

Cobham Montessori School

Education for life

Safeguarding Children Policy and Procedures

Safeguarding is Everyone's Responsibility

Key Contacts:

Cobham Montessori School Designated Safeguarding Lead (DSL):
Yvonne Cooke 01932 863397/ 07767 617980

Deputy Designated Safeguarding Lead (DDSL):
Ashley Strait 01932 863397

If you are concerned about a child inform the DSL immediately

In an emergency dial 999 or call Surrey Police on 101

If there is a risk of harm to a child a **Request for Support** should be made to:

The Children's Social Care via Surrey County Council's Children's Single Point of Access (C-SPA): **0300 470 9100** (Option 1 for Level 3 or 4 need)

Out of hours: 01483 517898

Email: cspa@surreycc.gov.uk via egress

Or use the form from <https://www.surreycc.gov.uk/social-care-and-health/childrens-social-care/contact-childrens-services>

Schools and Early Years Child Protection Consultation Line: For advice regarding threshold levels for a formal Request for Support contact C-SPA on 0300 470 9100 Option 2. (Mondays to Fridays 9.00am to 5.00pm)

LADO: In cases of allegations against a member staff speak to the DSL immediately (or in the case of an allegation against the DSL to the DDSL) who will contact Surrey County Council's local authority child protection designated officer (LADO) on **0300 123 1650. Option 3**

Prevent Duty: for advice and support about extremism contact Clare McDonald on 01483 632982 or the DfE dedicated telephone helpline and mailbox for staff and governors - 0207 340 7264 and counter-extremism@education.gsi.gov.uk. Referrals should be sent to preventreferrals@surrey.pnn.police.uk

FGM: To report FGM please dial 101 and speak to the Police, or if it concerns the immediate safety of a child, young person or adult dial 999 and ask for the police.

OFSTED: For any concern about any service which Ofsted inspects or regulates call on 0300 123 4666 (8.00am to 6.00pm)

Contents:

Key contacts	p.1
Key References	p.3
1.0 Definitions	p.4
2.0 Aims and Objectives	p.4
3.0 Responsibilities	p.5
3.1 Responsibilities of the School	p.5
3.2 Responsibilities of the DSL/DDSL	p.6
3.3 Responsibilities of all staff	p.7
4.0 Categories and Indicators of Abuse	p.8
4.1 General Indicators	p.9
4.2 Physical Abuse	p.10
4.3 Neglect	p.11
4.4 Emotional Abuse	p.12
4.5 Sexual Abuse	p.13
5.0 Specific Safeguarding Issues	p.15
5.1 Child Missing from Education	p.16
5.2 CSE	p.16
5.3 HBV	p.16
5.4 FGM	p.17
5.5 Forced Marriage	p.18
5.6 Mental Health	p.19
5.7 Prevent Duty - Radicalisation and Terrorism	p.20
5.8 Online Safety	p.22
6.0 Disclosures and Making a Referral	p.22
7.0 The Early Help Assessment	p.23
8.0 Safe Staff	p.24
8.1 Allegations against a Member of Staff	p.24
8.2 Whistleblowing	p.26
9.0 Peer to Peer abuse	p.27
10.0 Confidentiality and Information Sharing	p.29
11.0 Working with outside agencies	p.30
12.0 Other School Practices and Policies	p.31
13.0 Children with Special Educational Needs and Disabilities	p.32
14.0 Looked After Children	p.32
15.0 Information for Parents and Carers	p.32
16.0 Amendments and Updates to this Policy	p.32

Key References: In addition to this policy Cobham Montessori School takes due regard for, and refers to, any additional details found in the following DfE publications:

Keeping Children Safe in Education, September 2019 (DFE-00129 -2019)
Working together to Safeguard Children
What to do if you're worried a child is being abused
Disqualification under the childcare act 2006
Prevent Duty Guidance
How Social Media is used to encourage travel to Syria and Iraq
Multi Agency Practice Guidelines
Multi-Agency Statutory Guidance on Female Genital Mutilation
Mental Health and Behaviour in Schools
Sexual Violence and Sexual Harassment between Children in Schools and Colleges
Early Years Foundation Stage Framework

PLEASE REFER TO OUR FULL POLICY LIST FOR RELATED POLICIES

PLEASE NOTE THIS POLICY WILL SHORTLY BE SUPERSEDED BY A NEW SFAEGUARDING AND CHILD PROTECTION POLICY BASED ON SURREY COUNTY COUNCIL'S EDUCATION SAFEGUARDING TEMPLATE

1.0 Definitions

Safeguarding is a term which relates to the action taken to promote the welfare of children and protect them from maltreatment; preventing impairment of children's health or development; ensuring that children grow up in circumstances consistent with the provision of safe and effective care, and taking action to enable all children to have the best possible outcomes.

Child protection is a part of safeguarding and promoting welfare. It refers to the activity that is undertaken to protect children who are suffering, or are likely to suffer, significant harm.

Significant Harm The concept of Significant Harm introduced by the Children Act 1989 is the threshold by which compulsory intervention by Social Services may take place:

- Harm means ill treatment or the impairment of health or development;
- Development means physical, intellectual, emotional, social or behavioral development;
- Health means physical or mental health; and ill treatment includes sexual abuse and forms of ill treatment which are not physical.
- Ill-treatment includes sexual abuse and forms of ill treatment, which are not physical.

There are no absolute criteria to rely on when judging what constitutes significant harm. Overall, it can be described as the detrimental outcome of various forms of child maltreatment to the child's wellbeing. Where the question of whether harm suffered by a child is significant turns on the child's health and development, the child's health or development shall be compared with that which could reasonably be expected of a similar child.

Children includes everyone under the age of 18. Child Protection is preventing and responding to violence, exploitation and abuse against children.

The School and its staff form part of the wider safeguarding system for children.

2.0 Aims

All children have the right to be protected. We recognise that child abuse occurs in all cultures, all religions and all social classes. Our aim is to ensure through our child protection system the safeguarding and protection of children who are suffering from, or are at risk of significant harm or abuse, by peers or an adult, and those children who may be in need of extra help.

Through this policy we aim:

1. To recognise that the child's needs are paramount, and the needs and wishes of each child, be they infant or an older child, should be put first, so that every child receives the support they need before a problem escalates;
2. To ensure that all staff who come into contact with children and families are alert to their needs and any risks of harm that individual abusers, or potential abusers, may pose to children;
3. To ensure that all staff share appropriate information in a timely way and can discuss any concerns about an individual child with colleagues and local authority children's social care;

4. To ensure that our staff will use their professional judgement to put the child's needs at the heart of the safeguarding process so that the right solution can be found for each individual child;
5. To ensure that all staff contribute to whatever actions are needed to safeguard and promote a child's welfare and take part in regularly reviewing the outcomes for the child against specific plans and outcomes;
6. to identify children who are suffering or likely to suffer significant harm and take appropriate action with the aim of making sure they are kept safe both at home and at the school
7. To provide an environment in which children feel safe, secure and respected and know how to approach adults if they are in difficulties, knowing they will be listened to and that any concern will be dealt with in a supportive manner.
8. To raise awareness that all teaching and non-teaching staff are responsible for safeguarding children and identifying and reporting possible cases of abuse
9. To make parents aware of the procedures for keeping children safe.

3.0 Responsibilities

Safeguarding and promoting the welfare of children is everyone's responsibility.

Everyone who comes into contact with children and their families and carers has a role to play in safeguarding children. In order to fulfil this responsibility effectively, all professionals 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. As no single professional can have a full picture of a child's needs and circumstances, if children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action.

3.1 Responsibilities of the School

Our arrangements reflect the importance of safeguarding and promoting the welfare of children, including:

1. Identification of key people within the school who have specific responsibilities for leading safeguarding and Child Protection Procedures. These persons should ensure that mechanisms are in place to assist staff to understand and discharge their roles and responsibilities as set out in Part 1 of KCSIE Sep 2020.
2. Professionals are given sufficient time, funding, supervision and support to fulfil their child welfare and safeguarding responsibilities effectively;
3. Fostering a culture of listening to children and taking account of their wishes and feelings where appropriate, both in individual decisions and the development of services;
4. Arrangements which set out clearly the processes for sharing information, with other professionals and with the Surrey Safeguarding Children Partnership (SSCP);
5. Safe recruitment practices for individuals whom the organisation will permit to work regularly with children, including policies on when and how to obtain a Disclosure and Barring services check (refer to separate Staffing and Safe Recruitment policy);
6. Appropriate supervision and support for staff, including undertaking initial safeguarding training with updates on Safeguarding matters provided at least annually;
7. Ensuring that staff are competent to carry out their responsibilities for safeguarding and promoting the welfare of children and creating an environment where staff feel able to raise concerns and feel supported in their safeguarding role;

8. Clear policies in line with those from the SSCP for dealing with allegations against people who work with children and for whistleblowing.

3.2 Responsibilities of the DSL/DDSL

Yvonne Cooke is the Designated Safeguarding Lead (DSL), who is designated to take lead responsibility for safeguarding children. *(NB - a previous serious case review carried out in Nov 08 identified that the DSL for child protection should ideally not be the Headteacher: exceptions may be made for small schools such as ours.)*

1. The DSL has responsibility for liaising with other Surrey agencies and professionals and for referring cases of suspected abuse to the relevant investigating agencies according to the procedures established by the Surrey Children's Social Care team.
2. The DSL will ensure that Cobham Montessori School policies and procedures in relation to Safeguarding are followed. The DSL also acts as a source of advice, support and expertise within the school, ensuring there is a policy in place and offering training to staff. The DSL will ensure that all members of staff know how to recognise and report any concerns or indications that a child is or has been neglected or abused. The DSL will ensure annual updates regarding Safeguarding are provided to all staff. This may be via email Newsletter or via Team Meeting or individual briefings.
3. The DSL is responsible for keeping written records of concerns about a child even if there is no need to make an immediate referral and for ensuring that records are kept confidentially and securely and separately from pupil records.
4. The DSL will liaise with social services teams over suspected cases of child abuse or neglect. Following the SSCB procedures the DSL will submit a Request for Support where the indicated levels of need reach the threshold. Where the concern is about suspected harm or risk of harm to a child, the referral should be made to the local authority for the area where the child lives.
5. The DSL is responsible for ensuring that they (or an appointed representative) attend case conferences or other multi-agency planning meetings, contributes to assessments and provides a report which has been shared with parents/carers.
6. The DSL also ensures that any pupil currently subject to a Child Protection Plan who is absent without explanation is referred to their key worker's Social Care Team.
7. The DSL is ultimately responsible for any action within the School deemed necessary to safeguard a child believed to be at risk of/or suffering physical, emotional or sexual abuse by a parent/carer/teacher/peer/other adult or is in need of extra support. This responsibility includes online safety.
8. The DSL will undergo updated child protection training annually, in accordance with locally agreed procedures and includes inter-agency working. In addition to formal training the DSL will also update their own knowledge via e-bulletins, meeting other DSLs or taking time to read and digest safeguarding developments.
9. The DSL has undertaken Safer Recruitment training.
10. Deputy Designated Safeguarding Lead (DDSL) Mrs Ashley Strait -The DSL is able to delegate their activities to appropriately trained deputies, however, the ultimate lead responsibility for safeguarding and child protection, as set out above, remains with the DSL. This responsibility should not be delegated.
11. During term time the either the DSL and/or a DDSL should always be available (during school hours) for staff in the school to discuss any safeguarding concerns. It is the responsibility of the DSL and or DDSL to arrange adequate and appropriate cover arrangements for any out of hours/out of term activities.

12. The DSL also liaises and makes referrals to the police in cases where a crime may have been committed.
13. The DSL will review monthly the Accidents and Incidents Book, Safeguarding Children's Records File and Existing Injury book regularly to monitor/identify possible safeguarding children issues.

3.3 Responsibilities of all Staff:

There are four key steps to follow to help staff identify and respond appropriately to possible abuse and/or neglect.

- Be Alert
 - Question Behaviours
 - Ask for Help
 - Refer
1. Staff play a key role in the safeguarding of our children. The expertise staff build up by knowing the child well and by undertaking training and managing safeguarding concerns contribute to the shape of safeguarding arrangements and child protection policy.
 2. All staff members are made aware of systems within school which support safeguarding and these are explained to them as part of staff induction. This includes:
 - the school's Safeguarding Policy;
 - the Staff Code of Conduct
 - identity of the Designated Safeguarding Lead
 - A copy of Part 1 of KCSIE Sep 2020 including Annex A (All those in management positions are required to read the entire document)
 - Information about the Prevent Duty
 - Information on Whistleblowing
 - Behaviour Policy
 - E-safety Policy
 3. All staff members receive appropriate safeguarding and child protection training as part of their induction (see induction checklist) and should be in line with advice from the SSCP. A detailed explanation of this policy and procedure is given, including the identity of the Designated Safeguarding Leads/Deputies and information as to the whereabouts of paperwork and how to deal with a disclosure. This is to include peer on peer (child to child) abuse as set out in KCSIE (2020).
 4. Staff are trained so as to be aware of the categories of abuse and the to recognize possible indicators of Safeguarding concerns as detailed in Section 4 and 5 of this policy.
 5. In addition, all staff members receive regular safeguarding and child protection updates via email and at staff briefings/meetings, as required, but at least annually, to provide them with relevant skills and knowledge to safeguard children effectively.
 6. Staff are responsible for ensuring that peers, parents, carers or other staff members inform the DSL of any suspicion of child abuse. All concerns, discussions and decisions made and the reasons for those decisions should be recorded in writing. If in doubt about recording requirements staff should discuss with the DSL. It is every member of staffs' responsibility to record any concerns, however small, and provide to the DSL for the Safeguarding file.
 7. Staff may, from time to time, be required to monitor pupils with regards to child safety concerns. Staff are responsible for keeping records of behaviour/incidents and forwarding their concerns to the DSL.

8. Staff must know how to respond when a child tells about abuse, or expresses a desire to talk about a private problem.
9. Through close committed relationships with each child's family staff will identify issues relating to a child's circumstances and be aware of home circumstances which may put the family under stress such as moving house, unemployment or changing employment, bereavement, or long term home visitors such as relatives coming to stay.
10. Staff will be alert to signs which indicate that the child or the child's family may benefit from [Early Help](#) and will liaise with the SENCo to signpost suitable Early Help support.
11. Staff are made aware of the SSCP Procedures Manual which is available online at <http://surreyscb.procedures.org.uk/>
12. All staff ensure that children are safeguarded from potentially harmful and inappropriate online material. We ensure appropriate filters and monitoring systems are in place.
13. All staff are aware safeguarding issues can manifest themselves via peer on peer abuse.
14. Visitors to the school for 'one off' visits, e.g. speakers, workshops, must have an internet check carried out before they arrive, sign in the Visitors Book and be chaperoned at all times by a member of the school staff. Visiting speakers are the responsibility of the member of staff that organised their visit

4.0 Categories and Indicators of Abuse and Neglect

Abuse is a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults or another child or children.

Through their day-to-day contact with children and direct work with families, education staff have a crucial role to play in noticing indicators of possible abuse or neglect and referring those concerns to the appropriate investigative agencies (social services and police).

There are four main categories of abuse - **physical injury, neglect, sexual abuse and emotional abuse**. The list of symptoms given is not exhaustive or comprehensive but consists of frequently observed symptoms.

It is important to remember that most abuse involves more than one main type, for example, sexual and emotional abuse may be recognised together. These symptoms, for example cuts and grazes, may also be accidental and not a sign of abuse.

These different types of abuse require different approaches. A child suffering from physical abuse may be in immediate and serious danger. Action should, therefore, be taken immediately.

With other forms of abuse there is a need to ensure that adequate information is gathered. There is also a need to make sure that grounds for suspicion have been adequately investigated and recorded.

The need to collate information must be balanced against the need for urgent action. If there are reasonable grounds for suspicion, then a decision to monitor the situation should only be taken after consultation.

A situation that should cause particular concern is that of a child who fails to thrive without any obvious reason. In such a situation a medical investigation may be required to consider the causes.

4.1 General Risk Indicators

The factors described in this section are frequently found in cases of child abuse. Their presence is not proof that abuse has occurred, but:

- Must be regarded as indicators of the possibility of significant harm
- Justifies the need for careful assessment and discussion with designated / named / lead person, manager, (or in the absence of all those individuals, an experienced colleague)
- May require consultation with and / or referral to Children's Services The absence of such indicators does not mean that abuse or neglect has not occurred

The following non-specific signs may indicate something is wrong:

- Significant change in behaviour
- Extreme anger or sadness
- Aggressive and attention-seeking behaviour
- Suspicious bruises with unsatisfactory explanations
- Lack of self-esteem
- Self-injury
- Depression
- Age inappropriate sexual behaviour

In an abusive relationship the child may:

- Appear frightened of the parent/s
- Act in a way that is inappropriate to her/his age and development (though full account needs to be taken of different patterns of development and different ethnic groups)

The parent or carer may:

- Persistently avoid child health promotion services and treatment of the child's episodic illnesses
- Have unrealistic expectations of the child
- Frequently complain about/to the child and may fail to provide attention or praise (high criticism/low warmth environment)
- Be absent or misusing substances
- Persistently refuse to allow access on home visits
- Be involved in domestic abuse

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

4.2 Physical Abuse

Physical abuse: a form of abuse which 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

Symptoms:

The following are often regarded as indicators of concern:

- An explanation which is inconsistent with an injury

- Several different explanations provided for an injury
- Unexplained delay in seeking treatment
- The parents/carers are uninterested or undisturbed by an accident or injury
- Parents are absent without good reason when their child is presented for treatment
- Repeated presentation of minor injuries (which may represent a “cry for help” and if ignored could lead to a more serious injury)
- Family use of different doctors and A&E departments
- Reluctance to give information or mention previous injuries

Bruising

Children can have accidental bruising, but the following must be considered as non-accidental unless there is evidence or an adequate explanation provided:

- Any bruising to a pre-crawling or pre-walking baby
- Bruising in or around the mouth, particularly in small babies which may indicate force feeding or twin bruises on either side of the mouth or cheeks - can be caused by pinching or grabbing, sometimes to make a child eat or to stop a child from speaking.
- 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
- 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
- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting ;
- Bruising around the face, head or genitals this is often caused by grabbing a child that is attempting to run away. It is very painful to be held by the ear, as well as humiliating and this is a common injury.
- Grasp marks on small children; grip marks on arms or trunk - gripping bruises on arm or trunk can be associated with shaking a child. Shaking can cause one of the most serious injuries to a child; i.e. a brain haemorrhage as the brain hits the inside of the skull. X-rays and other tests are required to fully diagnose the effects of shaking. Grip marks can also be indicative of sexual abuse.
- slap marks – these may be visible on cheeks or buttocks.
- Bruising on the arms, buttocks and thighs may be an indicator of sexual abuse

Bite Marks

Bite marks can leave clear impressions of the teeth. Human bite marks are oval or crescent shaped. Those over 3 cm in diameter are more likely to have been caused by an adult or older child.

A medical opinion should be sought where there is any doubt over the origin of the bite.

Burns and Scalds

It can be difficult to distinguish between accidental and non-accidental burns and scalds, and will always require experienced medical opinion. Any burn with a clear outline may be suspicious e.g.:

- Circular burns from cigarettes (but may be friction burns if along the bony protuberance of the spine)
- Linear burns from hot metal rods or electrical fire elements

- Burns of uniform depth over a large area
- Scalds that have a line indicating immersion or poured liquid (a child getting into hot water is his/her own accord will struggle to get out and cause splash marks)
- Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation
- Scalds to the buttocks of a small child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath. a child who has been deliberately 'dipped' in a hot bath will not have splash marks.

Fractures

Fractures may cause pain, swelling and discolouration over a bone or joint. Non-mobile children rarely sustain fractures. There are grounds for concern if:

- The history provided is vague, non-existent or inconsistent with the fracture type
 - There are associated old fractures
 - Medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement
 - There is an unexplained fracture in the first year of life
- Scars A large number of scars or scars of different sizes or ages, or on different parts of the body, may suggest abuse.

Poisoning or other misuse of drugs - e.g. overuse of sedatives.

4.3 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 caregivers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Evidence of neglect is built up over a period of time and can cover different aspects of parenting.

Symptoms:

- Failure by parents or carers to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene and medical care
- Dirty, smells of urine, unkempt
- Lack of appropriate clothing
- No parental interest (a distinction needs to be made between situations where children are inadequately clad, dirty or smelly because they come from homes where neatness and cleanliness are unimportant and those where the lack of care is preventing the child from thriving.)
- Underweight – a child may be frequently hungry or pre-occupied with food or in the habit of stealing food or with the intention of procuring food. There is particular cause for concern where a persistently underweight child gains weight when away from home, for example, when in hospital or on a school trip. Some children also lose weight or fail to gain weight during school holidays when school lunches are not available, and this is a cause for concern.
- Body sores
- Not wanting to communicate
- Behaviour problems

- Attention seeking
- Lack of respect
- Often in trouble - police
- Bullying
- Use of bad language
- Always out at all hours
- Stealing
- Lack of confidence - low self-esteem
- Jealousy
- A child seen to be listless, apathetic and unresponsive with no apparent medical cause
- Failure of child to grow within normal expected pattern, with accompanying weight loss
- Child thrives away from home environment
- Child frequently absent from school
- Child left with adults who are intoxicated or violent
- Child abandoned or left alone for excessive periods

4.4 Emotional Abuse (including Domestic Abuse)

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. It may involve conveying to a child 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 a 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, although it may occur alone.

Emotional abuse may be difficult to recognise, as the signs are usually behavioural rather than physical. The manifestations of emotional abuse might also indicate the presence of other kinds of abuse. The indicators of emotional abuse are often also associated with other forms of abuse. The following may be indicators of emotional abuse:

Symptoms:

- Developmental delay
- Abnormal attachment between a child and parent/carer e.g. clingy; anxious, indiscriminate or no attachment
- Aggressive behaviour towards others
- Scape-goated 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
- Crying
- Rocking
- Not wanting to socialise; Isolation from peers - unable to communicate
- Cringing
- Picking up points through conversation with children
- Bad behaviour
- Behaviour changes
- Bribery by parent
- Self-infliction

- Attention seeking
- Afraid of authoritative figures
- Treating others as they have been treated

4.5 Sexual Abuse

Sexual abuse involves forcing or enticing a child 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.

Symptoms

Boys and girls of all ages may be sexually abused and are frequently scared to say anything due to guilt and/or fear. This is particularly difficult for a child to talk about and full account should be taken of the cultural sensitivities of any individual child/family. Recognition can be difficult, unless the child discloses and is believed. There may be no physical signs and indications are likely to be emotional/behavioural. Some behavioural indicators associated with this form of abuse are:

- Sexually explicit behaviour, play or conversation, inappropriate to the child's age
- Self-harm, self-mutilation and suicide attempts
- Involvement in prostitution or indiscriminate choice of sexual partners
- An anxious unwillingness to remove clothes e.g. for sports events (but this may be related to cultural norms or physical difficulties)
- Blood on underclothes
- Pregnancy in a younger girl where the identity of the father is not disclosed
- Physical symptoms such as injuries to the genital or anal area, pain or itching of genital area; presence of semen on vagina, anus, external genitalia or clothing; bruising to the buttocks, lower abdomen, thighs and genital/rectal areas. Bruises may be confined to grip marks where a child has been held so that sexual abuse can take place.
- discomfort or pain particularly in the genital or anal areas
- A detailed sexual knowledge inappropriate to the age of the child.
- behaviour that is excessively affectionate or sexual towards other children or adults.
- attempts to inform by making a disclosure about the sexual abuse often begin by the initial sharing of limited information with an adult. It is also very characteristic of such children that they have an excessive preoccupation with secrecy and try to bind the adults to secrecy or confidentiality.
- a fear of medical examinations.
- a fear of being alone – this applies to friends/family/neighbours/baby-sitters, etc
- a sudden loss of appetite, compulsive eating, anorexia nervosa or bulimia nervosa.
- excessive masturbation is especially worrying when it takes place in public.
- sexual approaches or assaults - on other children or adults.
- urinary tract infections (UTI), sexually transmitted disease (STD) are all cause for immediate concern in young children, or in adolescents if his/her partner cannot be identified.
- drawing of pornographic or sexually explicit images.
- withdrawn
- rejecting physical contact or demanding attention

Sexual Abuse by Young People

The boundary between what is abusive and what is part of normal childhood or youthful experimentation can be blurred. The determination of whether behaviour is developmental, inappropriate or abusive will hinge around the related concepts of true consent, power imbalance and exploitation. This may include children and young people who exhibit a range of sexually problematic behaviour such as indecent exposure, obscene telephone calls, fetishism, bestiality and sexual abuse against adults, peers or children.

Developmental Sexual Activity encompasses those actions that are to be expected from children and young people as they move from infancy through to an adult understanding of their physical, emotional and behavioural relationships with each other. Such sexual activity is essentially information gathering and experience testing. It is characterised by mutuality and of the seeking of consent, even though consent cannot be given by a child under the age of sixteen.

Inappropriate Sexual Behaviour can be inappropriate socially, inappropriate to development, or both. In considering whether behaviour fits into this category, it is important to consider what negative effects it has on any of the parties involved and what concerns it raises about a child. It should be recognised that some actions may be motivated by information seeking, but still cause significant upset, confusion, worry, physical damage, etc. It may also be that the behaviour is “acting out” which may derive from other sexual situations to which the child or has been exposed. If an act appears to have been inappropriate, there may still be a need for some form of behaviour management or intervention. For some children, educative inputs may be enough to address the behaviour.

Abusive sexual activity includes any behaviour involving coercion, threats, aggression together with secrecy, or where one participant relies on an unequal power base. In order to more fully determine the nature of the incident the following factors should be given consideration.

The presence of exploitation in terms of:

- Equality - consider differentials of physical, cognitive and emotional development, power and control and authority, passive and assertive tendencies
- Understanding that is proposed based on age, maturity, development level, functioning and experience
- Knowledge of society’s standards for what is being proposed
- Awareness of potential consequences and alternatives
- Assumption that agreements or disagreements will be respected equally
- Mental competence
- Coercion - the young perpetrator who abuses may use techniques like bribing, manipulation and emotional threats of secondary gains and losses that is loss of love, friendship, etc. Some may use physical force, brutality or the threat of these regardless of victim resistance. In evaluating sexual behaviour of children and young people, the above information should be used only as a guide. Further information and advice is available in the Surrey multi-agency protocol “Working with Sexually Active Young People” available at www.surreycc.gov.uk/safeguarding, by choosing Safeguarding Children - Protocols and Guidance for Professionals.
- The Brook Traffic Light Tool for assessing age-appropriate sexual behaviour may be found here: <https://www.brook.org.uk/training/wider-professional-training/sexual-behaviours-traffic-light-tool/>

5.0 Specific Safeguarding Issues

All staff should have an awareness of specific safeguarding issues which are listed below. Staff should be aware that behaviours linked to the likes of drug taking, alcohol abuse, truanting and sexting put children in danger. They should also be aware that safeguarding issues can manifest themselves via peer on peer abuse. This is most likely to include, but not limited to: bullying (including cyber bullying), gender-based violence/sexual assaults and sexting.

Expert and professional organizations are best placed to provide up-to-date guidance and practical support on specific safeguarding issues. For example information for schools and colleges can be found on the [TES website](#) and [NSPCC website](#). Schools and colleges can also access broad government guidance on the issues listed below via the [GOV.UK website](#):

[Specific Safeguarding Issues \(KCSIE 2020\):](#)

- bullying including cyberbullying
- children missing education*
- child missing from home or care
- child sexual exploitation (CSE)*
- domestic abuse
- drugs
- fabricated or induced illness
- faith based abuse
- female genital mutilation (FGM)
- forced marriage*
- gangs and youth violence
- gender-based violence/violence against women and girls (VAWG)
- hate
- 'honour' (so called) based violence including breast ironing
- mental health and behaviour
- Children and Adults Missing children strategy
- private fostering
- preventing radicalisation*
- relationship abuse
- sexting
- trafficking
- Sexual Violence and Sexual Harassment between children
- Up-skirting

*Detailed information regarding these specific issues is available via gov.uk and in Annex A of the KCSIE (2020)

5.1 Child Missing Education

A child going missing from education is a potential indicator of abuse or neglect. Staff should inform the DSL if a child is absent on repeated occasions to help identify the risk of abuse and neglect, including sexual abuse or exploitation and to help prevent the risk of their going missing in future. The child's teacher will always telephone a parent to ascertain the whereabouts of a pupil that has not arrived at school. A daily register is recorded, and attendance monitored. If a child has significant absence due to illness, is repeatedly absent, or is absent for more than 10 continuous school days without authorisation, the school will inform the Local Authority.

The DSL will ensure that any pupil currently subject to a Child Protection Plan who is absent without explanation is referred to their key worker's Social Care Team on the first day of absence. The school ensures that it holds an emergency contact telephone numbers for each child. The school will notify the local authority when a pupil's name is removed or added to the admissions register at nonstandard transitions.

5.2 Child Sexual Exploitation (CSE)

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

Consent cannot be given, even where a child may believe they are voluntarily engaging in sexual activity with the person who is exploiting them. Child sexual exploitation does not always involve physical contact and can happen online. A significant number of children who are victims of sexual exploitation go missing from home, care and education at some point. Some of the following signs may be indicators of sexual exploitation.

Indicators of CSE

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

- Children who appear with unexplained gifts or new possessions;
- Children who associate with other young people involved in exploitation;
- Children who have older boyfriends or girlfriends;
- Children who suffer from sexually transmitted infections or become pregnant;
- Children who suffer from changes in emotional well-being;
- Children who misuse drugs and alcohol;
- Children who go missing for periods of time or regularly come home late; and
- Children who regularly miss school or education or do not take part in education.

5.3 Honour Based Violence (HBV)

So-called 'honour-based' violence (HBV) encompasses crimes which have been committed to protect or defend the honour of the family and/or the community, including Female Genital Mutilation (FGM), forced marriage, and practices such as breast ironing. All forms of so called HBV are abuse (regardless of the motivation) and should be handled and escalated as such. If in any doubt staff should speak to the DSL. Staff need to be alert to the possibility of a child being at risk of HBV, or already having suffered HBV.

5.4 Female Genital Mutilation (FGM)

It is essential that staff are aware of FGM practices and the need to look for signs, symptoms and other indicators of FGM. FGM involves procedures that intentionally alter/injure the female genital organs for non-medical reasons. FGM is internationally recognised as a violation of human rights of girls and women. It is illegal in most countries including the UK and is a form of child abuse with long-lasting harmful consequences.

The Female Genital Mutilation Act 2003 places a statutory duty upon teachers along with regulated health and social care professionals in England and Wales, to report to the police where they discover (either through disclosure by the victim or visual evidence) that FGM appears to have been carried out on a girl under 18. Those failing to report such cases will face disciplinary sanctions. Teachers must personally report their concerns to the police and unless the teacher has a good reason not to, they should also consult the DSL.

Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a girl being at risk of FGM, or already having suffered FGM. There is a range of potential indicators that a child may be at risk of FGM, which individually may not indicate risk but if there are two or more indicators present this could signal a risk to the child. Victims of FGM are likely to come from a community that is known to practise FGM. Professionals should note that girls at risk of FGM may not yet be aware of the practice or that it may be conducted on them, so sensitivity should always be shown when approaching the subject. Staff should activate local safeguarding procedures, using existing national and local protocols for multi-agency liaison with police and children's social care.

Types of procedure:

- Type 1 Clitoridectomy - partial/total removal of clitoris
- Type 2 Excision - partial/total removal of clitoris and labia minora
- Type 3 Infibulation entrance to vagina is narrowed by repositioning the inner/outer labia
- Type 4 all other procedures that may include: pricking, piercing, incising, cauterising and scraping the genital area.

Why is it carried out? Belief that:

- FGM brings status/respect to the girl - social acceptance for marriage
- Preserves a girl's virginity
- Part of being a woman / rite of passage
- Upholds family honour
- Cleanses and purifies the girl
- Gives a sense of belonging to the community
- Fulfils a religious requirement
- Perpetuates a custom/tradition
- Helps girls be clean / hygienic
- Is cosmetically desirable
- Mistakenly believed to make childbirth easier

Circumstances and occurrences that may point to FGM happening are:

- Child talking about getting ready for a special ceremony
 - Family taking a long trip abroad
 - Child's family being from one of the 'at risk' communities for FGM (Kenya, Somalia, Sudan, Sierra Leon, Egypt, Nigeria, Eritrea as well as non-African communities including Yemeni, Afghani, Kurdistan, Indonesia and Pakistan)
 - Knowledge that the child's sibling has undergone FGM
 - Child talks about going abroad to be 'cut' or to prepare for marriage
 - A female elder is around, particularly when she is visiting from a country of origin
- Signs that may indicate a child has undergone FGM:
- Prolonged absence from school and other activities
 - Behaviour change on return from a holiday abroad, such as being withdrawn and appearing subdued
 - Bladder or menstrual problems
 - Finding it difficult to sit still and looking uncomfortable

- Complaining about pain between the legs
- Mentioning something somebody did to them that they are not allowed to talk about
- Secretive behaviour, including isolating themselves from the group
- Reluctance to take part in physical activity
- Repeated urinal tract infection

Procedures

We take proactive steps to prevent the girls being forced to undertake FGM. We do this in 3 ways:

1. A robust attendance policy that does not authorise holidays, extended or otherwise
2. FGM training for the DSL and disseminated training for all staff at the front line dealing with the children.
3. FGM discussions by the DSL with parents of children from practising communities who are at risk.

Mandatory Reporting Duty

Section 5B of the Female Genital Mutilation Act 2003 (as inserted by section 74 of the Serious Crime Act 2015) will place a statutory duty upon teachers, along with social workers and healthcare professionals, to report to the police where they discover (either through disclosure by the victim or visual evidence) that FGM appears to have been carried out on a girl under 18. Those failing to report such cases will face disciplinary sanctions. It will be rare for teachers to see visual evidence, and they should not be examining students, but the same definition of what is meant by “to discover that an act of FGM appears to have been carried out” is used for all professionals to whom this mandatory reporting duty applies. The Mandatory reporting duty commenced in October 2015. Teachers must report to the police cases where they discover that an act of FGM appears to have been carried out. Unless the teacher has a good reason not to, they should still consider and discuss any such case with the school’s designated safeguarding leader and involve children’s social care as appropriate.

5.5 Forced Marriage (FM)

This is an entirely separate issue from arranged marriage. It is a human rights abuse and falls within the Crown Prosecution Service definition of domestic violence. Young men and women can be at risk in affected ethnic groups. Whistle-blowing may come from younger siblings. Other indicators may be detected by changes in adolescent behaviours. Never attempt to intervene directly as a school or through a third party. Always call either the Contact Centre or the **Forced Marriage Unit 020 7008 0151**

5.6 Mental Health

Children who are mentally healthy have the ability to develop psychologically, emotionally, intellectually and spiritually; initiate, develop and sustain mutually satisfying personal relationships; use and enjoy solitude; become aware of others and empathise with them; play and learn; develop a sense of right and wrong; and resolve (face) problems and setbacks and learn from them.

Some children experience a range of emotional and behavioural problems that are outside the normal range for their age or gender. These children and young people could be described as experiencing mental health problems or disorders.

Mental health professionals have defined these as:

- Conduct disorders - defiance, aggression, anti-social behaviour, stealing and fire-setting.
- Anxiety

- Depression
- Hyperkinetic disorders - disturbance of activity and attention
- Attachment disorders
- Eating disorders
- Substance abuse
- Deliberate self-Harm
- Post-traumatic stress syndromes
- developmental disorders, e.g. delay in acquiring certain skills such as speech, social ability or bladder control, primarily affecting children with autism and those with pervasive developmental disorders;
- attachment disorders, e.g. children who are markedly distressed or socially impaired as a result of an extremely abnormal pattern of attachment to parents or major care givers;
- habit disorders,
- somatic disorders;
- psychotic disorders e.g. schizophrenia and manic depressive disorder.

Many of these problems will be experienced as mild and transitory challenges for the child and their family, whereas others will have serious and longer lasting effects. When a problem is particularly severe or persistent over time, or when a number of these difficulties are experienced at the same time, children are often described as having mental health disorders.

The school is committed to offering important opportunities to prevent mental health problems by promoting resilience. We support children who are experiencing high levels of psychological stress or who are at risk of developing mental health problems. Providing children with inner resources that they can draw on as a buffer when negative or stressful things happen helps them to thrive even in the face of significant challenges. This is achieved through ensuring children have a wide support network including parents, supportive staff, friendship groups and a variety of ways of communicating concerns. This is fully embedded in our Montessori curriculum.

Where there is a concern regarding mental health staff should communicate this to the DSL. The DSL is then responsible for communicating with parents and if appropriate suggesting they seek advice from their GP and making a referral to The Children's, Adolescence Mental Health Services (CAMHS).

To make a referral:

Call CAMHS One Stop Call 0300 222 5755 open 8am-8pm Monday to Friday and 9am -12pm Saturday or write to CAMHS One Stop, 18 Mole Business Park, Leatherhead, KT22 7AD

5.7 Preventing Radicalisation

Protecting children from the risk of radicalisation is seen as part of schools' wider safeguarding duties, and is similar in nature to protecting children from other forms of harm and abuse. During the process of radicalisation, it is possible to intervene to prevent vulnerable people being radicalised. Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism. There is no single way of identifying an individual who is likely to be susceptible to an extremist ideology. It can happen in many different ways and settings. Specific background factors may contribute to vulnerability which are often combined with specific influences such as family, friends or online, and with specific needs for which an extremist or terrorist group may appear to provide an answer. The internet and the use of social media in particular has become a major factor in the radicalisation of young people. As with managing other safeguarding risks, staff should be alert to changes in children's behaviour which could indicate that they may be in need of help or protection. School staff should use their professional judgement in

identifying children who might be at risk of radicalisation and act proportionately which may include making a referral to the Channel programme.

Our Prevent Officer is **Yvonne Cooke**.

The Prevent Officer has taken the Home Office Prevent Awareness course and it is her responsibility to report any concerns via the local Prevent Officer. In addition, staff are briefed on the signs to look for when identifying children at risk - they can include things such as racist graffiti or comments being made on school premises, extremist content being shared on social media, terrorist or extremist propaganda being shared with students or vulnerable students being influenced by others with extreme views. The Prevent Self-Assessment has been carried out to ensure the school has adopted Prevent into its mainstream processes. In addition, Prevent has been considered, and appropriate aspects embedded into our IT policy and Montessori curriculum.

Indicators of Radicalisation Vulnerability

- Identity Crisis - Distance from cultural/ religious heritage and uncomfortable with their place in the society around them
- Personal Crisis - Family tensions; sense of isolation; adolescence; low self-esteem; disassociating from existing friendship group and becoming involved with a new and different group of friends; searching for answers to questions about identity, faith and belonging
- Personal Circumstances - Migration; local community tensions; events affecting country or region of origin; alienation from UK values; having a sense of grievance that is triggered by personal experience of racism or discrimination or aspects of Government policy
- Unmet Aspirations - Perceptions of injustice; feeling of failure; rejection of civic life
- Criminality
- Experiences of imprisonment; poor resettlement/ reintegration, previous involvement with criminal groups. Access to extremism / extremist influences
- Is there reason to believe that the child/young person associates with those known to be involved in extremism - either because they associate directly with known individuals or because they frequent key locations where these individuals are known to operate? (e.g. the child/young person is the partner, spouse, friend or family member of someone believed to be linked with extremist activity)
- Does the child/young person frequent, or is there evidence to suggest that they are accessing the internet for the purpose of extremist activity? (e.g. Use of closed network groups, access to or distribution of extremist material, contact associates covertly via Skype/email etc)
- Is there reason to believe that the child/young person has been or is likely to be involved with extremist/ military training camps/ locations?
- Is the child/young person known to have possessed or is actively seeking to possess and/ or distribute extremist literature/ other media material likely to incite racial/ religious hatred or acts of violence?
- Does the child/young person sympathise with, or support illegal/illicit groups e.g. propaganda distribution, fundraising and attendance at meetings?
- Does the child/young person support groups with links to extremist activity but not illegal/illicit e.g. propaganda distribution, fundraising and attendance at meetings?

Experiences, Behaviours and Influences:

- Has the child/ young person encountered peer, social, family or faith group rejection?
- Is there evidence of extremist ideological, political or religious influence on the child/ young person from within or outside UK?
- Have international events in areas of conflict and civil unrest had a personal impact on the child/ young person resulting in a noticeable change in behaviour? It is

important to recognise that many people may be emotionally affected by the plight of what is happening in areas of conflict (i.e. images of children dying) it is important to differentiate them from those that sympathise with or support extremist activity

- Has there been a significant shift in the child/ young person's behaviour or outward appearance that suggests a new social/political or religious influence?
- Has the child/ young person come into conflict with family over religious beliefs/lifestyle/ dress choices?
- Does the child/ young person vocally support terrorist attacks; either verbally or in their written work? Has the child/ young person witnessed or been the perpetrator/ victim of racial or religious hate crime or sectarianism?

Travel

- Is there a pattern of regular or extended travel within the UK, with other evidence to suggest this is for purposes of extremist training or activity?
- Has the child/ young person travelled for extended periods of time to international locations known to be associated with extremism?
- Has the child/ young person employed any methods to disguise their true identity? Has the child/ young person used documents or cover to support this?

Social Factors

- Does the child/ young person have experience of poverty, disadvantage, discrimination or social exclusion?
- Does the child/ young person experience a lack of meaningful employment appropriate to their skills?
- Does the child/ young person display a lack of affinity or understanding for others, or social isolation from peer groups?
- Does the child/ young person demonstrate identity conflict and confusion normally associated with youth development?
- Does the child/ young person have any learning difficulties/ mental health support needs?
- Does the child/ young person demonstrate a simplistic or flawed understanding of religion or politics?
- Does the child/ young person have a history of crime, including episodes in prison?
- Is the child/young person a foreign national, refugee or awaiting a decision on their immigration/ national status?
- Does the child/ young person have insecure, conflicted or absent family relationships?
- Has the child/ young person experienced any trauma in their lives, particularly any trauma associated with war or sectarian conflict?
- Is there evidence that a significant adult or other in the child/young person's life has extremist view or sympathies?

More critical risk factors could include:-

- Being in contact with extremist recruiters
- Articulating support for extremist causes or leaders
- Accessing extremist websites, especially those with a social networking element
- Possessing extremist literature
- Using extremist narratives and a global ideology to explain personal disadvantage
- Justifying the use of violence to solve societal issues
- Joining extremist organisations
- Significant changes to appearance and/or behaviour

5.8 Online Safety

Use of technology has become a significant component of many safeguarding issues including but not limited to: child sexual exploitation; radicalization, and sexual predation. Technology often provides the platform that facilitates harm. By having an effective

approach to online safety the school is empowered to protect and educate the whole school community in their use of technology and establishes mechanisms to identify, intervene and escalate any incident where appropriate.

The breadth of issues classified within online safety is considerable, but can be categorised into three areas of risk:

- content: being exposed to illegal, inappropriate or harmful material
- contact: being subjected to harmful online interaction with other users
- conduct: personal online behaviour that increases the likelihood of, or causes, harm

Staff undergo regularly updated safeguarding training and part of the requirement is to ensure children are taught about safeguarding, including online safety. Online safety training for staff is integrated, aligned and considered as part of the overarching safeguarding approach.

It is essential that children are safeguarded from potentially harmful and inappropriate online material. As such we undertake to ensure suitable online filters and appropriate monitoring systems are in place.

6.0 Action to be taken in the event of a Disclosure

Sometimes concerns that a child is suffering or is likely to be suffering some form of abuse will build up slowly over time, and some will be as a response to a child presenting an injury or mark or talking about a worrying issue. All concerns, however minor, should be recorded on a Safeguarding Concern Form and should be referred to the Designated Safeguarding Lead, who will provide support and guidance and if appropriate will make a referral to the safeguarding team and if necessary, the police.

All staff should know what to do if a child tells them he/she is being abused or neglected. Staff should know how to manage the requirement to maintain an appropriate level of confidentiality whilst at the same time liaising with relevant professionals such as the designated safeguarding lead and children's social care. Staff should never promise a child that they will not tell anyone about an allegation-as this may ultimately not be in the best interests of the child

If a child makes a disclosure, the following advice applies.

- To record a disclosure use the Surrey Record of Concern Form.
- Listen to the child, allowing them to recall freely, without displaying shock or disbelief.
- Reassure and acknowledge how hard it is for them to tell you.
- Let the child dictate the pace. Do not ask leading questions. Do not promise confidentiality.
- Include child's words/actions, injuries seen (record on body map) behaviours displayed, whether information is first hand or the account of others (give name), any questions asked by adult and the response given by child. If you need more information then remember **T.E.D** – **"Tell me...."** **"Explain to me...."** **"Describe to me..."**
- **DO NOT ASK THE CHILD LEADING QUESTIONS;** This is the role of specially trained social workers and police officers. Others posing questions to the child could contaminate potential evidence of a crime.
- Be clear with the child that the information will have to be passed on and that there are people who will be able to help
- Take your notes to the Designated Safeguarding Lead or Deputy Safeguarding Lead as a matter of urgency.

- The DSL / DDSL will notify children's social care, without delay, of a disclosure or suspicion of abuse -
- If, at any point, there is a risk of immediate serious harm to a child a referral should be made to the children's social care immediately, anybody can make a referral.
- Child protection information will be passed on to the DSL in any school to which a child transfers.

The Surrey Children's Single Point of Access (C-SPA) is the single point of contact for reporting safeguarding concerns. For any concerns about a child call the C-SPA on: **03004709100** Monday to Friday from 9am to 5pm. Email - cspa@surreycc.gov.uk via egress. Out of hours the emergency duty team can be contacted on **01483 517898** from 5pm to 9am and 24 hours/day on Saturdays, Sundays and Bank Holidays.

7.0 Effective Family Resilience and Early Help Assessment (EHA)

Early help means providing support as soon as a problem emerges at any point in a child's life. Where a child would benefit from co-ordinated early help, an early help inter-agency assessment should be arranged. EHA is the referral format that should be used by all professional referrers for children that are not at risk of serious harm, or have suffered harm, but are in need of additional support from one or more agencies. This will be completed, in most cases, by the SENCO or DSL/DDSL in consultation with other relevant staff. If we feel a child would benefit from an Early Help Assessment we will seek consent from the child's parents.

'Effective Family Resilience Surrey' sets out the thresholds for 4 levels of need and describes when an Early Help plan may be appropriate. Early Help should be considered particularly if a child:

- is disabled and has specific additional needs;
- has special educational needs;
- is showing signs of engaging in anti-social behaviour;
- is in a family circumstance presenting challenges for the child, such as substance abuse, adult mental health problems and domestic violence;
- has returned home to their family from care; and/or
- is showing early signs of abuse and/or neglect.

All relevant documentation and information can be obtained here:

<https://www.surreyscp.org.uk/wp-content/uploads/2019/10/Effective-family-resilience-SSCB-Final-March-2019-1.pdf>

<https://www.surreycc.gov.uk/social-care-and-health/childrens-social-care/early-help>

8.0 Safe Staff

- Staff are employed following the procedures described in the Staffing and Safe Recruitment Policy;
- All staff must be aware of the Staff Code of Conduct.
- All school staff should take care not to place themselves in a vulnerable position with a child. It is always advisable for interviews or work with individual children or parents to be conducted in view of other adults.

- All staff should be aware of the School's policy for Intimate Care.
- All staff should be aware of the School's Behaviour Policy which includes guidance on Physical Restraint and Exclusion Policy
- Guidance about conduct and safe working practice will be given at induction and staff should be aware of the school's whistle blowing policy and the policy for safe working practice to avoid allegations of abuse.
- If a pupil makes an allegation against a member of staff, all procedures need to be applied with common sense and judgement.
- Any member of staff considered unsuitable to work with children will be notified to the secretary of state via the DBS, within 1 month of leaving the school.
- There is a requirement to report to DBS within 1 month of anyone whose services are no longer required in the context of a child protection issue.
- The School will ensure that assurance is obtained that Child Protection checks and procedures apply to any staff member employed by another organisation and working with the school's pupils on another site.

Protecting staff against allegations of abuse - advice to staff

Some sensible precautions follow.

1. Work in a room where there is a glass panel, or leave the door open.
2. Avoid working in isolation with a child unless thought has been given to safeguards.
3. Do not give children lifts home in personal cars except with written permission from your line manager.
4. Under the Sexual Offences Act 2003 it is a criminal offence for anyone working in an education setting to have a sexual relationship with a pupil *even when* the pupil is over the age of consent.
5. Do not chat to pupils on social websites, on the phone, or via text messages.

Staff should refer to the Code of Conduct for Staff for further details.

8.1 Allegations of Abuse against a Member of Staff.

We believe that all members of the school community are entitled to receive care and protection from harm. We will not accept inappropriate behaviour towards pupils or staff, and will ensure that any concerns or allegations of impropriety are dealt with quickly, fairly and sensitively.

If you have an allegation or child protection concern about a member of staff or adult working with children which indicates that they have:

- behaved in a way that has harmed a child, or may have harmed a child;
- possibly committed a criminal offence against or related to a child; or
- behaved towards a child or children in a way that indicates s/he is unsuitable to work with children

it is your responsibility to inform the DSL immediately. If the allegations are about the DSL, the DDSL must be informed.

The local authority designated officer (LADO) must be informed before an investigation is started by the school to avoid jeopardising the work of external agencies. The LADO must be informed within one working day. If a crime may have been committed, the matter should be reported to the police. The DSL will agree the next steps with the LADO.

Cobham Montessori School has a duty of care to its employees and will ensure that we provide effective support for anyone facing an allegation and provide the employee with a named

contact if they are suspended. A quick resolution is the priority to the benefit of all concerned.

Any staff disclosing information regarding inappropriate behaviour by colleagues will be listened to and supported. Parents of a child allegedly abused by a member of staff or other adult in the school will be kept informed of the progress and outcome of any investigation.

Any member of staff facing investigation into an allegation of abuse will be subject to the procedures laid down in the Discipline Policy with reference to the Department for Education guidance and will be offered appropriate access to professional and personal support networks, and, will be kept informed of the progress and outcome of any investigation.

Reporting a concern about a member of staff

You should voice your concerns, suspicions or uneasiness as soon as you feel you can. The earlier a concern is expressed the easier and sooner action can be taken.

1. Try to pinpoint exactly what practice is concerning you and why.
2. Inform the DSL immediately, who will then contact the LADO.
3. If your concern is about the DSL, contact the DDSL or, if you feel you need to take it to someone outside the school, contact the LADO.
4. make sure you get a satisfactory response.
5. You should put your concerns in writing, outlining the background and history, giving names, dates and places where you can.
6. A member of staff is not expected to prove the truth of an allegation, but, will need to demonstrate sufficient grounds for the concern.

What Happens Next?

- You should be given information on the nature and progress of any enquiries
- Cobham Montessori School has a responsibility to protect you from harassment or victimisation
- No action will be taken against you if the concern proves to be unfounded and was raised in good faith
- Malicious allegations may be considered as a disciplinary offence.
- Procedures need to be applied with common sense and judgement.
- Allegations found to be malicious should be removed from personnel records.
- Pupils that are found to have made malicious allegations will be dealt with under the Behaviour policy.
- Records must be kept of all other allegations, but any that are not substantiated, are unfounded or malicious, and should not be referred to in employer references.
- Any allegations that are substantiated, that show that a person is unsuitable to work with children, will be reported promptly to the DBS.
- Reports will include as much evidence about the circumstances as possible. Compromise agreements cannot apply in this connection.
- The school is under a duty of care to consider making a referral to the Teaching Regulation Agency (TRA) where a teacher has been dismissed (or would have been dismissed had she/he not resigned).
- The reasons such an order would be considered are: 'unacceptable professional conduct', 'conduct that may bring the profession into disrepute' or a 'conviction, at any time, for a relevant offence'. Advice about whether an allegation against a teacher is sufficiently serious to refer to the TRA can be found here: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/752668/Teacher_misconduct-the_prohibition_of_teachers_.pdf

Self-Reporting

There may be occasions where a member of staff has a personal difficulty, perhaps a physical or mental health problem, which they know to be impinging on their professional competence. Staff may also need to highlight that they meet the criteria for Disqualification by Association outlined in the Disqualification Under The Childcare Act 2006 (2016). Staff have a responsibility to discuss such a situation with their line manager so professional and personal support can be offered to the member of staff concerned. Whilst such reporting will remain confidential in most instances, this cannot be guaranteed where issues raise concerns about the welfare or safety of children.

Contact the LADO: 0300 123 1650 - Option 3

8.2 Whistle Blowing

- All staff and volunteers should feel able to raise concerns about poor or unsafe practice and potential failures in the school's safeguarding regime and that such concerns will be taken seriously by the senior leadership team. Information regarding whistleblowing can be found at <https://www.gov.uk/whistleblowing> &: <https://www.nspcc.org.uk/what-you-can-do/report-abuse/dedicated-helplines/whistleblowing-advice-line/>
- Should a member of staff feel unable to raise their concerns then they should seek advice from the NSPCC whistleblowing helpline. This is available for staff who do not feel able to raise concerns regarding child protection failures internally
- Staff can call: 0800 028 0285 - line is available from 8:00 AM to 8:00 PM, Monday to Friday and Email: help@nspcc.org.uk.

Reasons for Whistle Blowing

- Each individual has a responsibility for raising concerns about unacceptable or unsafe practice or behaviour, including potential failures in the school's safeguarding procedures, provision for mediation and dispute resolution where necessary
- To prevent the problem worsening or widening
- To protect or reduce risks to others
- To prevent becoming implicated yourself

Where a staff member feels unable to raise an issue with their employer or feels that their genuine concerns are not being addressed, other whistleblowing channels may be open to them:

General guidance can be found in our Whistleblowing Policy

9.0 Peer on Peer (Child on Child) Abuse

Managing allegations against other pupils

The 'Keeping children safe in education' statutory guidance says that 'governing bodies... should ensure that there are procedures in place to handle allegations against other children'

At Cobham Montessori School we believe that all children have a right to attend school and learn in a safe environment. Children should be free from harm by adults in the school and other students.

We believe abuse is abuse and therefore should never be tolerated or passed off as 'banter', "just having a laugh" or 'part of growing up'. Staff should recognise that children are capable of abusing their peers. If there is reasonable cause to suspect that a child is

suffering, or likely to suffer, significant harm from another pupil, or group of pupils, any such abuse will be treated as a child protection concern and referred to local agencies.

In most instances, the conduct of students towards each other will be covered by our Behaviour Policy. Some allegations may be of such a serious nature that they may raise safeguarding concerns. Peer on peer abuse can take different forms; Emotional abuse, sexual abuse/violence, sexual harassment, physical abuse, sexting (youth produced sexual imagery), initiation/hazing type violence and rituals. If the information gathered shows a child to be at risk of significant harm a safeguarding referral must be made to social care immediately (where a crime has been committed the police should be informed also).

It is also likely that incidents dealt with under this policy will involve older students and their behaviour towards younger students or those who are vulnerable.

We recognise that some students will sometimes negatively affect the learning and wellbeing of others and their behaviour will be dealt with under our Behaviour Policy.

Safeguarding allegations against other pupils

Occasionally, allegations may be made against students by others in the school, which are of a safeguarding nature. Safeguarding issues raised in this way may include physical abuse, emotional abuse, sexual abuse and sexual exploitation. It is likely that to be considered a safeguarding allegation against a pupil, some of the following features will be found.

The allegation:

- is made against an older pupil and refers to their behaviour towards a younger pupil or a more vulnerable pupil
- is of a serious nature, possibly including a criminal offence
- raises risk factors for other pupils in the school
- indicates that other pupils may have been affected by this student
- indicates that young people outside the school may be affected by this student

Examples of safeguarding issues against a student could include:

Physical Abuse

- violence, particularly pre-planned
- forcing others to use drugs or alcohol

Emotional Abuse

- blackmail or extortion
- threats and intimidation

Sexual Abuse

- indecent exposure, indecent touching or serious sexual assaults
- forcing others to watch pornography or take part in sexting

Sexual Exploitation

- encouraging other children to attend inappropriate parties
- photographing or videoing other children performing indecent acts

In the event of disclosures about peer on peer abuse, all children involved, whether perpetrator or victim, will be treated as being 'at risk'. See Anti Bullying Policy for further information on how we minimise the risk of peer on peer abuse and deal with allegations.

In areas where gangs are prevalent, older students may attempt to recruit younger pupils using any or all of the above methods. Young people suffering from sexual exploitation themselves may be forced to recruit other young people under threat of violence.

Minimising the risk of safeguarding concerns towards pupils from other students

On occasion, some students will present a safeguarding risk to other students. The school should be informed that the child raises safeguarding concerns. These students will need an individual risk management plan to ensure that other pupils are kept safe and they themselves are not laid open to malicious allegations. There is a need to balance the tension between privacy and safeguarding.

What to do in the event of a safeguarding allegation against another pupil

When an allegation is made by a student against another pupil, members of staff should consider whether the complaint raises a safeguarding concern. If there is a safeguarding concern the Designated Safeguarding Lead (DSL) should be informed.

A factual record should be made of the allegation, but no attempt at this stage should be made to investigate the circumstances.

The DSL should contact social services to discuss the case. It is possible that social services are already aware of safeguarding concerns around this young person. The DSL will follow through the outcomes of the discussion and make a social services referral where appropriate.

Social care will inform you of our next steps. The police/social care will instruct the DSL as to whether the parents should be informed. Where there is a safeguarding concern the school should ensure the child's wishes and feelings are taken into account when determining what action to take and what services to provide. Children will be given the opportunity to express their views and give feedback to a lead professional. All systems and processes will operate with the best interests of the child at their heart.

The DSL will make a record of the concern, the discussion and any outcome and keep a copy in the files of both pupils' files.

If the allegation indicates a potential criminal offence has taken place, the police should be contacted at the earliest opportunity and parents informed (of both the student being complained about and the alleged victim).

It may be appropriate to exclude the pupil being complained about for a period of time according to the school's behaviour policy and procedures.

Where neither social services nor the police accept the complaint, a thorough school investigation should take place into the matter using the school's usual disciplinary procedures.

In situations where the school considers a safeguarding risk is present, a risk assessment should be prepared along with a preventative, supervision plan.

The plan should be monitored and a date set for a follow-up evaluation with everyone concerned.

Supporting Pupils

For the child who has been harmed, the support they require will depend on the individual. It may be that they wish to seek counselling or 1:1 support via a mentor. It may also be that they feel able to deal with the incidence on their own or family and friends. In this case it is necessary that the child continues to be monitored and offered support should they want it in the future. Other interventions could include targeted whole class discussions on cyber-bullying, relationship abuse etc. this can be done through the curriculum. Victims of peer on peer abuse will be risk assessed whilst they are in school to support strategies for managing future issues and identify services to offer additional support. For the child who has displayed harmful behaviour, it is important to find out why the child has behaved in such a way. Support such as 1:1 mentoring of counselling may be

necessary. Particular support may be necessary through Early Help referral and the child may require additional support from family members. Once the support required to meet the child's needs has been met, it is important that they receive a consequence for their behaviour. This will be determined by the nature of the behaviour.

10.0 Confidentiality

All adults and children connected to Cobham Montessori School are entitled to privacy. In general confidential information about children, families or others within the school should be kept confidential and privacy respected.

Where there are concerns that a child is suffering or likely to suffer significant harm, information must be shared with the DSL in the first instance and may subsequently be shared with the police.

Where staff or other adults in school have concerns, either due to what they have seen or heard or in relation to a direct disclosure by a child, they cannot keep that information confidential and the child must not be given false guarantees that this is possible. It must be shared with the DSL in the interests of safeguarding that child.

Other staff may need to be alerted to concerns about a child or young person, possibly in order to monitor the concern or to gather further evidence prior to a referral being made, or to assist in providing appropriate support to a child or young person after a referral has been made.

Information should only be shared on a strict need to know basis.

Staff have a professional responsibility to share relevant information about the protection of children with other professionals, particularly investigating agencies. Staff who receive information about children and families in the course of their work should keep this information within the professional context of their work. Whilst the GDPR and Data Protection Act 2018 places duties on organisations and individuals to process personal information fairly and lawfully, it is not a barrier to sharing information where the failure to do so would result in a child being placed at risk of harm. Fears about sharing information cannot be allowed to stand in the way of the need to promote the welfare and protect the safety of children (KCSIE 2020).

At Cobham Montessori School we follow the guidance below to ensure we share information both professionally and lawfully.

Six key points

1. Explain openly and honestly to parents/ carers at the outset what information will or could be shared, and why, and seek agreement, except where doing so puts the child or others at risk of significant harm.
2. The child's safety and welfare must be the overriding consideration when making decisions on whether to share information about them.
3. Ensure information is accurate, up-to-date, necessary for the purpose for which you are sharing it, shared only with those who need it and shared securely.
4. Respect the wishes of children or families who do not consent to share confidential information unless in your judgement there is sufficient need to override that lack of consent.
5. Seek advice when in doubt.
6. Always record the reasons for your decision whether it is to share or not to share information.

Furthermore:

- All matters relating to child protection are confidential.
- The DSL will disclose any information about a child on a need to know basis only.
- All staff must be aware they have a professional responsibility to share information with other agencies in order to safeguard children.
- All staff must be aware that they cannot promise a child to keep secrets which might compromise the child's safety or wellbeing.
- The School will undertake to share its intention to refer a child to Social Care with parents /carers unless to do so could put the child at greater risk of harm, or impede criminal investigation.

Record keeping

The Data Protection Act states that personal information held by agencies must be obtained and processed fairly and lawfully and stored securely. It must be accurate, proportionate to the purpose, not held longer than necessary and may only be disclosed in appropriate circumstances.

Record keeping is an important aspect of our school life, staff keep records on all areas of pupil welfare, development and attainment as set out in our Data Protection policy.

Where concerns arise about the safety or wellbeing of a pupil, or there are indications that the child may be suffering or at risk of suffering significant harm, staff will record:

- The reason for the concern;
- What was said or witnessed and details of any other persons present;
- Dates and times of incidents and when the notes were made;
- Date, time and outcome of any discussion with the parent or carer; and
- Date, time and outcome of any discussion with the head teacher, social services staff or other relevant professionals consulted.

Staff will use the school Safeguarding Concern Form and will be careful to distinguish between fact, opinion and hearsay. Notes will be passed to the Designated Safeguarding Lead who will keep all welfare concerns and child protection records in a locked cabinet.

These records form evidence and may be used in the child protection referral and any subsequent investigation or legal proceedings, they are exempt from the open file regulations and do not have to be made available to parents or carers requesting access to the pupil's file.

Unless to do so would put a child at significant risk, parents and carers may see these forms. Good practice and partnership working dictates that if anything is significant enough to be recorded it should be discussed with parents and carers unless this increases risks for the child or damages the potential for the collection of evidence.

Any welfare and child protection records will be passed on to the next school if the DSL believes they still constitute a concern. If their professional judgment is that the records do not constitute a concern they should be shredded when the child leaves.

Any formal records of child protection groups or meetings will be held by the safeguarding team and they will take responsibility for the appropriate storage of these records.

11.0 Working with outside agencies

We recognise the authority of the SSCP and are committed to working in partnership with the C-SPA and the police.

We are happy to comply with the procedures prescribed SSCP and will be proactive in working together to safeguard children.

We will share through the DSL, appropriate information with investigating teams, and contribute to child protection conferences, core groups and care plans.

Any incident requiring advice from, or referral to, safeguarding teams and arising out of normal hours will be referred directly to the emergency/out of hours team or failing that directly to the police child protection team.

12.0 Other School Practices and Policies

Almost all of the schools policies and procedures address health, safety and welfare of the children and adults in our school.

Recruitment

The Head of School will ensure, in keeping with the recommendations of the Bichard Inquiry and the DfE guidance on *Safeguarding Children*, that our recruitment and selection policy is robust in following up references, DBS checks and career gaps. The Head of School has undertaken appropriate training on Safer Recruitment.

Induction

All staff, including volunteers working in the school will be given induction information regarding this policy.

Particularly vulnerable children

We recognise that for a number of reasons, children with special needs are more vulnerable to abuse, and may be less able to tell people about abuse happening to them. For these reasons, it is essential that rigorous child protection procedures are in place, especially with regard to recruitment, checks on volunteers and paid workers, whistle blowing policies, and having clear guidelines setting out acceptable behaviour by those working with children with disabilities. Support for children for whom English is an additional language and children in care may also require extra consideration.

Trips away from home

We believe that educational and field trips enhance the learning experience available to older children. In order to ensure the children are kept safe when taking trips away from home, we will ensure our policies and procedures take account of:

- Health and safety procedures;
- Ensuring children know how to behave, e.g. through a behaviour policy;
- Getting written consent from parents and, if necessary, holding a meeting for parents to give them a briefing on the outing;
- Asking parents about any special needs or requirements for their children; and
- Having a person trained in first aid and suitable equipment.

Images of children, such as recording school events and school brochures

We believe that images of children are an important record of school life. We have a procedure for the use of images of children which is reinforced at school events. This procedure is reviewed annually and cross checked with the guidance on safeguarding children

Parental concern

Parents or carers can make a referral about any suspected cases of abuse and neglect directly at the local LADO. The school DSL should be informed.

13.0 Children with Special Educational Needs and Disabilities

Children with special educational needs (SEN) and disabilities can face additional safeguarding challenges.

These can include:

- assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration;
- being more prone to peer group isolation than other children;
- the potential for children with SEN and disabilities being disproportionately impacted by behaviours such as bullying, without outwardly showing any signs; and
- communication barriers and difficulties in overcoming these barriers.

14.0 Looked After Children

The most common reason for children becoming 'looked after' is a result of abuse and /or neglect. Some children may be the responsibility of someone other than their biological parents. The Head of School will ensure that staff have the skills, knowledge and understanding necessary to keep safe any children at Cobham Montessori School who are looked after by a local authority, or where they are looked after under voluntary arrangements with consent of parents or on an interim or full care order. This includes ensuring that staff have the information they need in relation to a child's looked after legal status (whether they are looked after under voluntary arrangements with consent of parents or on an interim or full care order), contact arrangements with parents, care arrangements and delegated authority to carers.

A previously looked after child potentially remains vulnerable and all staff should have the skills, knowledge and understanding to keep previously looked after children safe. When dealing with looked after children and previously looked after children, it is important that all agencies work together and prompt action is taken on concerns to safeguard these children, who are a particularly vulnerable group.

15.0 Information for Parents and Carers

Cobham Montessori School is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment. This means that we have detailed Safeguarding Children Policy and procedures in place. All staff (including volunteers) must ensure they are aware of these procedures.

Parents and carers are welcome to read the policy and is available on request from the school.

Sometimes we may need to share information and work in partnership with other agencies when there are concerns about a child's welfare. We will ensure that our concerns about our pupils are discussed with his/her parents/carers first unless we have reason to believe that such a move would be contrary to the child's welfare.

15.0 Amendments and Updates to this Policy

Any deficiencies or weaknesses in child protection arrangements must be remedied without delay. Any suggestions for improvements to this policy should be made to the DSL at any time. In addition, the DSL and Head of School will review the policy annually, or as and when updates are issued by the Government.

Safeguarding Concern Form

Please complete this form if you have any concerns about a child.

Please use the more detailed form for recording a disclosure by a child.

Pupil Name			
Date		Date of birth	
Time			
Member(s) of staff noting concern			

Concern (Please describe as fully as possible. Be specific and note details.)	
Signature:	Date:

Actions Taken			
Date	Person taking action	Action	Signature

Would you like feedback about this concern? Yes No

Date Feedback Given

Please pass this form to the Designated Safeguarding Lead when completed