



St Hugh's School

Safeguarding and Child Protection Policy

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Designated Safeguarding Lead (DSL)	Chris Palmer
Deputy Designated Safeguarding Lead (DDSL)	Tom Thatcher, Sarah Hirst, Donna Millward
Named Governor Safeguarding	

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School values

St Hugh' school aims to provide all members of the school community with the opportunities to engage with the highest quality of education and encouragement. We are committed to striving for excellence and ensuring that all students are known, valued and can achieve.

Introduction

The aim of this policy is:

- To clarify roles and responsibilities of everyone within our school in relation to child protection and safeguarding
- To have clear procedures that are followed when a child is identified as needing more than universal services can provide
- To ensure that appropriate action is taken in a timely manner to safeguard and promote children's welfare
- To ensure that all staff are aware of their statutory responsibilities with respect to safeguarding and trained in recognising and reporting safeguarding issues

Section 1 School commitment

Safeguarding and promoting the welfare of children is everyone's responsibility. Everyone who comes into contact with children and their families has a role to play. To fulfil this responsibility effectively, all staff 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.

This policy applies to all staff, volunteers, visitors, and governors in the school and is consistent with the procedures of the three safeguarding partners. Our policy and procedures also apply to extended school and off-site activities.

We aim to work in partnership and have an important role in inter-agency safeguarding arrangements as set out by Working Together to Safeguard Children 2018 and Keeping Children Safe in Education 2022. Everyone working in or for our school shares an objective to help keep children and young people safe by contributing to:

- Protecting children from maltreatment
- Preventing impairment of children's mental and physical health or development
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- Taking action to enable all children to have the best outcomes

St Hugh's is committed to safeguarding and promoting the well-being of all of its pupils. Each pupil's welfare is of paramount importance. We recognise that some children may be especially vulnerable to abuse. We recognise that children who are abused or neglected may find it difficult to develop a sense of self-worth and to view the world in a positive way. Whilst at school, behaviour may be challenging. We recognise that they may exhibit concerning behaviours and at times this may impact on other children either directly or indirectly. We will always take a considered and sensitive approach in order that we can support all our pupils.

We will establish an ethos where:

- Children feel safe so that they can learn and develop
- Children know there are adults they can talk to if they are worried
- Children are equipped with the skills needed to stay safe, providing opportunities for PSHE throughout the curriculum.

St Hugh's pays full regard to Keeping Children Safe in Education 2022 (Part 3). We ensure that all appropriate measures are applied in relation to everyone who works in the school. Safer recruitment practice includes

scrutinising applicants, verifying identity, academic and vocational qualifications, obtaining professional references, checking previous employment history and ensuring that a candidate has the health and physical capacity for the job. It also includes undertaking interviews and all relevant safer recruitment checks, e.g. Disclosure and Barring Service and right to work in the UK checks etc.

St Hugh's will maintain a single central record (SCR) for all staff (including teacher trainees, agency and third party supply staff) of pre-appointment checks, including: -

- an identity check
- a barred list check
- an enhanced DBS check requested/certificate provided;
- a prohibition from teaching check
- further checks on people who have lived or worked outside the UK
- a check of professional qualifications, where required; and
- a check to establish the person's right to work in the United Kingdom

The details of an individual will be removed from the single central record once they no longer work at the school or college.

Equality statement

Some children have an increased risk of abuse and additional barriers can exist for some children with respect to recognising or disclosing it. We ensure that all children have the same protection, regardless of any barriers they may face. We give special consideration to children who:

- have special educational needs (SEN) or disabilities
- are young carers
- may experience discrimination due to their race, ethnicity, religion, gender identification or sexuality
- have English as an additional language
- are known to be living in difficult situations – for example, temporary accommodation
- where there are issues such as substance abuse or domestic violence
- are at risk of FGM, sexual exploitation, forced marriage, or radicalisation
- are asylum seekers
- are at risk due to either their own or a family member's mental health needs
- are looked after or previously looked after

Section 2 Roles and responsibilities

All staff should be aware that children may not feel ready or know how to tell someone that they are being abused, exploited or neglected, and/or they may not recognise their experiences are harmful, e.g. children may feel embarrassed, humiliated or threatened. This could be due to their vulnerability, disability and/or sexual orientation or language barriers.

This should not prevent staff from having a professional curiosity and speaking to DSL if they have concerns about a child. It is also important that staff determine how best to build trusted relationships with children and young people which facilitate communication.

2.1

The Governing Body will ensure that all governors and trustees receive appropriate safeguarding and child protection (including online) training at induction. This training will equip them with the knowledge to provide strategic challenge to test and assure themselves that the safeguarding policies and procedures in place in

school are effective and support the delivery of a robust whole school approach to safeguarding. This training will be regularly updated.

Our Governing body will ensure that:

- Governors will hold an enhanced DBS check and have been subject to a Section 128 check
- There is a named safeguarding Governor who is named on this policy and is assured that the Single Central Record is checked and in line with KCSIE 2022
- The school has an effective Safeguarding and Child Protection policy and procedures in place that are in accordance with local authority guidance and locally agreed inter-agency procedures, and the policy is available publicly via the school website or other means. The policy will be reviewed and updated on an annual basis or earlier if required
- The school has a staff behaviour policy or code of conduct and that this is provided to all staff and volunteers on induction. The policy includes acceptable use of technology, staff/pupil relationships and communications including the use of social media
- The school operates safer recruitment procedures and makes sure that all appropriate checks are carried out on staff and volunteers who work with children and that any panel involved in the recruitment of staff has at least one member who has undertaken the Safer Recruitment Training in line with CMARS Standards of Safer recruitment
- The school has procedures for dealing with allegations against staff and volunteers that comply with guidance from the local authority and locally agreed inter-agency procedures (See Appendix 5: Allegations against staff – reporting procedures)
- The school are doing all they can to limit children's exposure to risks from the IT system, ensuring appropriate electronic filtering and monitoring systems in place and regularly reviews their effectiveness
- The leadership team and relevant staff have an awareness and understanding of the provisions in place and manage them effectively and know how to escalate concerns when identified
- Online safety policy and procedures are in place and training and support are provided for staff and pupils to ensure that there is a good understanding of child protection issues related to electronic media
- A senior member of the school's leadership team is appointed to the role of DSL who will take lead responsibility for safeguarding and child protection. This is Christopher Palmer.
- The school has one or more deputy DSLs who are trained to the same standard as the lead DSL. These are Chris Palmer (deputy headteacher), Tom Thatcher (assistant headteacher) and Sarah Hirst (assistant headteacher) Donna Millward (assistant headteacher)

2.2 Our headteacher will ensure that:

- The policies and procedures adopted by the Governing body are fully implemented and followed by all staff
- Sufficient resources and time are allocated to enable the DSL and other staff to discharge their responsibilities including taking part in strategy discussions and other inter-agency meetings and contributing to the assessments of children
- There are arrangements in place for safeguarding supervision for the DSL and the deputy DSLs
- All staff and volunteers feel able to raise concerns about poor or unsafe practice regarding children and such concerns are addressed sensitively and effectively in a timely manner in accordance with agreed whistle blowing policies and use of the Children's MARS Professional Resolution & Escalation Protocol. The NSPCC's 'What you can do to report abuse' dedicated helpline is available as an alternative route for staff who do not feel able to raise concerns regarding child protection failures internally or have concerns about the way a concern is being handled by their school or college. Staff can call 0800 028 0285 – line is available from 8am-8pm Mon-Fri and email: help@nspcc.org.uk
- The DSL and DDSL are supported in providing a contact for the school to provide a report and attend Initial Child Protection Case Conferences, reviews and Looked After Children Reviews out of school term time when needed

- Allegations regarding staff or any other adults in school are referred to the Local Authority Designated Officer (LADO), as set out in the Managing Allegations procedure
- Staff undertake appropriate safeguarding training
- Individuals are referred to the Disclosure and Barring Service (cases where a person is dismissed or left due to risk/harm to a child)
- There is always adequate DSL cover during the school day

2.3 Our DSL (as stated in KCSIE 2022) is a member of the SLT and takes lead responsibility for child protection and safeguarding and is expected to refer cases:

- of suspected abuse and neglect to the local authority children's social care as required and support staff who make referrals to local authority children's social care
- to the Channel programme where there is a radicalisation concern as required and support staff who make referrals to the Channel programme
- where a person is dismissed or left due to risk/harm to a child to the Disclosure and Barring Service as required; and
- where a crime may have been committed to the Police as required

Working with others

The designated safeguarding lead is expected to:

- Act as a source of support, advice and expertise for all staff
- Act as a point of contact with the safeguarding partners
- Liaise with the headteacher to inform them of issues- especially ongoing enquiries under section 47 of the Children Act 1989 and police investigations. This should include being aware of the requirement for children to have an Appropriate Adult. Further information can be found in the statutory guidance – [PACE Code C 2019](#)
- As required, liaise with the “case manager” (as per part four KCSIE 2022) and the local authority designated officer(s) (LADO) for child protection concerns in cases which concern a staff member
- Liaise with staff (especially teachers, pastoral support staff, school nurses, IT technicians, senior mental health leads and special educational needs coordinators (SENCOs), or the named person with oversight for SEN in a college and Senior Mental Health Leads) on matters of safety and safeguarding and welfare (including online and digital safety) and when deciding whether to make a referral by liaising with relevant agencies so that children's needs are considered holistically
- Liaise with the senior mental health lead and, where available, the Mental Health Support Team, where safeguarding concerns are linked to mental health
- Promote supportive engagement with parents and/or carers in safeguarding and promoting the welfare of children, including where families may be facing challenging circumstances
- Work with the headteacher and relevant strategic leads, taking lead responsibility for promoting educational outcomes by knowing the welfare, safeguarding and child protection issues that children in need are experiencing, or have experienced and identifying the impact that these issues might be having on children's attendance, engagement and achievement at school or college. This includes:
 - i. ensuring that the school knows who its cohort of children who have or have had a social worker are, understanding their academic progress and attainment and maintaining a culture of high aspirations for this cohort; and,
 - ii. supporting teaching staff to provide additional academic support or reasonable adjustments to help children who have or have had a social worker reach their potential, recognising that even when statutory social care intervention has ended, there is still a lasting impact on children's educational outcomes

Undertake training

The DSL (and deputies) will undergo training to provide them with the knowledge and skills required to carry out their role. This training will be updated at least every two years. They will also undertake Prevent awareness training.

In addition to the formal training, their knowledge and skills will be refreshed at regular intervals, as required, but at least annually, to allow them to understand emerging themes. This will be done by attending the termly DSL Safeguarding Briefings and attending appropriate CMARS training/ external training and/or conference opportunities so they:

- Understand the assessment process for providing early help and intervention
- Have a working knowledge of how the local authority conduct a child protection conference and a child protection review conference and be able to attend and contribute to these effectively when required to do so
- Are alert to the specific needs of children in need, those with SEND and young carers
- Are able to keep detailed, accurate, secure written records of concerns and referrals
- Encourage a culture of listening to children and taking account of their wishes and feelings among all staff

Raise awareness

The designated safeguarding lead should:

- Ensure each member of staff, especially new and part time staff, has access to and understands the safeguarding and child protection policy and procedure; (See Appendix 1 for procedure)
- Ensure the safeguarding and child protection policy is reviewed annually, with any procedural changes implemented and reviewed regularly
- Ensure the child protection and safeguarding policy is available publicly and parents are aware that referrals about suspected abuse or neglect may be made and the role of the DSL/DDSL
- Ensure all staff have an awareness of safeguarding issues that can put children at risk of harm. (See Appendix 3- Safeguarding concerns)

Supporting the child and partnership with parents

St Hugh's school recognises that the child's welfare is paramount, however good child protection and safeguarding practice and outcomes rely on a positive, open and honest working partnership with parents/carers. Whilst we may, on occasion, need to make referrals without consultation with parents, we will make every effort to maintain a positive working relationship with them whilst fulfilling our duties to protect any child.

Children will be given a proper explanation (appropriate to age and understanding) of what action is being taken on their behalf and why, ensuring we will always hear and listen to the child's voice.

We will endeavour always to preserve the privacy, dignity and right to confidentiality of the child and parents. The DSL will determine which members of staff "need to know" personal information and what they "need to know" for the purpose of supporting and protecting the child.

Information sharing and managing the child protection file

The DSL is responsible for ensuring that child protection files are kept up to date. Information should be kept confidential and stored securely. Records will include:

- a clear and comprehensive summary of the concern

- details of how the concern was followed up and resolved
- a note of any action taken, decisions reached and the outcome

Where children leave the school (including in-year transfers) the designated safeguarding lead should ensure their child protection file is transferred to the new school or college as soon as possible, and within 5 days for an in-year transfer or within the first 5 days of the start of a new term. This should be transferred separately from the main pupil file, ensuring secure transit and confirmation of receipt should be obtained. Receiving schools and colleges should ensure key staff such as designated safeguarding leads and SENCOs or the named person with oversight for SEN in colleges, are aware as required.

2.4 All staff and volunteers will:

- Read and sign to say that they understand and will fully comply with the school's policies and procedures
- Read and sign to say that they understand parts 1 and 5 of 'Keeping Children Safe in Education' (2022)
- Identify concerns as early as possible and provide help, to prevent concerns from escalating and identify children who may be in need of extra help or who are suffering or are likely to suffer significant harm
- Attend annual whole school safeguarding training and other appropriate training identified
- Provide a safe environment in which children can learn
- Inform the DSL of any concerns about a child immediately and before the end of the school day at the latest
- Inform the Headteacher of any concerns regarding an adult within school at the earliest opportunity
- Inform the Chair of Governors of any concerns regarding the Headteacher at the earliest opportunity
- Act on the concern and make the referral themselves if they feel the concern is not being taken seriously or escalate concerns to the Headteacher/Chair of Governors
- Ensure that timely information sharing is essential to effective safeguarding
- Ensure that fears about sharing information must not be allowed to stand in the way of the need to promote the welfare, and protect the safety, of children
- Ensure that the Data Protection Act (DPA) 2018 and GDPR do not prevent, or limit, the sharing of information for the purposes of keeping children safe
- Never promise a child that they will not tell anyone about a report of abuse, as this may not be in the child's best interests
- Will speak to the DSL (or deputy) if they are in any doubt about sharing information

Section 3 Pupil information

3.1 In order to keep children safe and provide appropriate care for them, accurate and up to date information regarding:

- Names, contact details and relationship to the child of any persons with whom the child normally lives
- Names and contact details of persons with parental responsibility (if different from above)
- Emergency contact details (if different from above). We encourage all parents/carers to provide more than one emergency contact, providing the school with additional options to make contact with a responsible adult when a child missing education is identified as a welfare and/or safeguarding concern
- Details of any persons authorised to collect the child from school (if different from above)
- Any relevant court orders in place including those which affect any person's access to the child (eg Residence Order, Contact Order, Care Order, Injunctions etc)
- If the child is or has been supported on a Child Protection Plan
- If the child is or has been supported through an Early Help Assessment (EHA) or Child in Need (CIN) process
- If the child is Looked After Child (LAC) or previously looked after

- Name and contact details of GP
- Any other factors which may impact on the safety and welfare of the child

St Hugh's School will collate, store and agree access to this information, ensuring all information held electronically is stored securely with due regard to meeting the data protection and safeguarding requirements.

3.2 Transfer of files

When a child leaves the school, the pupil record, including child protection file which is separated from the main pupil record, is transferred to the new school as soon as possible. The child protection file is clearly marked Child Protection, confidential, for the attention of the DSL and a receipt of this transfer will be retained.

This information should be added to a record of transfer which the sending school keep until the child reaches their 25th birthday and must contain:

- Name and DOB of child
- Name and address of receiving school
- Date file(s) transferred with name and role of person who received it
- Date sending school received confirmation of receipt of files from receiving school
- Summary of case at the time of transfer eg Child Protection Plan: Neglect

In addition to the child protection file, the DSL should also consider if it would be appropriate to share any information with the new school or college in advance of a child leaving. For example, information that would allow the new school or college to continue supporting victims of abuse and have that support in place for when the child arrives.

Electronic documents that relate to the pupil file also need to be transferred, or, if duplicated in a master paper file, destroyed.

Sending schools do not need to keep copies of any records in the pupil record except if there is an ongoing legal action when the pupil leaves the school. Custody of and responsibility for the records passes to the school the pupil transfers to.

The school which the pupil attended until statutory school leaving age is responsible for retaining the pupil record until the pupil reaches the age of 25 years. This school retains a copy of the child's chronology and any documents that the school created e.g. risk assessment in an archive, until the child reaches the age of 25 years, the receipt of the transferred file is kept alongside this archive. Any archived files are stored securely in the same way as an active file. If any records relating to child protection issues are placed on the pupil file, it should be in a sealed envelope and then retained for the same period of time as the pupil file. (DOB + 25 years). The Admissions Officer is responsible for sending such files.

The school can access further support from:

- Data Protection Toolkit for Schools August 2018
[Data protection: a toolkit for schools](#)
- [IRMS Schools Toolkit – Information and Records Management Society](#)

Section 4 – Child protection procedures

4.1 Definitions (“Working Together 2018” and “Keeping Children Safe in Education” 2022)

A child: any person under the age of 18 years.

Harm means ill-treatment or impairment of health and development, including, for example, impairment suffered from seeing or hearing the ill-treatment of another.

Development means physical, intellectual, emotional, social or behavioural development.

Health includes physical and mental health; maltreatment includes sexual abuse and other forms of ill-treatment which are not physical.

For categories of abuse see Appendix 1 and further information on how to respond to disclosure.

All staff follow the school's child protection procedures which are consistent with 'Working Together to Safeguard Children 2018', Keeping Children Safe in Education 2022 and the North Lincolnshire CMARS guidance.

All staff will also have an awareness of specific safeguarding issues, in particular Domestic Abuse, Child Exploitation (CE), Radicalisation and the Prevent Duty, Female Genital Mutilation (FGM), Attendance and Children Missing from Education (CME) and Risk of Abuse Outside The Home (ROTH). (See Section 5 for full information).

Staff will also be aware that behaviours linked to drug taking, alcohol abuse, truanting and sexting put children in danger. All staff will 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 harassment and sexting. Staff are clear as to the school or college's policy and procedures with regards to peer on peer abuse.

4.2 Concerns staff must act on immediately and report:

- Any suspicion that a child is injured, marked, or bruised in a way which is not readily attributable to the normal knocks or scrapes received in play
- Any explanation given which appears inconsistent or suspicious
- Any behaviours which give rise to suspicions that a child may have suffered harm (e.g. worrying drawings or play)
- Any concerns that a child may be suffering from inadequate care, ill treatment, or emotional maltreatment
- Any concerns that a child is presenting signs or symptoms of abuse or neglect
- Any significant changes in a child's presentation, including non-attendance
- Any hint or disclosure of abuse from any person
- Any concerns regarding person(s) who may pose a risk to children (e.g. living in a household with children present)
- Any potential indicators of Child Exploitation (CE)
- Any potential indicators of Female Genital Mutilation (FGM)
- Any potential indicators of radicalisation
- Any potential indicators of living in a household with domestic abuse
- A referral to Children's Services and/or police must be made immediately if a child is suffering or likely to suffer harm or in immediate danger.

4.3 Responding to disclosure

Staff will not investigate but will, wherever possible, elicit enough information to pass on to the DSL in order that s/he can make an informed decision of what to do next.

The DSL will ensure that the child's wishes and feelings are taken into account when determining what action to take and what services to provide. Child protection processes will operate with the best interests of the child at their core.

Staff will:

- Listen to and take seriously any disclosure or information that a child may be at risk of harm
- Try to ensure that the person disclosing does not have to speak to another member of school staff
- Clarify the information
- Try to keep questions to a minimum and of an 'open' nature e.g. using TED technique – 'Tell me, explain to me, describe to me....'
- Try not to show signs of shock, horror or surprise
- Not express feelings or judgements regarding any person alleged to have harmed the child
- Explain sensitively to the person that they have a responsibility to refer the information to the DSL. Children need to know that staff may not be able to uphold confidentiality where there are concerns about their safety or someone else's
- Reassure and support the person as far as possible
- Explain that only those who 'need to know' will be told
- Explain what will happen next and who will be involved as appropriate
- Record details including date and what the child has said in the child's words and pass to the DSL, or record and alert the DSL using CPOMS and record any visible signs, injuries or bruises on a body map (see Appendix 3)
- Record the context and content of their involvement and will distinguish between fact, opinion and hearsay

4.4 Action by the DSL (or deputy DSL) in their absence

Following any information raising concern, the DSL will consider:

- Any urgent medical needs of the child
- Whether the child is subject to a child protection plan/Child In Need/Early Help
- Information sharing guidance
- Discussing the matter with other agencies involved with the family
- Consulting with appropriate persons e.g. Duty and Advice Team
- The child's wishes

Then decide:

- To talk to parents, unless to do so may place a child at risk of significant harm, impede any police investigation and/or place the member of staff or others at risk
- Whether to make a child protection referral to Children's Social Care because a child is suffering or is likely to suffer significant harm and if this needs to be undertaken immediately

Information sharing

Information sharing is vital in identifying and tackling all forms of abuse and neglect, and in promoting children's welfare, including in relation to their educational outcomes. St Hugh's School have clear powers to share, hold and use information for these purposes. It would be legitimate to share information without consent where: it is not possible to gain consent; it cannot be reasonably expected that a practitioner gains consent; and, if to gain consent would place a child at risk.

Arrangements are in place that set out clearly the processes and principles for sharing information within St Hugh's and with local authority children's social care, the safeguarding partners and other organisations, agencies and practitioners as required.

Full information sharing guidance can be found at [Keeping children safe in education 2022](#) and [Information Sharing: Advice for practitioners providing safeguarding services to Children, young people, parents and carers](#)

4.5 Action following a child protection referral

The DSL or other appropriate member of staff will:

- Make regular contact with the social worker involved to stay informed
- Wherever possible, contribute to the strategy discussion
- Provide a report for, attend and contribute to any subsequent child protection conference
- If the child or children are made the subject of a child protection plan, contribute to the child protection plan and attend core group meetings and review conferences
- Where possible, share all reports with parents prior to meetings
- Where in disagreement with a decision and concerns still remain will follow the CMARS escalation and professional resolution and [CMARS escalation and resolution procedure](#)

Abuse: 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. Harm can include ill treatment that is not physical as well as the impact of witnessing ill treatment of others. This can be particularly relevant, for example, in relation to the impact on children of all forms of domestic abuse. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults or by another child or children.

Types of 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.

Recognising Physical Abuse

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

Emotional abuse: 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 from 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.

The following may be indicators of emotional abuse:

- Developmental delay
- Abnormal attachment between a child and parent/carers e.g. anxious, indiscriminate or not attachment
- Indiscriminate attachment or failure to attach
- 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

Sexual abuse: involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving 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. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children. The sexual abuse of children by other children is a specific safeguarding issue (also known as peer on peer abuse) in education and all staff should be aware of it.

Some behavioural indicators associated with this form of sexual abuse are:

- Inappropriate sexualised conduct
- Sexually explicit behaviour, play or conversation, inappropriate to the child's age. Continual and inappropriate or excessive masturbation
- Self-harm (including eating disorder), 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)

Some physical indicators associated with this form of abuse are:

- Pain or itching of genital area
- 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, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing

Neglect: 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, for example, as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: provide adequate food, clothing and shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate care-givers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

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

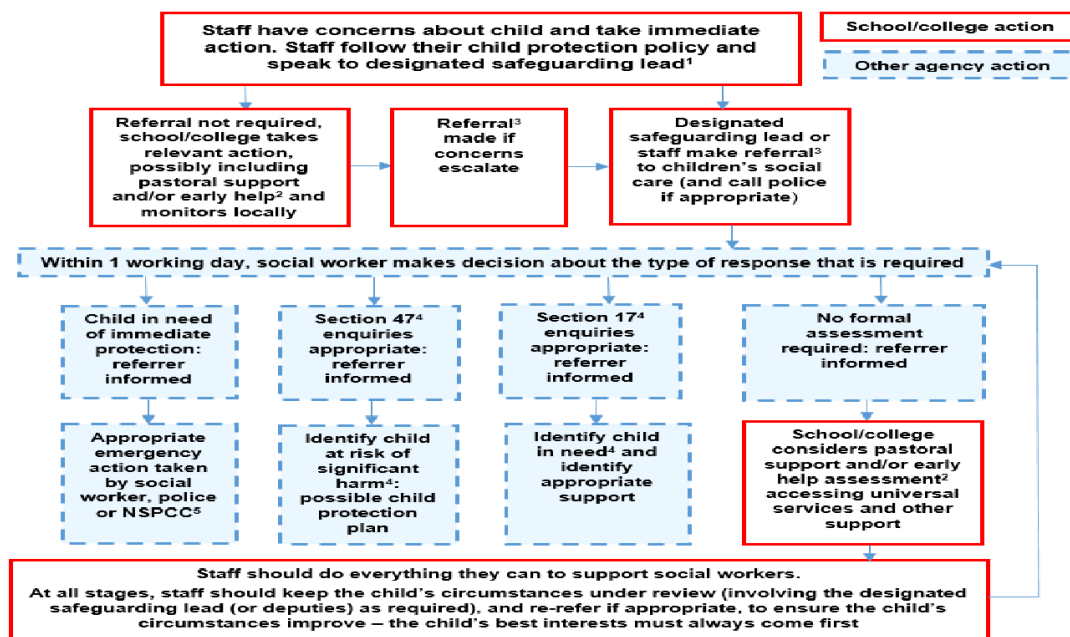
- Failure by parents or carers to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene and medical care
- A child seen to be listless, apathetic and unresponsive with no apparent medical cause
- Failure of child to grow within normal expected pattern, with accompanying weight loss
- 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 period

Appendix 2

Allegation of Abuse

When a member of staff suspects that any student may have been subject to abuse, or a student has disclosed that abuse has taken place, either to themselves or another student, the allegation must be reported immediately to the Designated Safeguarding Lead (DSL) or the Deputy DSL, if the DSL is off site – unless it relates to these people. The DSL (or Deputy DSL if the DSL is off site) will ensure the allegation is acted on immediately, in accordance with the locally agreed Children’s MARS procedures. If required a risk assessment will be carried out to determine the timescales and escalation of the allegation.

Actions when there are concerns about a child



Further guidance :- <https://www.gov.uk/government/publications/what-to-do-if-youre-worried-a-child-is-being-abused/>

Guidance for all Staff on Dealing with Disclosure / Suspected Abuse / Neglect

I. Dealing with disclosures of abuse:

- Always listen carefully and quietly – do not press for any evidence at all
- Remain calm and reassuring – do not dismiss the disclosure – do not show distress or concern
- Do not refute the allegation
- Show that you care through open and reassuring facial and body language
- Do not interrogate or ask leading questions (it could later undermine a case). Use of the TED questions; (Tell me, Explain, Describe)
- Ensure you take a written verbatim account of the child’s disclosure using the appropriate Disclosure Form

II. At this point, take the following steps:

- Explain to the student that the disclosure must be reported – emphasise your trust in them
- Do not promise to keep the allegation secret or that ‘everything will be alright’
- Reassure by telling the student that they have done the right thing in telling you, do not offer physical reassurance
- Do not admonish in any way e.g. ‘I wish you had told me sooner’
- Inform the DSL initially verbally
- Under no circumstances discuss the matter with any other person - if the allegations prove to be untrue, any such discussion would be deemed defamatory. Information to staff is on a ‘need to know’ basis at the discretion of the DSL

- If the child agrees, take them with you to the DSL

With the DSL, prepare a detailed report itemising:

- The information revealed by the student with absolutely no **opinion**
- Actions taken by yourself, including when the suspicions were reported, to whom the suspicions were reported, and follow-up action taken within the school
- Date and sign any written record of events and action taken and keep confidential and secure
- You must keep, in absolute confidence, a copy of the report, as will the DSL
- The DSL keeps Child Protection records centrally and securely, and are not kept in the child's file
- All staff are under a duty to report all suspicions of abuse to the DSL
- The DSL is responsible for passing on these concerns to Children's Services
- Accurate records are essential in the event of further investigations

///. If you see or hear something that concerns you:

- Don't ignore it
- Write up on the School chronology sheet and seek advice immediately from your DSL
- Don't feel silly – if it worries you, someone else needs to know
- If it is something related to safeguarding, but not a child whose safety is immediately at risk – inform the appropriate Pastoral Leader
- If it is related to a child being at risk – see the DSL, or deputy DSL immediately and definitely before the child goes home that day
- All staff may raise concerns directly with Children's Services, if they feel an incident is not being dealt with appropriately, or they are unable to locate relevant staff
- Concerns about adults in the School should be made directly to the Head Teacher

Appendix 3

Body map guidance

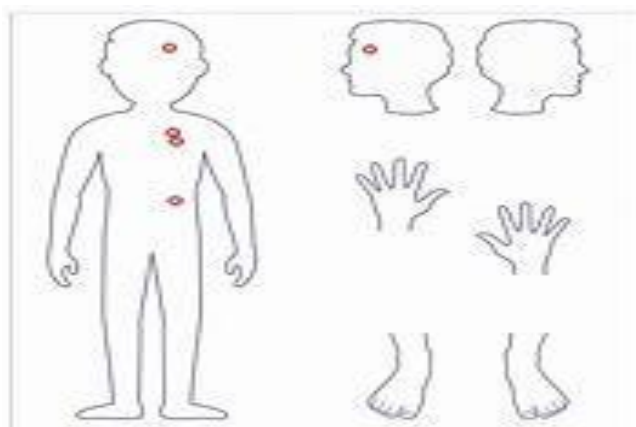
Body maps should be used to document and illustrate visible signs of harm and physical injuries. Always use a black pen (never a pencil) and do not use correction fluid or any other eraser. Do not remove clothing for the purpose of the examination unless the injury site is freely available because of treatment. At no time should an individual teacher/member of staff or school take photographic evidence of any injuries or marks to a child's person. The body map below should be used. Any concerns should be reported and recorded without delay to Single Point of contact or the child's social worker if already an open case to social care.

When you notice an injury to a child, try to record the following information in respect of each mark identified e.g. red areas, swelling, bruising, cuts, lacerations and wounds, scalds and burns:

- Exact site of injury on the body, e.g. upper outer arm/left cheek
- Size of injury - in appropriate centimetres or inches
- Approximate shape of injury, e.g. round/square or straight line
- Colour of injury - if more than one colour, say so
- Is the skin broken?
- Is there any swelling at the site of the injury, or elsewhere?
- Is there a scab/any blistering/any bleeding?
- Is the injury clean or is there grit/fluff etc.?
- Is mobility restricted as a result of the injury?
- Does the site of the injury feel hot?
- Does the child feel hot?
- Does the child feel pain?
- Has the child's body shape changed/are they holding themselves differently?

Importantly the date and time of the recording must be stated as well as the name and designation of the person making the record. Add any further comments as required. Ensure first aid is provided where required and then recorded appropriately.

A copy of the body map should be kept on the child's concern/confidential file (CPOMS).



Appendix 4

Responding to reports of child-on-child sexual violence and sexual harassment

It is important to note that children may not find it easy to tell staff about their abuse verbally. Children can show signs or act in ways that they hope adults will notice and react to. In some cases, the victim may not make a direct report. For example, a friend may make a report or a member of school or college staff may overhear a conversation that suggests a child has been harmed or a child's own behaviour might indicate that something is wrong.

It is essential that all victims are reassured that they are being taken seriously, regardless of how long it has taken them to come forward and that they will be supported and kept safe. Abuse that occurs online or outside of the school or college should not be downplayed and should be treated equally seriously. A victim will never be given the impression that they are creating a problem by reporting sexual violence or sexual harassment. Nor made to feel ashamed for making a report or their experience minimised.

When there has been a report of sexual violence, the DSL (or DDSL) will make an immediate risk and needs assessment. Where there has been a report of sexual harassment, the need for a risk assessment should be considered on a case-by-case basis.

The risk and needs assessment should consider:

- the victim, especially their protection and support
- whether there may have been other victims
- the alleged perpetrator(s); and
- all the other children, (and, if appropriate, adult students and staff) at the school or college, especially any actions that are appropriate to protect them from the alleged perpetrator(s), or from future harm.

Risk assessments will be recorded (written or electronic) and will be kept under review, actively considering the risks posed to all students and put adequate measures in place to protect them and keep them safe.

The DSL/DDSL will ensure they are engaging with children's social care and specialist services as required. Where there has been a report of sexual violence, it is likely that professional risk assessments by social workers and or sexual violence specialists will be required. The school or college risk assessment is not intended to replace the detailed assessments of expert professionals and will be used to inform the school's or college's approach to supporting and protecting students and updating the school risk assessment.

The DSL response will include:

- The wishes of the victim in terms of how they want to proceed. This is especially important in the context of sexual violence and sexual harassment. Victims should be given as much control as is reasonably possible over decisions regarding how any investigation will be progressed and any support that they will be offered. This will however need to be balanced with the school's or college's duty and responsibilities to protect other children
- The nature of the alleged incident(s), including whether a crime may have been committed and/or whether Harmful Sexual Behaviour has been displayed
- The ages of the children involved
- The developmental stages of the children involved
- Any power imbalance between the children. For example, is the alleged perpetrator(s) significantly older, more mature or more confident? Does the victim have a disability or learning difficulty?
- If the alleged incident is a one-off or a sustained pattern of abuse (sexual abuse can be accompanied by other forms of abuse and a sustained pattern may not just be of a sexual nature)
- That sexual violence and sexual harassment can take place within intimate personal relationships between peers
- Are there ongoing risks to the victim, other children, adult students or school or college staff
- Other related issues and wider context, including any links to child sexual exploitation and child criminal exploitation

The starting point regarding any report will always be that there is a zero tolerance approach to sexual violence and sexual harassment and it is never acceptable and it will not be tolerated.

There are four likely scenarios for St Hugh's to consider when managing any reports of sexual violence and/or sexual harassment. It will be important in all scenarios that decisions and actions are regularly reviewed and that relevant policies are updated to reflect lessons learnt, with potential patterns of concerning, problematic or inappropriate behaviour being identified. Where a pattern is identified, St Hugh's will decide on a course of action, considering whether there are wider cultural issues within the school that enabled the inappropriate behaviour to occur and where appropriate extra teaching time and/or staff training could be delivered to minimise the risk of it happening again. The four scenarios are:

- Manage internally
- Early help
- Referrals to children's social care
- Reporting to the police

St Hugh's will follow the statutory guidance in [Keeping children safe in education 2022](#) Part 5, where full details can be found.

Appendix 5

Allegations against staff that may meet the harms threshold

We will manage cases of allegations that might indicate a person may pose a risk of harm if they continue to work in regular or close contact with children in their present position, or in any capacity. It will be used in respect of all cases in which it is alleged that a teacher or member of staff (including volunteers) has:

- 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
- Behaved towards a child or children in a way that indicates he/she is unsuitable to work with children
- Behaved in a way that indicates they may not be suitable to work with children

We will follow guidance in Keeping Children Safe in Education 2022 and Children's MARS guidance see Children's MARS procedures "Managing Allegations Against People Who Work With Children". Where appropriate an assessment of transferable risk to children with whom the person works should be undertaken. If in doubt seek advice from the local authority designated officer (LADO).

Where it is identified a child has been harmed, that there may be an immediate risk of harm to a child or if the situation is an emergency, we will contact children's social care and as appropriate the police immediately.

We have a duty of care to our employees. We will ensure we provide effective support for anyone facing an allegation and provide the employee with a named contact if they are suspended. It is essential that any allegation of abuse made against a teacher or other member of staff or volunteer in a school or college is dealt with very quickly, in a fair and consistent way that provides effective protection for the child and at the same time supports the person who is subject to the allegation.

We will:

- Apply common sense and judgement
- Deal with allegations quickly, fairly and consistently
- Provide effective protection for the child and support the person subject to the allegation

Concerns that do not meet the harm threshold

St Hugh's will promote an open and transparent culture in which all concerns about all adults working in or on behalf of school are dealt with promptly and appropriately. Low level concerns does not mean that it is insignificant, it means that the behaviour towards a child does not meet the threshold but that an adult working in or on behalf of the school may have acted in a way that:

- is inconsistent with the staff code of conduct, including inappropriate conduct outside of work, and
- does not meet the allegations threshold or is otherwise not considered serious enough to consider a referral to the LADO.

To access full procedures and supporting documents [KCSIE 2022](#) (Part 4), Staff code of conduct

Appendix 6

All staff should have an awareness of safeguarding issues that can put children at risk of harm.

Child abduction and community safety incidents

Child abduction is the unauthorised removal or retention of a minor from a parent or anyone with legal responsibility for the child. Child abduction can be committed by parents or other family members; by people known but not related to the victim (such as neighbours, friends and acquaintances); and by strangers. Other community safety incidents in the vicinity of a school can raise concerns amongst children and parents, for example, people loitering nearby or unknown adults engaging children in conversation. As children get older and are granted more independence (for example, as they start walking to school on their own) it is important they are given practical advice on how to keep themselves safe. Many schools provide outdoor-safety lessons run by teachers or by local police staff. It is important that lessons focus on building children's confidence and abilities rather than simply warning them about all strangers. Further information is available at:

[Action Against Abduction](#) and [Clever Never Goes](#)

Children and the court system

Children are sometimes required to give evidence in criminal courts, either for crimes committed against them or for crimes they have witnessed. There are two age appropriate guides to support children 5-11-year olds and 12-17 year olds. The guides explain each step of the process, support and special measures that are available. There are diagrams illustrating the courtroom structure and the use of video links is explained. Making child arrangements via the family courts following separation can be stressful and entrench conflict in families. This can be stressful for children. The Ministry of Justice has launched an online child arrangements information tool with clear and concise information on the dispute resolution service. This may be useful for some parents and carers.

Further information is available at [Get help with child arrangements](#)

Children Missing from Education (CME)

All staff should be aware that children going missing, particularly repeatedly, it can act as a vital warning sign of a range of safeguarding possibilities. This may include abuse and neglect, which may include sexual abuse or exploitation and can also be a sign of child criminal exploitation including involvement in county lines. It may indicate mental health problems, risk of substance abuse, risk of travelling to conflict zones, risk of female genital mutilation, 'honour'-based abuse or risk of forced marriage. Early intervention is necessary to identify the existence of any underlying safeguarding risk and to help prevent the risks of a child going missing in future. Staff should be aware of their school's or college's unauthorised absence and children missing from education procedures.

For the full Children's MARS Protocol visit: [North Lincolnshire Missing From Care Protocol](#)

Children with family members in prison

School understands that children with a parent(s) in prison are at risk of poor outcomes including poverty, stigma, isolation and poor mental health. They may require specific services and support. This may take the form of early help assessment and/or a referral to Student Welfare. Families and children of people in prison will be seen as families first and school will work to ensure their needs are appropriately met. This will include providing support to ensure the voice of the child is considered when seeking contact with a family member in prison.

The National Information Centre on Children of Offenders, NICCO provides information designed to support professionals working with offenders and their children, to help mitigate negative consequences for those children.

Child Criminal Exploitation (CCE) and Child Sexual Exploitation (CSE)

St Hugh's is aware that CSE is a form of child sexual abuse. We know that different forms of harm often overlap, and that perpetrators may subject children and young people to multiple forms of abuse, such as criminal exploitation (including county lines) and sexual exploitation. In some cases the exploitation or abuse will be in exchange for something the victim needs or wants (for example, money, gifts or affection), and/or will be to the financial benefit or other advantage, such as increased status, of the perpetrator or facilitator. Children can be exploited by adult males or females, as individuals or in groups. They may also be exploited by other children, who themselves may be experiencing exploitation – where this is the case, it is important that the child perpetrator is also recognised as a victim.

Whilst the age of the child may be a contributing factor for an imbalance of power, there are a range of other factors that could make a child more vulnerable to exploitation, including gender, sexual identity, cognitive ability, learning difficulties, communication ability, physical strength, status, and access to economic or other resources. Some of the following can be indicators of both child criminal and sexual exploitation where children:

- appear with unexplained gifts, money or new possessions;
- associate with other children involved in exploitation;
- suffer from changes in emotional well-being;
- misuse drugs and alcohol;
- go missing for periods of time or regularly come home late; and
- regularly miss school or do not take part in education

Please visit [Child sexual exploitation: definition and guide and CSE-procedure-Nov-19](#) for the full guidance.

Child-on-child abuse

All staff should recognise that children are capable of abusing other children (including online). All staff should be clear about their school's or college's policy and procedures with regard to child-on-child abuse. Child-on-child abuse can take different forms, such as:-

- Bullying (including cyberbullying, prejudice-based and discriminatory bullying)
- Abuse in intimate personal relationships between children (also known as teenage relationship abuse)
- Physical abuse which can include hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm
- Sexual violence and sexual harassment
- Consensual and non-consensual sharing nudes and semi-nude images and/or videos
- Causing someone to engage in sexual activity without consent, such as forcing someone to strip, touch themselves sexually, or to engage in sexual activity with a third party
- Upskirting (which is a criminal offence) which typically involves taking a picture under a person's clothing without their permission, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress, or alarm
- Initiation/hazing type violence and rituals

Child on child sexual violence and sexual harassment

Sexual violence and sexual harassment can occur between two children of any age and sex, from primary through to secondary stage and into colleges. It can occur through a group of children sexually assaulting or sexually harassing a single child or group of children. Sexual violence and sexual harassment exist on a continuum and may overlap; they can occur online and face to face (both physically and verbally) and are never acceptable.

All staff will challenge the inappropriate behaviours between children that are abusive in nature. Abuse is abuse and should never be passed off as “banter” or “part of growing up” or “boys being boys”. It will be recorded, investigated and dealt with and the victims, perpetrators and any other child affected by peer-on-peer abuse will be supported.

Children who are victims of sexual violence and sexual harassment wherever it happens, will likely find the experience stressful and distressing. This will, in all likelihood, adversely affect their educational attainment and will be exacerbated if the alleged perpetrator(s) attends the same school or college.

Whilst any report of sexual violence or sexual harassment should be taken seriously, staff should be aware it is more likely that girls will be the victims of sexual violence and sexual harassment and more likely it will be perpetrated by boys. Children with special educational needs and disabilities (SEND) are also three times more likely to be abused than their peers.

Ultimately, it is essential that all victims are reassured that they are being taken seriously and that they will be supported and kept safe.

Please refer to [Keeping children safe in education 2022](#) (Part 5) for full guidance.

County lines

County lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs using dedicated mobile phone lines or other form of “deal line”. This activity can happen locally as well as across the UK - no specified distance of travel is required. Children and vulnerable adults are exploited to move, store and sell drugs and money. Offenders will often use coercion, intimidation, violence (including sexual violence) and weapons to ensure compliance of victims.

Children can be targeted and recruited into county lines in a number of locations including schools (mainstream and special), further and higher educational institutions, pupil referral units, children’s homes and care homes.

Children are also increasingly being targeted and recruited online using social media. Children can easily become trapped by this type of exploitation as county lines gangs can manufacture drug debts which need to be worked off or threaten serious violence and kidnap towards victims (and their families) if they attempt to leave the county lines network.

A number of the indicators for CSE and CCE as detailed above may be applicable to where children are involved in county lines. Some additional specific indicators that may be present where a child is criminally exploited through involvement in county lines are children who:

- Go missing and are subsequently found in areas away from their home
- Have been the victim or perpetrator of serious violence (e.g. knife crime)
- Are involved in receiving requests for drugs via a phone line, moving drugs, handing over and collecting money for drugs
- Are exposed to techniques such as ‘plugging’, where drugs are concealed internally to avoid detection
- Are found in accommodation that they have no connection with, often called a ‘trap house or cuckooing’ or hotel room where there is drug activity
- Owe a ‘debt bond’ to their exploiters
- Have their bank accounts used to facilitate drug dealing

Cybercrime

Children with skill and interest in computing and technology may inadvertently or deliberately stray into cyber-dependent crime. If there are concerns about a child in this area, the designated safeguarding lead (or a deputy), should consider referring into the Cyber Choices programme. This is a nationwide police programme supported by the Home Office and led by the National Crime Agency, working with regional and local policing. It aims to intervene where young people are at risk of committing, or being drawn into, low level cyber-dependent offences and divert them to a more positive use of their skills and interests.

Domestic abuse

All children can witness and be adversely affected by domestic abuse in the context of their home life where domestic abuse occurs between family members. Experiencing domestic abuse and/or violence can have a serious, long lasting emotional and psychological impact on children. In some cases, a child may blame themselves for the abuse or may have had to leave the family home as a result.

Young people can also experience domestic abuse within their own intimate relationships. This form of peer on peer abuse is sometimes referred to as 'teenage relationship abuse'. Depending on the age of the young people, this may not be recognised in law under the statutory definition of 'domestic abuse' (if one or both parties are under 16). However, as with any child under 18, where there are concerns about safety or welfare, child safeguarding procedures should be followed and both young victims and young perpetrators should be offered support. Please visit [Young people and domestic abuse](#) for further support.

Forced marriage

Forcing a person into a marriage is a crime in England and Wales. A forced marriage is one entered into without the full and free consent of one or both parties and where violence, threats or any other form of coercion is used to cause a person to enter into a marriage. Threats can be physical or emotional and psychological. A lack of full and free consent can be where a person does not consent or where they cannot consent (if they have learning disabilities, for example). Nevertheless, some perpetrators use perceived cultural practices as a way to coerce a person into marriage. Schools and colleges can play an important role in safeguarding children from forced marriage.

Please visit [Multi-agency statutory guidance for dealing with forced marriage](#) and [HM Government Multi-agency practice guidelines: Handling cases of Forced Marriage](#) for further guidance.

So-called 'honour'-based abuse (including Female Genital Mutilation and Forced Marriage)

So-called 'honour'-based abuse (HBA) encompasses incidents or 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. Abuse committed in the context of preserving 'honour' often involves a wider network of family or community pressure and can include multiple perpetrators. It is important to be aware of this dynamic and additional risk factors when deciding what form of safeguarding action to take.

All forms of HBA are abuse (regardless of the motivation) and should be handled and escalated as such. Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a child being at risk of HBA, or already having suffered HBA.

FGM

FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs. It is illegal in the UK and a form of child abuse with long-lasting harmful consequences. More information can be found at [FGM- information and resources](#) and [FGM : multi-agency statutory guidance](#).

Mental health

Where children have suffered abuse and neglect, or other potentially traumatic adverse childhood experiences, this can have a lasting impact throughout childhood, adolescence and into adulthood. It is key that staff are aware of how these children's experiences can impact on their mental health, behaviour, and education. We identify children in need of extra mental health support, this includes working with external agencies. More information can be found at [Mental health and behaviour in schools](#).

Modern Slavery and the National Referral Mechanism

Modern slavery encompasses human trafficking and slavery, servitude and forced or compulsory labour. Exploitation can take many forms, including sexual exploitation, forced labour, slavery, servitude, forced criminality and the removal of organs. More information can be found at [Modern slavery](#).

Online Safety

We ensure that children are taught about safeguarding, including online safety as part of a broad and balanced curriculum. Online abuse is any type of abuse that happens on the internet, facilitated through technology. It can include:

- bullying
- emotional abuse
- sexual abuse
- sexual exploitation
- sexting (request for nudes)

Operation Encompass

Operation Encompass operates in all police forces across England. It helps police and schools work together to provide emotional and practical help to children. The system ensures that when police are called to an incident of domestic abuse, where there are children in the household who have experienced the domestic incident, the police will inform the DSL in school before the child or children arrive at school the following day. This ensures that the school has up to date relevant information about the child's circumstances and can enable immediate support to be put in place, according to the child's needs. Operation Encompass does not replace statutory safeguarding procedures. Where appropriate, the police and/or schools should make a referral to children's social care if they are concerned about a child's welfare. More information can be found at [Operation Encompass](#).

Peer on peer/ child on child abuse

Children can abuse other children (often referred to as peer on peer abuse) and it can take many forms. It can happen both inside and outside of school and online. It is important that all staff recognise the indicators and signs of peer on peer abuse and know how to identify it and respond to reports. This can include (but is not limited to): bullying (including cyberbullying, prejudice-based and discriminatory bullying); abuse within intimate partner relationships; physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm; sexual violence and sexual harassment; consensual and non-consensual sharing of nudes and semi-nudes images and/or videos; causing someone to engage in sexual activity without consent, such as forcing someone to strip, touch themselves sexually, or to engage in sexual activity with a third party; upskirting and initiation/hazing type violence and rituals. Addressing inappropriate behaviour (even if it appears to be relatively innocuous) can be an important intervention that helps prevent problematic, abusive and/or violent behaviour in the future.

Prevent Duty

All schools and colleges are subject to a duty under section 26 of the Counter-Terrorism and Security Act 2015 (the CTSA 2015), in the exercise of their functions, to have "due regard to the need to prevent people from being drawn into terrorism". This duty is known as the Prevent duty.

The Prevent duty is part of schools' wider safeguarding obligations. The DSL and other senior leaders are familiar with the Prevent duty guidance, more information can be found at [Prevent duty guidance](#).

Prevent contacts in the Local Authority:-

NLC designated officer for Prevent

Stuart Minto (07717 588137)

The named officer for schools

Karen Hackett (07385 410798)

The named officer for safeguarding individual children Charlene Sykes (07717 586580)

Private fostering

Private fostering occurs when a child under the age of 16 (under 18 for children with a disability) is provided with care and accommodation by a person who is not a parent, person with parental responsibility for them or a relative in their own home.

A child is not privately fostered if the person caring for and accommodating them has done so for less than 28 days and does not intend to do so for longer. Such arrangements may come to the attention of school staff through the normal course of their interaction, and promotion of learning activities, with children.

Where the arrangements come to the attention of the school or college we will notify the local authority to allow the local authority to check the arrangement is suitable and safe for the child. More information can be found at [Private Fostering \(CA 1989\)](#).

Radicalisation

Children are vulnerable to extremist ideology and radicalisation.

Extremism is the vocal or active opposition to our fundamental values, including democracy, the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. This also includes calling for the death of members of the armed forces.

Radicalisation refers to the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups.

Terrorism is an action that endangers or causes serious violence to a person/people; causes serious damage to property; or seriously interferes or disrupts an electronic system. The use or threat must be designed to influence the government or to intimidate the public and is made for the purpose of advancing a political, religious or ideological cause.

The DSL is aware of the local procedures for making a Prevent referral. Further information can be accessed at [Prevent Duty guidance](#) and [Channel and Prevent Multi-Agency Panel guidance](#) , which is a voluntary, confidential support programme which focuses on providing support at an early stage to children who are identified as being vulnerable to being drawn into terrorism.

Risk outside the home (ROTH)

All staff, but especially the designated safeguarding lead (and deputies) should consider whether children are at risk of abuse or exploitation in situations outside their families. These extra-familial threats might arise at school and other educational establishments, from within peer groups, or more widely from within the wider community and/or online.

These threats can take a variety of different forms and children can be vulnerable to multiple threats, including:

- Child sexual exploitation (CSE)
- Exploitation by criminal gangs and organised crime groups (such as county lines) (CCE)
- Trafficking
- Online abuse
- Teenage relationship abuse (peer on peer abuse)
- Influences of extremism leading to radicalisation

The Humberside Police Partnership Intelligence form (PIF) allows professionals to share information that is putting a child at risk of ROTH. <https://www.reportingcrime.uk/HPPartnershipIntelligence/>

Sexual violence and sexual harassment

Sexual violence and sexual harassment can occur between two children of any age and sex from primary to secondary stage and into colleges. It can also occur online. It can also occur through a group of children sexually assaulting or sexually harassing a single child or group of children. Children who are victims of sexual violence and sexual harassment will likely find the experience stressful and distressing. This will, in all likelihood, adversely affect their educational attainment and will be exacerbated if the alleged perpetrator(s) attends the same school or college.

Sexual violence and sexual harassment exist on a continuum and may overlap, they can occur online and face to face (both physically and verbally) and are never acceptable. It is essential that all victims are reassured that they are being taken seriously and that they will be supported and kept safe. A victim should never be given the impression that they are creating a problem by reporting sexual violence or sexual harassment. Nor should a victim ever be made to feel ashamed for making a report. Staff should be aware that some groups are potentially more at risk. Evidence shows girls, children with special educational needs and disabilities (SEND) and LGBT children are at greater risk.

Sexual violence

It is important that school and college staff are aware of sexual violence and the fact children can, and sometimes do, abuse their peers in this way and that it can happen both inside and outside of school/college. When referring to sexual violence we are referring to sexual violence offences under the Sexual Offences Act 2003 as described below:

Rape: A person (A) commits an offence of rape if: he intentionally penetrates the vagina, anus or mouth of another person (B) with his penis, B does not consent to the penetration and A does not reasonably believe that B consents.

Assault by Penetration: A person (A) commits an offence if: s/he intentionally penetrates the vagina or anus of another person (B) with a part of her/his body or anything else, the penetration is sexual, B does not consent to the penetration and A does not reasonably believe that B consents.

Sexual Assault: A person (A) commits an offence of sexual assault if: s/he intentionally touches another person (B), the touching is sexual, B does not consent to the touching and A does not reasonably believe that B consents. (Schools should be aware that sexual assault covers a very wide range of behaviour so a single act of kissing someone without consent, or touching someone's bottom/breasts/genitalia without consent, can still constitute sexual assault.)

Causing someone to engage in sexual activity without consent: A person (A) commits an offence if: s/he intentionally causes another person (B) to engage in an activity, the activity is sexual, B does not consent to engaging in the activity, and A does not reasonably believe that B consents. (This could include forcing someone to strip, touch themselves sexually, or to engage in sexual activity with a third party.)

When there has been a report of sexual violence, the designated safeguarding lead (or a deputy) should make an immediate risk and needs assessment. Where there has been a report of sexual harassment, the need for a risk assessment should be considered on a case-by-case basis. The risk and needs assessment for a report of sexual violence should consider:

- The victim, especially their protection and support
- Whether there may have been other victims
- The alleged perpetrator(s)

- All the other children, (and, if appropriate, adult students and staff) at the school or college, especially any actions that are appropriate to protect them from the alleged perpetrator(s), or from future harms, and
- The time and location of the incident, and any action required to make the location safer.

Risk assessments should be recorded (paper or electronic) and should be kept under review. At all times, the school or college should be actively considering the risks posed to all their pupils and students and put adequate measures in place to protect them and keep them safe.

What is consent?

Consent is about having the freedom and capacity to choose. Consent to sexual activity may be given to one sort of sexual activity but not another, e.g. to vaginal but not anal sex or penetration with conditions, such as wearing a condom. Consent can be withdrawn at any time during sexual activity and each time activity occurs. Someone consents to vaginal, anal or oral penetration only if s/he agrees by choice to that penetration and has the freedom and capacity to make that choice.

Further information can be accessed at [Sexual-consent](#).

Sexual harassment

When referring to sexual harassment we mean 'unwanted conduct of a sexual nature' that can occur online and offline and both inside and outside of school/college. When we reference sexual harassment, we do so in the context of child on child sexual harassment. Sexual harassment is likely to: violate a child's dignity, and/or make them feel intimidated, degraded or humiliated and/or create a hostile, offensive or sexualised environment.

Whilst not intended to be an exhaustive list, sexual harassment can include:

- Sexual comments, such as: telling sexual stories, making lewd comments, making sexual remarks about clothes and appearance and calling someone sexualised names
- Sexual "jokes" or taunting
- Physical behaviour, such as: deliberately brushing against someone, interfering with someone's clothes (schools and colleges should be considering when any of this crosses a line into sexual violence - it is important to talk to and consider the experience of the victim) and displaying pictures, photos or drawings of a sexual nature
- Online sexual harassment. This may be standalone, or part of a wider pattern of sexual harassment and/or sexual violence. It may include:
 - ❖ consensual and non-consensual sharing of nudes and semi-nudes images and/or videos. Further information is available at [Sharing-nudes](#).
 - ❖ sharing of unwanted explicit content
 - ❖ upskirting (is a criminal offence)
 - ❖ sexualised online bullying
 - ❖ unwanted sexual comments and messages, including, on social media
 - ❖ sexual exploitation; coercion and threats

Refer to [Keeping children safe in education 2022](#) (Part 5) for full statutory guidance.

Upskirting

The Voyeurism (Offences) Act 2019, which is commonly known as the Upskirting Act, came into force on 12 April 2019. 'Upskirting' is where someone takes a picture under a person's clothing (not necessarily a skirt) without their permission and or knowledge, with the intention of viewing their genitals or buttocks (with or without underwear) to obtain sexual gratification, or cause the victim humiliation, distress or alarm. It is a criminal offence. Anyone of any sex, can be a victim.

Appendix 7

Bruising - advised addition following meeting with Roxanne Kirby 23.5.22

(Reference to Children's MARS Multi-Agency Protocol – The Assessment of Injuries to Babies and Children)

Introduction and principles

This protocol is set within the context of the One Family Approach - Helping Children and Families in North Lincolnshire document 2020/24 which sets out how services support children, young people and their families and how we work together to provide integrated services. Our One Family Approach aims for children to be in their family, in their school and in their community.

The protocol is relevant to practitioners working within North Lincolnshire who may come into contact with babies and children, particularly those who are not independently mobile, and who may be in a position to identify that such a baby or child has received an actual or suspected bruise, burn or scald.

A key finding from recent research is:

Bruising was the most common injury in children who have been abused. It is also a common injury in non-abused children, the exception to this being pre-mobile infants where accidental bruising is rare (0-1.3%). The number of bruises a child sustains through normal activity increases as they get older and their level of independent mobility increases.

See Child Protection Evidence: Systematic review on Bruising (RCPCH) 2020

A bruise or an injury must never be interpreted in isolation and must always be assessed in the context of medical and social history, developmental stage and explanation given. Any bruising, or mark on the skin that might look like bruising, in a child of any age or where a child is not independently mobile, that is observed by or brought to the attention of any practitioner must be considered as a matter of concern and thoroughly explored.

It should be noted that other unusual marks on the skin or unusual sites of bleeding (e.g. bleeding from the mouth in young children) without a clear explanation may also be a sign of non-accidental injury and should also be considered in line with this protocol.

It is recognised that a small percentage of bruising in non-independently mobile babies and children will have an innocent explanation (including medical causes). However, practitioners should not make decisions in isolation due to the difficulty in excluding non-accidental injury.

Practitioners are reminded that all children are vulnerable to harm and as such practitioners should remain alert to signs of abuse, unexplained or unusual injuries or injuries where the explanation provided is not congruent with the injury sustained.

Definitions

Non-mobile baby

- babies who are not yet crawling, bottom shuffling, pulling to stand, cruising or walking independently
- all children under the age of 6 months Some babies can roll from a very early age and this does not constitute self-mobility.

Not independently mobile

- all babies and children who require any assistance to move
- all non-mobile babies

An older infant or child with a disability with any of the risk indicators would also warrant careful consideration.

Bruise/bruising

Bruising is caused by leakage of blood into the surrounding soft tissues, producing a temporary discolouration of skin however faint or small with or without other skin abrasions or marks. Colouring may vary from yellow through green to brown or purple. This includes petechiae.

Petechiae

Red or purple spots, less than two millimetres in diameter and often presenting in clusters.

Subconjunctival haemorrhage

Bleeding within the whites of the eyes and should be considered as similar to bruising to the eye itself for the purposes of this protocol.

Burn

Damage to the skin or other body parts caused by extreme heat, flame, contact with heated objects, or chemicals. Burn depth is generally categorised as first, second, or third degree.

Scald

Tissue damage caused by applied wet heat such as hot water or steam.

Fracture

A medical condition in which there is a break in the continuity of the bone. This may be as a result of high impact force or stress or a minimal trauma injury as a result of certain medical conditions that weaken the bones.

Non-accidental injury

Damage, e.g. bruise, burn, scald, fracture, deliberately inflicted (whether intentionally or unintentionally).

Unexplained injury

An injury, the cause of which, has not yet been determined or ascertained. It is anticipated that this term may be used in early consideration of injuries but could continue to be used where there is an unsuitable explanation.

Unsuitable explanation

An explanation for an injury or presentation that is implausible, inadequate or inconsistent:

- **with the child's**
 - o presentation
 - o normal activities
 - o existing medical condition
 - o age or developmental stage
 - o account compared to that given by parent and carers
- between parents or carers
- between accounts over time

An explanation based on cultural practice is also unsuitable because this should not justify hurting a child.

Specific considerations

Bruising in children of any age

Any bruising, or what is believed to be bruising, in a child of any age that is observed by or brought to the attention of a practitioner must be considered as a matter of concern and thoroughly explored. Practitioners must be 'professionally curious' to determine further information in the interests of the child. It is essential that professionals exercise professional curiosity at all times as it is likely that signs of any form of abuse will be identified when dealing with an un-associated incident. A satisfactory explanation should be sought and the characteristics of the bruising should be assessed and the distribution carefully recorded. The bruising should be assessed in the context of personal, family and environmental history to ensure that it is consistent with an innocent explanation.

Babies and children may be abused (including sustaining fractures, serious head injuries and intra-abdominal injuries) with no evidence of bruising or external injury.

'Rough handling' and 'behavioural management' are never acceptable reasons for an injury and must not be accepted as a 'reasonable explanation'.

For non-mobile babies / children with additional needs

Bruising

Bruising to very young babies / children with SEN may be caused by medical issues e.g. birth trauma, however this is rare. In addition, some medical conditions can cause marks to the skin in very young babies that may resemble a bruise. A bruise must never be interpreted in isolation and must always be assessed in the context of medical and social history, developmental stage and explanation given. The younger the child the greater the risk that bruising is non-accidental and the greater potential risk. In all cases, unless the specific mark that has been identified and confirmed as arising from a medical condition, this protocol should be followed to enable multi-agency assessment of the suspected bruise.

Self-inflicted injury

It is rare for a non-mobile infant to cause any significant self-inflicted injury during normal activity.

Injury from other children

Explanations that a sibling has caused the injury should still be further explored which must include a detailed history of the circumstances of the injury and consideration of the parent's or carer's ability to supervise the children.

For children who are not independently mobile

Immobility in older children should be taken into account as a risk factor, for example in disabled or very sick children.

Actions to be taken

As far as possible, parents or carers should be included in the decision-making process, unless to do so would jeopardise information gathering (e.g. information or evidence could be destroyed) or if it would place the child at risk.

Where safe to do so, whenever a practitioner identifies a child with an injury, the practitioner should seek an explanation from the parent or carer, and where possible, from the child themselves. All people who live within the family home, including siblings and partners/significant others (such as aunts and uncles, grandparents, etc.) who do not live there but participate in any aspect of the child's care, should be considered

Where a practitioner identifies an actual or suspected injury to a baby or child who is non-mobile, they must discuss the injury and explanation with a supervisor, named or designated safeguarding lead, either within their own service/agency or with a partner agency. The identifying practitioner, and/or the supervisor, should consider seeking advice from a qualified health professional if further support is required. No practitioner should make the decision alone that the explanation offered by parents/carers, explains the injuries sustained by a non-mobile baby/child. However, in the absence of not having another person to discuss the injury with, the practitioner should not delay a discussion with, and any subsequent referral being made to Children's Services. This discussion and any referral are the responsibility of the first practitioner to be made aware of or observe the injury.

Where possible the identifying practitioner suspecting a non-accidental injury to a mobile child should discuss the injury and explanation with a supervisor, named or designated safeguarding lead, either within their own service/agency or with a partner agency. The identifying practitioner should consider seeking advice from a qualified health professional if further support is required. However, in the absence of not having another person to discuss the injury with, the practitioner should not delay a discussion with, and any subsequent referral being made to Children's Services, if based on their own professional judgement this needs to be made immediately. Any referral is the responsibility of the first practitioner to be made aware of or observe the injury.

If a practitioner has concerns about a child's welfare and considers that they may be a child in need or that the child has suffered or is likely to suffer significant harm, then they should share the information with or make a referral to Children's Services.

If any practitioner believes that the child is at immediate risk of significant harm, they should contact the police as the only service who can immediately safeguard the child.

If the child appears ill or seriously injured the practitioner should seek or facilitate emergency treatment and notify Children's Services and/or the police of their concerns.

In all cases, contemporaneous, comprehensive, accurate, dated, timed records should be kept. Mapping, description and recording of the size, colour, characteristics of injuries, including site, pattern and number of bruises should be made on a body diagram. A careful record of what was seen should be made using a body map or line drawing if appropriate. A careful record of parents and carers description of events and explanation for the injury should be made in the notes. Template body maps can be found in Appendix 2.

Informing parents/carers and obtaining consent

It would be expected that in most cases the practitioner will inform the parent/carer of their intention to make a referral and obtain their consent. However, in deciding whether or not to inform the parent/carer that a referral is to be made or obtain their consent, the practitioner who has identified the suspected injury must consider the possibility that to do so may place the child at risk. In this instance the practitioner does not need to obtain consent to make a referral. If the parent or carer is uncooperative or refuses to take the child for further assessment, if this is required, this should be reported to Children's Services Single Point of Contact.

If the practitioner concludes that informing the parent/carer or seeking their consent may place the child at risk, they should consult with Children's Services Single Point of Contact or the child's allocated Social Worker to obtain advice before speaking to the parent/carer.

In all cases, Children's Services Single Point of Contact must be advised if the parents or carers are aware of the referral and whether consent has been sought and the outcome of this.

Appendix 8

Useful contact numbers

Deputy Safeguarding Lead (DDSL)	Name: Chris Palmer Contact number: 01724 842960 Email: cpalmer@st-hughs.n-lincs.sch.uk
Deputy Safeguarding Lead (DDSL)	Name: Tom Thatcher Contact number: 01724 842960 Email: tthatcher@st-hughs.n-lincs.sch.uk
Deputy Safeguarding Lead (DDSL)	Name: Sarah Hirst Contact number: 01724 842960 Email: shirst@st-hughs.n-lincs.sch.uk
Deputy Safeguarding Lead (DDSL)	Name: Donna Millward Contact number: 01724 842960 Email: dmillward@st-hughs.n-lincs.sch.uk
Allegations against/concerns about adult(s) working with children	Local Authority Designated Officer (LADO) LADO@northlincs.gov.uk 01724 298293
Police (emergency)	999
Police (non emergency)	101
School Improvement officer (Safeguarding)	Karen Hackett 07385 410798 karen.hackett@northlincs.gov.uk
Safeguarding Education officer	Helen Parker 07717 586534 helen.parker@northlincs.gov.uk
NSPCC Whistleblowing helpline	0800 028 0285
Prevent	Stuart Minto 07717 588137 stuart.Minto@northlincs.gov.uk Karen Hackett 07385 410798 karen.hackett@northlincs.gov.uk Charlene Sykes 07717 586580 charlene.Sykes@northlincs.gov.uk

Useful links:-

- [CMARS](#)
- [Keeping children safe in education 2022](#)
- [Working Together to Safeguard Children 2018](#)
- [What to do if you're worried a child is being abused](#)
- [Information sharing: advice for practitioners](#)
- [Children Act 1989](#) and [Children Act 2004](#)
- [Sharing nudes and semi-nudes: advice for education settings working with children and young people](#)
- [Teachers' Standards \(update June 2013\)](#)
- [Welcome | Family Information Directory \(northlincs.gov.uk\)](#)