
louise.mccourts@hertfordshire.gov.uk
cpsloadmin@hertfordshire.gov.uk

17.5 Channel helpline
02073407264

18. Complaints and concerns about school safeguarding policies

18.1 Complaints against staff
Complaints against staff that are likely to require a child protection investigation will be handled in accordance with our procedures for dealing with allegations of abuse made against staff in the Managing Allegations Against Staff Policy.

18.2 Other complaints
Any other complaints relating to safeguarding policies and procedures should first be discussed as a 'concern' with the DSL and can then follow the normal process of our Complaints policy available on our website.

18.3 Confidential Reporting (Whistle-blowing)

If you wish to confidentially raise a concern relating in anyway to safeguarding and child protection at the school you can do so under the scope of our Confidential Reporting (Whistle-blowing) policy.

19. Links with other policies

Safer Recruitment Policy
Confidential Reporting (Whistleblowing) Policy
Managing Allegations Against Staff Policy
Staff Disciplinary Code
Staff Disciplinary Procedures
E-Safety Policy
Preventing and Tackling Extremism Policy
Behaviour Policy
Data Protection Policy
Complaints Policy

1. 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, guardian or carer fabricates the symptoms of, or deliberately induces, illness in a child.

1.2 Indicators in the child

1.2.1 Bruising

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

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

1.2.2 Fractures

Fractures may cause pain, swelling and discolouration over a bone or joint. It is unlikely that a child will have had a fracture without the carers being aware of the child's distress.

If the child is not using a limb, has pain on movement and/or swelling of the limb, there may be a fracture.

There are grounds for concern if:

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

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

Skull fractures are uncommon in ordinary falls, i.e. from three feet or less. The injury is usually witnessed, the child will cry and if there is a fracture, there is likely to be swelling on the skull developing over 2 to 3 hours. All fractures of the skull should be taken seriously.

1.2.3 Mouth Injuries

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

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

1.2.5 Fabricated or Induced Illness
Professionals may be concerned at the possibility of a child suffering significant harm as a result of having illness fabricated or induced by their carer. Possible concerns are:
- Discrepancies between reported and observed medical conditions, such as the incidence of fits
- Attendance at various hospitals, in different geographical areas
- Development of feeding/eating disorders, as a result of unpleasant feeding interactions
- The child developing abnormal attitudes to their own health
- Non organic failure to thrive - a child does not put on weight and grow and there is no underlying medical cause
- Speech, language or motor developmental delays
- Dislike of close physical contact
- Attachment disorders
- Low self esteem
- Poor quality or no relationships with peers because social interactions are restricted
- Poor attendance at school and under-achievement

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

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

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

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

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

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

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

1.3 Emotional/behavioural presentation

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

1.4 Indicators in the parent
- May have injuries themselves that suggest domestic violence
- Not seeking medical help/unexplained delay in seeking treatment
- Reluctant to give information or mention previous injuries
- Absent without good reason when their child is presented for treatment
- Disinterested or undisturbed by accident or injury
- Aggressive towards child or others
- Unauthorised attempts to administer medication
- Tries to draw the child into their own illness.
- Past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault
- Parent/carer may be over involved in participating in medical tests, taking temperatures and measuring bodily fluids
- Observed to be intensely involved with their children, never taking a much needed break nor allowing anyone else to undertake their child's care.
- May appear unusually concerned about the results of investigations which may indicate physical illness in the child
- Wider parenting difficulties, may (or may not) be associated with this form of abuse.
- Parent/carer has convictions for violent crimes.

1.5 Indicators in the family/environment
- Marginalised or isolated by the community
- History of mental health, alcohol or drug misuse or domestic violence
- This can be particularly relevant, for example, in relation to the impact on children of all forms of domestic abuse, including where they see, hear or experience its effects
- History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
- Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

2. Emotional Abuse

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

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

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

normal social interaction.

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

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

2.2 Indicators in the child
- Developmental delay
- Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or no attachment
- Aggressive behaviour towards others
- Child scapegoated within the family
- Frozen watchfulness, particularly in pre-school children
- Low self esteem and lack of confidence
- Withdrawn or seen as a 'loner' - difficulty relating to others
- Over-reaction to mistakes
- Fear of new situations
- Inappropriate emotional responses to painful situations
- Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)
- Self harm
- Fear of parents being contacted
- Extremes of passivity or aggression
- Drug/solvent abuse
- Chronic running away
- Compulsive stealing
- Low self-esteem
- Air of detachment – 'don't care' attitude
- Social isolation – does not join in and has few friends
- Depression, withdrawal
- Behavioural problems e.g. aggression, attention seeking, hyperactivity, poor attention
- Low self esteem, lack of confidence, fearful, distressed, anxious
- Poor peer relationships including withdrawn or isolated behavior

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

2.4 Indicators in the family/environment
- Lack of support from family or social network.
- Marginalised or isolated by the community.
- History of mental health, alcohol or drug misuse or domestic violence.
- This can be particularly relevant, for example, in relation to the impact on children of all forms of domestic abuse, including where they see, hear or experience its effects
- History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
- Past history of childhood abuse, self harm, somatising disorder or false allegations of

physical or sexual assault or a culture of physical chastisement.

3. Neglect

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

Once a child is born, neglect may involve a parent or carer failing to:
- provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- protect a child from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate care-givers); or
- ensure access to appropriate medical care or treatment.

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

3.2 Indicators in the child

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

3.2.2 Development
- General delay, especially speech and language delay
- Inadequate social skills and poor socialisation

3.2.3 Emotional/behavioural presentation
- Attachment disorders
- Absence of normal social responsiveness
- Indiscriminate behaviour in relationships with adults
- Emotionally needy
- Compulsive stealing
- Constant tiredness
- Frequently absent or late at school
- Poor self esteem
- Destructive tendencies
- Thrives away from home environment
- Aggressive and impulsive behaviour
- Disturbed peer relationships
- Self harming behaviour

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

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

4. Sexual Abuse

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

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

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

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

4.2 Indicators in the child

4.2.1 Physical presentation
- Urinary infections, bleeding or soreness in the genital or anal areas
- Recurrent pain on passing urine or faeces

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

4.2.2 Emotional/behavioural presentation
- Makes a disclosure.
- Demonstrates sexual knowledge or behaviour inappropriate to age/stage of development, or that is unusually explicit
- Inexplicable changes in behaviour, such as becoming aggressive or withdrawn
- Self-harm - eating disorders, self mutilation and suicide attempts
- Poor self-image, self-harm, self-hatred
- Reluctant to undress for PE
- Running away from home
- Poor attention/concentration (world of their own)
- Sudden changes in school work habits, truanting
- Withdrawal, isolation or excessive worrying
- Inappropriate sexualised conduct
- Sexually exploited or indiscriminate choice of sexual partners
- Wetting or other regressive behaviours e.g. thumb sucking
- Draws sexually explicit pictures
- Depression

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

4.2.4 Indicators in the family/environment
- Marginalised or isolated by the community.
- History of mental health, alcohol or drug misuse or domestic violence.
- This can be particularly relevant, for example, in relation to the impact on children of all forms of domestic abuse, including where they see, hear or experience its effects
- History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
- Past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.
- Family member is a sex offender.

Children have said that they need:

Vigilance: to have adults notice when things are troubling them

Understanding and action: to understand what is happening; to be heard and understood; and to have that understanding acted upon

Stability: to be able to develop an ongoing stable relationship of trust with those helping them

Respect: to be treated with the expectation that they are competent rather than not

Information and engagement: to be informed about and involved in procedures, decisions, concerns and plans

Explanation: to be informed of the outcome of assessments and decisions and reasons when their views have not met with a positive response

Support: to be provided with support in their own right as well as a member of their family

Advocacy: to be provided with advocacy to assist them in putting forward their views

Protection: to be protected against all forms of abuse and discrimination and the right to special protection and help if a refugee