GLYNE GAP SCHOOL

CURRICULUM GUIDELINE 2 (CG2)

SAFEGUARDING AND CHILD PROTECTION

INTRODUCTION

Safeguarding

- Promotes the wellbeing of the 'child'
- Protects children from maltreatment
- Involves proactive methods to enable all children to have the best outcomes
- May include action to promote the welfare of a child in need of additional support or at risk of harm

Safeguarding is not just about protecting children from deliberate harm, neglect and failure to act. It relates to broader aspects of care and education, including:

- Children's and learners' health and safety and wellbeing
- The use of reasonable force
- Meeting the needs of children and learners with medical conditions
- Providing first aid
- Educational visits
- Personal care and emotional wellbeing
- Online safety and associated issues
- Appropriate arrangements to ensure children's and learners' security, taking into account the local context.

GUIDING PRINCIPLES

- At the heart of the **school's philosophy** is the belief that school ……**is a place where everyone is treated with dignity, with respect and is of equal worth.**
- We are a school where learning and personal development takes place in a **climate of trust and confidence** and where we **value everyone's unique contribution** to our community.
- Maintaining children's welfare is our paramount concern and **everyone has a responsibility** for safeguarding and promoting the welfare of children and young people.
- We are **proactive** in ensuring children are kept safe through our curriculum and school procedures outlined below.

The United Nations Declaration of the Rights of the Child state that …..**all children have the right not to be harmed…and …….the right always to be among the first to get protection**

This policy has been developed in accordance with the principles established by the Children Act 1989; and Education Act 2002 and in line with Working Together to Safeguard Children (2015) and Keeping children safe in education (2016)

BEING PROACTIVE

The school places a high level of importance on its responsibility to be proactive in the safeguarding of pupils. This is done in the following ways:

Through the school's PSHE curriculum we have a unique role. Key concepts are introduced in the Nursery to children and extended over time through activities which are age-appropriate. Concepts are delivered through both the Tier 1 PSHE curriculum and the Tier 2 Personal Development curriculum. These concepts cover a range of areas but, in this context, the following are important to note:

- **Feelings and Emotions** – enabling pupils to express a range of emotions through speech, signing, symbols, gesture and body language are all critical. Good practice is seen across the school when pupils' emotional expressions are reinforced by our responses as adults and we can model appropriate responses to various activities and situations.
- **Trust** – this is intrinsic to healthy development, positive and rewarding relationships.
- **Self esteem** – growing up with a positive self image and valuing themselves as people.
- **Assertiveness** – the ability to stand up for what you believe to be right, being able to voice opinions without causing offence whilst still respecting the views of others. Many of our pupils find this area very difficult as they 'try hard to please'. Giving opportunities to express a NO choice is very important. Having a clear NO strengthens and validates a YES response.
- An important part of our teaching is to give pupils guidance on **how to keep safe**. This is exemplified by visitors to the school being required to sign in and sign out and to wear a Visitor sticker whenever on the school site. Similarly, escorts and drivers, therapists etc are required to wear their organisational ID.
- Pupils are also given Sex and Relationships education at an appropriate level for their age and cognitive understanding.

Privacy, particularly at times of Personal Care, is part of the underpinning values of the school when treating children and young people with dignity and respect. Staff are supported in carrying out the pupils' personal care needs alone unless more people are required for the purposes of handling and lifting. Children and young people should be involved in their own intimate care as much as possible, encouraging them to help and ensuring that they are given a chance to do so.

The weekly Multi-disciplinary Liaison Meetings, attended by representatives from Health and Children's Services give staff an important and valuable opportunity to share information and discuss any issues prior to them becoming concerns. This process may lead

to referral to Early Help services. There is open access to staff at 10am each Wednesday prior to the formal meeting beginning.

The termly Multi-disciplinary Enhanced Opportunities meetings, attended by special advocates representing groups of pupils e.g. pupils with PMLD, Looked after Children, children with a child protection plan or family support plan, pupils with English as and Additional Language, to discuss issues related to their wellbeing, safety, health and learning.

The school also identifies Hard to Reach/Vulnerable families for whom parenting presents a challenge. Discussion around these pupils takes place at termly meetings and the families receive support (outlined in CG19: Working with Families) and input from the Home Learning Co-ordinator.

ROLES AND RESPONSIBILITIES

- We are committed to safe **recruitment and selection** procedures to safeguard children**.** Pre-employment checks ensure that we meet all the relevant legal requirements in this respect. These checks are carried out before an individual starts work in school and evidence given to our Personnel Support Unit (PSU). We keep a record of these security checks. Only a provisional offer of employment can be made prior to all the checks below being successfully completed:
    - Enhanced Disclosure Barring Service (DBS) check
    - Evidence of identity
    - Evidence of eligibility to work in the UK (if appropriate)
    - Two references
    - Qualifications (if necessary for the post)
    - Job application form
    - Health statement

  The School Business Manager (Associate Governor) has completed the safer recruitment training approved by the Secretary of State.

- The school takes a proportional risk based approach to temporary staff and volunteers. They are informed of who the DSL is and what to do in the case of any concerns around pupil welfare. DBS checks are carried out on all volunteers.

- We believe that safeguarding is the responsibility of **all** school staff, both through the proactive measures outlined above and through sharing any concerns with the relevant people (see 'procedures').

- It is the responsibility of the school to appoint a **Designated Safeguarding Lead** – currently Iona Wooderson. To be effective they must:
    - Refer all cases of suspected abuse to the local authority children's social care (via the SPOA in the first instance);
    - Identify and refer children who may benefit from Early Help (via the SPOA in the first instance);

- Liaise directly with other agencies where necessary to ensure information sharing.
- Ensure there is a deputy acting on her behalf in her absence;
- Liaise with the Headteacher to inform her of issues;
- Act as a source of support, advice and expertise within the school;
- Attend appropriate training every two years in order to:
    - Understand the assessment process for providing early help and intervention.
    - Have a working knowledge of how local authorities conduct a child protection case conference and a child protection review conference and be able to attend and contribute to these effectively when required to do so.
    - Ensure each member of staff has access to and understands the school's or college's child protection policy and procedures, especially new and part time staff.
    - Be alert to the specific needs of children in need, those with special educational needs and young carers.
    - Be able to keep detailed, accurate, secure written records of concerns and referrals.
    - Obtain access to resources and attend any relevant or refresher training courses.
    - Encourage a culture of listening to children and taking account of their wishes and feelings, among all staff, in any measures the school or college may put in place to protect them.
- Ensure the school's child protection policy is reviewed annually and the procedures and implementation are updated and reviewed regularly, working with the governing body regarding this.
- Ensure the child protection policy is available publicly and parents are aware of the fact that referrals about suspected abuse or neglect may be made and the role of the school in this.
- Ensure staff receive regular safeguarding and child protection training and updates where necessary to provide them with relevant skills and knowledge to safeguard children effectively.
- Attend regular DSL network meetings as a means of keeping knowledge up to date.
- Link with the local LSCB to make sure staff are aware of training opportunities and the latest local policies on safeguarding.
- Where children leave the school ensure their child protection file is transferred to the new school or college as soon as possible.

<u>RECOGNISING CHILD ABUSE AND PROCEDURES</u>

- The Child Protection Procedures apply to all children under the age of 18 years. There are similar procedures in place for the safeguarding of vulnerable adults. Our procedures are the same for pupils aged 19. They also take into account any risks to the unborn child.

- Children and young people are abused in families, institutional settings or, more rarely, by strangers. Abuse, neglect and safeguarding issues are rarely standalone events; in most cases multiple issues will overlap with one another
- There is an increased vulnerability to disabled children and young people because they are more dependent and have less control over their lives and their bodies and are often in the care of many more adults than other children and young people. This emphasises the importance of proactive attitudes and teaching for our pupils and students.
- Safeguarding action may be needed to protect children and learners from:
    - neglect
    - physical abuse
    - sexual abuse
    - emotional abuse
    - child missing from education
    - bullying, including online bullying and prejudice-based bullying
    - racist, disability and homophobic or transphobic abuse
    - gender-based violence/violence against women and girls
    - radicalisation and/or extremist behaviour (PREVENT duty)
    - child sexual exploitation and trafficking
    - the impact of new technologies on sexual behaviour, for example sexting
    - teenage relationship abuse
    - substance misuse
    - issues that may be specific to a local area or population, for example gang activity and youth violence
    - domestic violence
    - female genital mutilation (must be reported to the police)
    - forced marriage
    - fabricated or induced illness
    - poor parenting, particularly in relation to babies and young children
    - other issues not listed here but that pose a risk to children, young people and vulnerable adults.

Appendix 1 contains more information on the above and outlines some signs to look out for.

PROCEDURES
(procedures for concerns raised during Holiday Club are outlined in Appendix 3)

- If a staff member has concerns relating to the safety of a child or young person, they should immediately discuss them with the class teacher and/or Head of School.
- That person will then discuss the concerns with the Designated Safeguarding Lead if deemed necessary.
- Concerns must always be given the highest priority.
- It is the **responsibility of the Designated Safeguarding Lead** to **decide** upon an appropriate **action** and they will inform members of staff of the outcome. In order to make a decision the Continuum of Need will be consulted. If a child is in immediate danger or is at risk of harm, the Designated Safeguarding Lead will make a referral to

Children's Services immediately via the SPOA. While it is preferable for the DSL to make the referral to Children's Services, anyone can do so and the DSL should be informed if this has happened.

- The staff member who has raised the concern will be given an internal Record of Concern by the Designated Safeguarding Lead. This must be completed on the same day as the information was given to the Designated Safeguarding Lead. A body map may be required to be completed to give specific information.
- When completing the internal Record of Concern, care should be taken to write facts as accurately as possible and give as much information as possible.
- Internal records of concern will be kept on the child's individual child protection file and consulted if further concerns are raised.
- Matters relating to child protection will be treated with confidentiality and shared on a need to know basis only.
- In the event of a disclosure by a pupil, the school's **guidance on how to respond** to pupils is as follows:

  Helpful ideas
  - Remain calm
  - Reassure child if distressed
  - Let the child know you will help
  - Listen carefully if any information is given
  - Take what is said seriously

  What to avoid:
  - Doing nothing
  - Delaying help
  - Showing distaste or shock
  - Speculating about what may have happened
  - Making negative comments
  - Expressing disbelief
  - Asking leading questions e.g. did your…..do that?
  - Telling the pupil off e.g. Why didn't you tell me before?
  - Agreeing to keeping information secret

- In the event of the **Designated Safeguarding Lead referring** any concerns about a pupil to **Social Care** (via the SPOA), another part of the process begins i.e. a **Strategy** discussion/meeting – this involves various different agencies. This part of the Child Protection referral process should take within the same day and may involve school staff in further discussions and may lead to a **Safeguarding/Child Protection Case Conference**. Attendance at a CP Case Conference is very important and class teachers or a senior member of staff should attend. If the class teacher attends then the Designated Safeguarding Lead will support in briefing the member of staff. Written information should be provided if attendance is impossible.

- In any conflict between the needs of the child and those of the parents/carers, the **needs of the child must be put first**. However, it is **crucial** to try to maintain our **relationships with parents/carers** during any Safeguarding/CP process although clearly

this has sensitivities and potential demands. We are a school who has pupils at the heart of all we do. This does not prevent us from giving support to parents and showing them compassion.

- Due to the close professional relationship with pupils, **staff** are also vulnerable to allegations. These accusations may be false, malicious or misplaced. They may also be true. On the extremely rare likelihood that this happens all **concerns** should be taken directly to the Headteacher. If the allegation is against the Headteacher, the Chair of Governors will be contacted. Allegations about members of staff should be referred to the Local Authority Designated Officer (LADO) by the Headteacher/DSL.

- **The school has exemplary practice which is demonstrated by the positive, proactive and professional attitudes of all staff to this important area of the school.**

SUPPORTING STAFF

We recognise that staff who have become involved with a child who has suffered harm, or appears to be likely to suffer harm, may find the situation upsetting. We will support such staff by providing an opportunity to talk through their anxieties with the Designated Safeguarding Lead and to seek further support as appropriate.

RELATED POLICIES

This document should be read in conjunction with a number of other policy documents, particularly:

CG1 – Teaching and Learning policy
CG3 – Working with Families
CG4 – Meeting pupils' medical, care and health needs
CG6 – Personal, Social and Health Education
CG7 – Supporting Positive Attitudes and Good Behaviour
CG9 – Developing the Whole Child
CG12 – Equal Opportunities
HR3 – Health and Safety

APPENDICES

APPENDIX 1 – Definitions of Abuse and Indicators of Harm
APPENDIX 2 – Government Publications consulted when writing this policy
APPENDIX 3 – Dealing with Safeguarding Concerns during Holiday Club
APPENDIX 4 – Guidelines around E-Safety
APPENDIX 5 – Guidelines for the Positive Use of Social Media

APPENDIX 1 – Definitions of Abuse and Indicators of Harm

PHYSICAL ABUSE

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

Indicators in the child

Bruising

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

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

Fractures

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

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

There are grounds for concern if:

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

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

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

Mouth Injuries

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

Poisoning

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

Fabricated or Induced Illness

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

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

Bite Marks

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

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

Burns and Scalds

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

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

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

The following points are also worth remembering:

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

Scars

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

Emotional/behavioural presentation

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

<u>Indicators in the parent</u>

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

Indicators in the family/environment

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

EMOTIONAL ABUSE

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

It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.
It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction.

It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.
Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Indicators in the child

Developmental delay
Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or no attachment
Aggressive behaviour towards others
Child scapegoated within the family
Frozen watchfulness, particularly in pre-school children
Low self-esteem and lack of confidence
Withdrawn or seen as a 'loner' - difficulty relating to others
Over-reaction to mistakes
Fear of new situations
Inappropriate emotional responses to painful situations
Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)
Self-harm
Fear of parents being contacted
Extremes of passivity or aggression
Drug/solvent abuse
Chronic running away
Compulsive stealing
Low self-esteem
Air of detachment – 'don't care' attitude

Social isolation – does not join in and has few friends
Depression, withdrawal
Behavioural problems e.g. aggression, attention seeking, hyperactivity, poor attention
Low self-esteem, lack of confidence, fearful, distressed, anxious
Poor peer relationships including withdrawn or isolated behaviour

Indicators in the parent

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

Indicators of in the family/environment

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

NEGLECT

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

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

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

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

Indicators in the child

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

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

Emotional/behavioural presentation
Attachment disorders
Absence of normal social responsiveness
Indiscriminate behaviour in relationships with adults
Emotionally needy

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

Indicators in the parent

Dirty, unkempt presentation
Inadequately clothed
Inadequate social skills and poor 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

Indicators in the family/environment

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

SEXUAL ABUSE

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

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

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

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

Indicators in the child

Physical presentation

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

Emotional/behavioural presentation

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

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

Indicators in the parents

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

Indicators in the family/environment

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

Taken from LCSB model Safeguarding and Child Protection Policy

APPENDIX 2 – Government Publications consulted when writing this policy

- Keeping Children Safe in Education 2016 - Statutory guidance for schools and colleges
- Working Together to Safeguard Children 2015
- What to do if you are worried a child is being abused 2015 - Advice for practitioners.
- Pan Sussex Child Protection and Safeguarding Procedures Manual (LSCB) 2015

APPENDIX 3 – Dealing with Safeguarding Concerns during Holiday Club

During Glyne Gap School's Holiday Club, Club staff are responsible for the safeguarding of all children/young people in their care. All members of Club staff are given safeguarding training in line with the school's regular programme of training.

In the event that concerns are raised during Holiday Club, the following procedure should be followed:

- Any concern should be taken to the leader of the Holiday Club on that particular day;
- Club leader to discuss the concern with the Safeguarding Lead (or another member of SLT in her absence);
- Club leader to complete a written Record of Concern sheet in discussion with the person who raised the concern;
- Club leader to carry out any actions requested by Safeguarding Lead (e.g. contacting parents);

If the Safeguarding Lead feels it necessary, Club leader to contact the SPOA (Single Point of Advice) on 01323 464222 (8:30 – 5:00 Monday to Thursday and 8:30 – 4:30 Friday; Out of hours: 01273 335905/6) and share concerns with them (they are likely to pass on to the Disability Duty Team at Sorrell Drive 01323 466050);If they ask for a referral, Club leader to complete a SOR (Statement of Referral), which can be found at http://sussexchildprotection.procedures.org.uk/ and send to them at 0-19.SPOA@eastsussex.gov.uk ;

- Club leader to update the 'outcomes' section of the Record of Concern;
- Club leader to keep Safeguarding Lead (or SLT member) informed of any outcomes;
- Club leader to keep all paperwork securely;
- On Safeguarding Lead's return to school, hold an update meeting for Club leader to update her on meetings/decisions etc and transfer all paperwork to her.

APPENDIX 4 – Guidelines around Online Safety

The use of technology is now recognised as an essential life skill and ICT is a powerful tool for our pupils which can be used across the curriculum to enhance learning. In addition, ICT supports the school as a whole to perform its function of delivering high quality pupil learning.

Alongside the significant benefits of ICT come associated risks and Online Safety is an important aspect of Safeguarding. The school takes a proportional response to these risks and acknowledges that our pupils are less vulnerable due to high levels of supervision, but aims to reduce the risks as much as possible in order to keep pupils safe.

The overriding principle when using all forms of ICT is to BE PROFESSIONAL, RESPONSIBLE AND RESPECTFUL and this should be followed in order to minimise risk.

Security

The school takes steps to keep information secure (e.g. Local Authority firewall and security settings, antivirus software, individual password protected user accounts, different levels of access for different accounts). In addition staff have a responsibility to keep information secure. This is done by:

- Changing passwords regularly
- Logging off from/locking computers when not in use
- Saving work on the relevant intranet drive rather than on a laptop's hard drive
- Keeping memory sticks safe
- Going through the helpdesk to install any software

Use of photographs and videos

Photographs and videos are useful tools for engaging pupils in learning, recording progress, celebrating learning and promoting the work of the school. Parental consent to use images of pupils is gained at the beginning of each academic year and class teams are informed if any pupil's image is not to be used. Staff have a responsibility to ensure pupils' images are used responsibly and this is done by:

- Using school equipment rather than personal equipment to take photographs and videos
- Storing photos centrally on the school intranet, which is password protected
- Only sharing photos through school channels e.g. school email, intranet

Social media

The school has separate guidelines which outline the potential risks of social media and the measures taken to reduce these risks.

Reporting concerns

Any concerns around Online Safety should be reported to the Designated Safeguarding Lead in the first instance (or a member of the Senior Leadership Team in her absence) and these will be recorded as a Safeguarding Record of Concern. A decision will be made around

actions to be taken, which are likely to include informing parents and contacting the Schools Service Desk at the Local Authority.

Related policies

- School Code of Conduct

APPENDIX 5 – Guidelines for the Positive Use of Social Media

Guiding Principles

The internet provides a range of social media tools which allow users to interact with one another. The school aims to help pupils to lead happy and fulfilled lives both now and in the future and the use of these social media tools can provide far reaching benefits to pupils in this e.g. in their learning, social interaction and leisure. In addition, the tools can benefit individual staff members and the school as a whole e.g. development of resources, professional networks and school communications.

However, alongside the enormous benefits provided by these tools, come risks to pupils, staff and the school alike. These guidelines aim to outline beneficial use of social media while raising awareness of the associate risks and provide strategies for reducing these risks.

These Guidelines refer to various uses of social media, namely pupil use, official school use and staff personal use.

Pupil Use of Social Media within School

For some of our pupils Social Media tools may provide great learning opportunities related to social interaction, relationships, information-finding and leisure skills. However, through using these channels our pupils may find themselves in a vulnerable position e.g. cyber-bullying, grooming, child sexual exploitation, radicalisation. In order to reduce the risks posed to pupils through the use of these tools, the following guidelines will be followed:

- Where appropriate pupils are specifically taught about Online Safety and the risks posed to them (e.g. giving out personal information, accepting unknown friends, age restrictions, cyber-bullying);
- Pupils' use of social media is supervised when they are in school;
- The school endeavours to raise parental awareness of the risks posed to pupils who are engaging with social media;
- The school strives to form strong relationships between pupils and staff which allow for honest and open conversations around problems pupils are facing and appropriate opportunities are provided for these discussions to take place.

Official School Use of Social Media

The school may use a variety of social media tools to communicate with others and give information about the school. Examples of tools used by the school are the school website, school Facebook page and parent email. In order to maximise the benefits of the use of these tools while reducing the risks posed, the following guidelines will be followed:

- Official school social media channels are one way, information-giving tools without the capacity for 'commenting' or 'posting' by members of the public;
- Official school social media channels are only updated by agreed members of staff;
- When sharing photographs/video clips of pupils, consent is obtained from parents/carers (gained at the beginning of each academic year);
- Care is taken not to share pupils' personal details (beyond their first name);
- The channels are kept up to date to ensure the school is consistently shown in a positive light.

Staff Personal Use of Social Media

Staff are entitled to a personal and private life and this may involve the use of social media tools. However, there are risks associated with the personal use of social media and these should be considered by all staff members. The diagram overleaf outlines the potential risks presented to pupils, the school and individuals.

The overriding principle when using these social media tools is to BE PROFESSIONAL, RESPONSIBLE AND RESPECTFUL and this should be followed in order to minimise risk.

Potential Risks Involved in your use of Social Media

Risks to PUPILS

- photos in public domain
- sharing of personal information
- pupil vulnerability to attack, abuse, defamation, insult

Risks to the SCHOOL

- engagement in activities which may bring the school into disrepute
- personal views can be interpreted as the views of the school

Risks to YOURSELF

- blurring of professional boundaries
- vulnerability to allegations