

## **Policy for Safeguarding Columbia Primary School**

This policy sets out our commitment to safeguarding and describes the systems in place to safeguard children in our school.

**Safeguarding** is what all of us do in many different ways to ensure the best outcomes for children at all times.

**Child protection** is what we do when we act in response to a concern which has been raised about a child in order to protect that child from harm.

### **Safeguarding Team:**

Designated Safeguarding Lead: **Julie Fountain** (Assistant Head for Inclusion and Safeguarding)

Deputy Designated Safeguarding Lead: **Oliver Woodward** (Headteacher)

Deputy Designated Safeguarding Lead: **Lesley Reynolds** (Deputy Head)

Deputy Designated Safeguarding Lead: **Hena Afsar** (Pastoral Teaching Assistant)

Deputy Designated Safeguarding Lead: **Barney Lom** (Early Years Teacher)

Designated Safeguarding Governor: **Juliana Iwobi**

Chair of Governors: **Tom Best**

The designated safeguarding leads can be contacted in the following ways:

- Phone: 02077393835
- Post: Columbia Primary School, Columbia Rd, London E2 7RG
- Email: [admin@columbia.towerhamlets.sch.uk](mailto:admin@columbia.towerhamlets.sch.uk)

The safeguarding governor can also be contacted by post at the above address.

This policy is organised under 4 headings:

### **1. Columbia Primary School's commitment to safeguarding**

- our shared responsibility,
- climate and curriculum,
- aspects of safeguarding which are unique to our school and local area,
- training and awareness.

### **2. Roles and responsibilities in our school**

### **3. Systems and procedures**

- a. Raising concerns.
- b. Keeping records.
- c. Sharing information

- d. Monitoring
- e. Attendance and exclusions
- f. Private fostering
- g. Issues which are covered in separate policies (Allegations against Staff, Physical Intervention, Whistleblowing, Use of cameras and phones, Safer Recruitment)

**4. Vulnerable groups and issues of particular concern, including:**

- Children with SEN and/or disabilities
- Children exposed to domestic abuse
- Child sexual exploitation
- Children missing education
- Violence against women and girls
- Peer on peer abuse (relate to behaviour policy)
- Sexual harassment/sexual violence
- Children who have been looked after
- Child criminal exploitation
- Children exposed to Extremism and/or at risk of Radicalisation
- Homelessness

This policy is written in accordance with:

- Keeping Children Safe in Education 2021
- THSCP arrangements 2019
- 'What To Do If You're Worried A Child Is Being Abused' 2015
- Safeguarding Disabled Children Practice Guidance, July 2009
- Working Together to Safeguard Children 2018
- Prevent Duty Guidance 2015

The safeguarding policy is linked to several others, each of which goes into detail about a specific aspect of our approach to maintaining a safe, respectful environment which values transparency, clear communication and fosters good relationships.

The systems and practices detailed in these policies all contribute to this aim of Columbia's; keeping children safe and well. The safeguarding policy is underpinned by them and should be read with reference to them:

Acceptable Use agreement, Managing allegations against staff, Anti-bullying, Attendance, Behaviour, Code of Conduct, Complaints procedure, E-Safety, Equality, Meeting medical needs, Health and Safety, Trips, PSCHE (Personal, Social, Citizenship and Health Education), Safer Recruitment, Relationships and Sex Education and Health Education, Physical Intervention, Inclusion, Whistle Blowing.

## **1. Columbia Primary School's commitment to Safeguarding.**

This section sets out our attitude to safeguarding and describes our approach to it.

We agree with the definition of safeguarding children as:

- protecting children from maltreatment;
- preventing any impairment of children's mental or physical health or development;
- making sure that children grow up in circumstances which provide them with safe and effective care; and
- taking action to ensure the best possible outcomes for children.

We practise Safer Recruitment and run rigorous checks on all adults (including other community users of our facilities) to ensure their suitability before they work with children. See Safer Recruitment policy for detail.

Robust procedures are in place for responding to concerns raised by members of staff or volunteers who believe that a child has been abused or is at risk of abuse. This includes procedures to cover any circumstance in which a member of staff is accused or suspected of abuse. See *section 3. Systems and Procedures; a. Raising concerns (page10)*

(Abuse is when a child is hurt or harmed by another person in a way that causes significant harm to that child and which may have an effect on the child's development or wellbeing. Other definitions for terms which are commonly used in documents and conversations about safeguarding can be found in appendix 1 of this policy.

### **How we set the climate**

We take full responsibility for the children's safety and wellbeing while they're in school and know that good communication is essential if we are to carry that responsibility out thoroughly. Building good, respectful relationships is central to everything we strive to do; we make sure the climate is one in which children feel confident that adults will listen to them and take them seriously when they speak.

We talk to children explicitly about what they can do and the people they can go to for help if they are worried about something or in difficulty. We understand the importance of being approachable because we want children to share their concerns. We listen to them openly and calmly without judgement because we know that expressing shock or dismay could cause children to 'shut down'. In the event of them making a disclosure to us, we explain the actions we will take and ask them how they feel in order to reassure them and take their feelings into account.

### **Parents**

Columbia Primary School is committed to being transparent and open when working with parents and carers. We always aim to work in partnership with families to keep children safe. Through workshops, newsletters and parent meetings, we help parents to understand the school's

safeguarding duty. This includes the need for safeguarding policies and procedures, information sharing and working with other agencies. Parents should also ensure that the school has at least two emergency contacts for their child.

### **Other agencies**

We are committed to building effective working relationships with all other agencies involved in safeguarding our pupils. We aim to communicate well, respond promptly and attend or contribute to meetings relating to the families of our pupils.

### **What we teach**

We aim to develop children's awareness of the part they can play in keeping themselves safe. There are several points in the PSCHE curriculum at which (amongst other things) children are taught about different situations and risks they will encounter and practise discerning for themselves what makes a safe and healthy choice. The PSCHE curriculum is reviewed regularly to make sure it reflects current issues.

Our commitment to positive relationships is founded on respect for ourselves and one another, and good communication. Adults model respect and care for one another. This attitude underpins every aspect of school life and drives our planning throughout the curriculum. Consequently, teachers talk to children about caring for their own well-being in many different contexts throughout the school year including 1:1, small group, whole class and whole school assemblies.

### **Columbia Primary School's unique safeguarding context:**

Tower Hamlets' character and population is unique in the UK and Columbia Primary School, because of its location, is unusual within Tower Hamlets. We take these factors into account when planning strategies to safeguard the children and adults at our school.

Our immediate local area is currently a hub of drug and gang activity. Dealing and drug-related behaviour is visible on the streets around our school. This puts our children who live in the nearby area at risk of exposure to drugs and all the negative effects they can have on families and communities. It also makes them vulnerable to grooming by (slightly older) gang members.

Tower Hamlets has been identified as high priority for support through the PREVENT strategy because of its long history of extremist political activity from left and right wing groups, its shifting immigrant populations and high profile instances of young people's recruitment by an extremist Islamist group.

We work closely with the LBTH PREVENT co-ordinator and with Children's Social Care to safeguard children and families who are already identified as being at risk but in addition to this all members of staff are alert to the signs which could indicate a cause for concern about any vulnerable child.

We have a number of families who come from areas of the world where FGM is practised. Key members of staff have had specific training from the VAWG team and share the role of talking to families who might be affected by this with the DSL.

Finally, because of our location, we have many children from families whose parents are highly educated, articulate and economically secure. We are careful to monitor our own prejudices in order to be as alert to risk factors in these families as we are in all others.

### **Training and awareness**

We all agree that safeguarding children is our most important responsibility and that it is shared by every member of staff. We expect every adult in school to be engaged with that responsibility at all times.

The DSL and DDSLs attend high quality safeguarding training which is targeted at their role at least every 2 years. They also have safer handling training every 2 years and safer recruitment training every 5 years. In addition DSLs attend relevant training throughout the year according to need and opportunity in order to maintain a broad picture of current safeguarding issues. The designated safeguarding governor attends targeted training every 2 years and also attends the school's termly INSET sessions.

At the start of the school year **all** members of staff take part in INSET about

- the staff Code of Conduct, including confidentiality,
- the Behaviour policy,
- who the Designated Safeguarding Leads are and what their role is,
- procedures for when children are missing education,
- when and how to raise a concern about a child *See section 3. Systems and Procedures; a. Raising concerns.(page10)*
- the Whistleblowing policy.

In addition to this, all staff are required to have read Part 1 and Annex A of KSCIE 2021 and to have read and signed the Acceptable Use Agreement relating to use of ICT.

Members of staff and volunteers joining Columbia part-way through the year receive induction training which covers all these aspects.

In order to raise and maintain awareness of our duty to safeguard children, there is a fixed safeguarding item on the business meeting agenda every week. All staff receive a text update of this. This ensures that all adults have the same information.

Staff also have safeguarding INSET three times a year as a fixed item on the school's termly inset days. These longer sessions facilitate greater depth of understanding and are used to learn about

issues which are current, relevant to our context and/or of particular concern. All members of staff are required to attend. These updates and inset sessions ensure that

- all teaching, non-teaching staff, governors, volunteers are aware of our commitment to safeguarding children and of their personal responsibilities in identifying and reporting their concerns about children;
- all staff are alert to signs of abuse and can recognize them;
- all staff know what to do and to whom they should go if they have a concern.

## **2. Roles and Responsibilities in our school.**

This section sets out the specific responsibilities of key adults in relation to safeguarding. They are:

- The Headteacher
- The Governing Body
- Designated Safeguarding Lead and deputies
- Office staff

The school (led by the Designated Safeguarding Lead) ensures that all action taken is in line with the Tower Hamlets SCP arrangements 2019. The role of the school within this procedure is to contribute to the identification, referral and assessment of children in need, including children who may have suffered, are suffering, or who are at risk of suffering, significant harm. The school may also have a role in the provision of services to children in need and their families.

The school's role is NOT investigating safeguarding concerns. Its role is to recognise and refer.

The **Head teacher** ensures that:

- The policies and procedures adopted by the Governing Body to safeguard and promote the welfare of pupils are fully implemented and followed by all staff, including volunteers. The procedures laid down by the London Child Protection Procedures 5th Edition are followed.
- Selection and appointment of staff and volunteers meet Safer Recruitment obligations.
- A Designated Safeguarding Lead is in post.
- Sufficient time and resources are made available to enable the Designated Safeguarding Lead to discharge their responsibilities, including attending inter-agency meetings, contributing to the assessment of pupils, supporting colleagues and delivering training as appropriate.
- All staff and volunteers receive appropriate training which is updated at least annually. This includes ensuring that all staff understand the role of the Designated Safeguarding Leads.
- All staff have read Part 1 and Annex A of Keeping Children Safe in Education 2021 and have signed to verify they have read, understood and will comply with all school policies and guidance, as well as Part 2 of the Teachers' Standards: Personal and Professional Conduct.
- All temporary staff, volunteers and visitors are made aware of the school's safeguarding policy and arrangements.

- All staff and volunteers feel safe about raising concerns about poor or unsafe practice in regard to the safeguarding and welfare of the pupils and such concerns will be addressed sensitively and effectively.
- Parents/carers are aware of and have an understanding of the school's responsibilities to promote the safety and welfare of its pupils. A key part of this is meeting all parents in admissions interviews when their children are admitted to the school. This applies to children who start at regular transition points and those who start at other points in the year.
- Confidential child protection files are securely stored in a separate filing cabinet apart from normal pupil records and with access confined to the Designated Safeguarding Lead and the Deputy Designated Safeguarding Leads. Recent child protection data is stored digitally and securely on CPOMS and this replaces the paper records.

The **Governing Body** of the school will ensure that:

- A member of the Governing Body is identified as the Designated Governor for Safeguarding and receives appropriate training. The identified governor will provide the governing body with appropriate information about safeguarding and will liaise with the Designated Safeguarding Lead.
- There is a senior member of the school's leadership team who is designated to take strategic responsibility for safeguarding within the school.
- The Designated Safeguarding Lead undertakes training, in addition to basic child protection training, and refresher training at two-yearly intervals.
- The school's safeguarding policy is regularly reviewed and updated and the school complies with local safeguarding procedures.
- When the safeguarding policies are reviewed and shaped, the experiences and expertise of their staff will be taken into account.
- The school operates safer recruitment and selection practices including appropriate use of references and checks on new staff and volunteers.
- Procedures are in place for dealing with allegations of abuse against members of staff and volunteers and these are in line with local procedures.
- All staff and volunteers who have regular contact with pupils receive appropriate training which is updated annually.
- Appropriate filters and monitoring systems are in place that do not lead to unreasonable restrictions as to what children can be taught. In practice, an example of this would be making sure that the school does not block so much internet traffic that the children are then unable to learn about making wise choices.
- Children are taught about safeguarding, including on line, through teaching and learning opportunities, as part of a broad and balanced curriculum.
- The curriculum is monitored to ensure aspects of safeguarding are embedded and that there is continuity across the key stages.

The **Designated Safeguarding Lead (DSL)**:

- Has a specific responsibility for championing the importance of safeguarding and promoting the welfare of pupils registered in the school.

This specific responsibility is specified in the Job Description and CANNOT be delegated.

The DSL will:

- Act as the first point of contact with regards to all safeguarding matters.
- Attend Designated Safeguarding Leader training every two years and annual update training.
- Provide an annual report with relevant information to the Designated Governor for Safeguarding who will feedback to the Governing Body on how the school carries out its safeguarding duties.
- Provide support and training for staff and, where appropriate, volunteers and make sure that they receive refresher training annually.
- Ensure that the school's actions are in line with the Local Safeguarding Children Board Procedures framework, Government Guidance and all London Child Protection Committee established procedures are followed.
- Refer cases of suspected abuse or allegations to the Assessment Team following the London Child Protection procedures and protocols.
- Inform parents of referrals unless it would pose a risk to the child.
- Represent or ensure representation at inter-agency meetings, in particular conferences, strategy meetings, core groups and network meetings.
- When requested, ensure written reports are provided to the Chair of Conference before an initial CP Conference and Review CP conference, using the agreed template.
- Ensure the school effectively monitors children about whom there are concerns.
- Keep copies of all referrals to external agencies related to safeguarding pupils.
- Ensure that all staff and volunteers receive information on safeguarding policies and procedures from the point of induction.
- Manage and keep secure the school's safeguarding records.
- Ensure that all staff and volunteers understand and are aware of the school's reporting and recording procedures and are clear about what to do if they have a concern about a child.
- Liaise with the headteacher and Safeguarding Governor as necessary about any safeguarding issues.
- Ensure that the Safeguarding Policy is regularly reviewed and updated.
- Publish the Safeguarding Policy on the school website.
- Keep up to date with changes in local policy and procedures and be aware of any guidance issued by the DfE concerning Safeguarding.
- Send pupils' child protection or safeguarding files separately from the main files to the new establishment if pupils leave the school. Keep copies securely in school.
- Ensure that any absence of two days, without satisfactory explanation, of a pupil who has a child protection plan is referred to their Attendance and Welfare Officer and / or Social Worker.

- Take lead responsibility for promoting educational outcomes by knowing and sharing the welfare, safeguarding and child protection issues that children in need are experiencing and identifying the impact that these issues might be having on children's attendance, engagement and achievement at school.
- Help promote educational outcomes by sharing the information about the welfare, safeguarding and child protection issues that children, including children with a social worker, are experiencing, or have experienced, with teachers and school and college leadership staff.
- Ensuring that the school or college, and their staff, know who these children are, understand their academic progress and attainment and maintain a culture of high aspirations for this cohort; supporting teaching staff to identify the challenges that children in this group might face and the additional academic support and adjustments that they could make to best support these children

### **Deputy DSLs (DDSL)**

- deputise in the DSL's absence, ensuring that all the responsibilities listed above are carried out.
- have the same training as the DSL.
- work as a team with the DSL day-to-day, problem solving, monitoring for best practice, sharing information and workload etc.

### **Office Staff**

- carry out initial safeguarding checks on visitors to the school.
- inform visitors about their own responsibilities in relation to safeguarding whilst they're in the building.
- promptly share information they receive in their admin roles on families about whom there are concerns with the DSL and DDSLs.
- The office manager ensures information about children's contacts is kept up to date on the school Management Information System. This includes ensuring that files transferred electronically and folders received on entry match the information provided by parents. Any discrepancies will be reported to the headteacher for investigation.

## **3. Systems and Procedures**

This section sets out systems and procedures particular to Columbia. It is organised under the following broad headings:

- a. Raising concerns.**
- b. Keeping records.**
- c. Sharing information**
- d. Monitoring**
- e. Attendance and exclusions**
- f. Private fostering**

## **g. Issues which are covered in separate policies (Allegations against Staff, Physical Intervention, Whistleblowing, Use of cameras and phones, Safer Recruitment)**

### **a. Raising concerns**

This following procedure applies to **all** members of staff, volunteers and visitors at Columbia:

Child protection procedures are to be followed at all times. This means that any knowledge or suspicion that a child may be at risk must be reported to the Designated Safeguarding Lead (DSL) or a Deputy Designated Safeguarding Lead (DDSL) immediately. Adults worried about children must not weigh up for themselves whether or not the concerns are serious, nor must they discuss the concern with colleagues.

Staff must report to the DSL or DDSL as soon as possible, ensuring that the concern is not left to the end of the day. Teachers in class can send a message asking the DSL to attend. Any of the following could be cause for concern:

- an unexplained mark
- seeming more tired than usual
- withdrawn or unusual behaviour
- dirty clothes
- shorter temper than usual
- inability to focus
- inappropriately sexual behaviour
- age-inappropriate language or knowledge
- a disclosure by the child or someone else
- something indefinable.

If a child discloses something, adults will not agree to keep it secret. It is important however to ask how the child feels about the actions that will be taken and respond appropriately to their response in order to reassure them.

The DSL or DDSL will listen and then ask the staff member to record what they've said on CPOMS.

The DSL will decide what to do, often in conference with a deputy.

The staff member will go back to the DSL the following day to find out what action has been taken.

### Informing parents and carers:

We always aim to work in partnership with families to keep children safe. As such, parents and carers will almost always be informed when concerns are raised about the safety and welfare of their child. It follows that parents and carers will almost always be informed when a referral is made to an external agency. Parents will only **not** be informed beforehand if it is felt that informing them might put the child at further risk. In such cases the DSL or a DDSL will take advice from the Child Protection Advice Line.

## **b. Keeping records**

Columbia Primary School will keep and maintain up-to-date information on pupils on the school roll including where and with whom the child is living, attainment, attendance, referrals to and support from other agencies. We endeavor to have 2 emergency contact numbers for each child or family.

Where a concern is raised, the DSL will ask the adult to record what they've discussed on CPOMS. The record will be factual, as free from opinion as possible, will record what the child said (if anything) and will name all individuals involved, giving their roles.

If possible, the DSL will confer with a DDSL but will act immediately and independently if necessary.

All recorded concerns are noted on CPOMS as soon as possible. Once the action decided upon has been taken, CPOMS will be updated for that child.

The School Business Manager maintains the Single Central Record of all staff members' personal data including DBS status.

## **c. Sharing information and confidentiality:**

In addition to everyday team working the Safeguarding team meets regularly so that everyone has the same information and is up-to-date with all developments relating to individual safeguarding concerns.

Otherwise, in school, information is shared on a strictly need-to-know basis:

- Class teachers are kept up-to-date with concerns relating to individual pupils in their classes although they *may* not need to know details of the concerns raised.
- Office staff are told which families are currently cause for concern so that they can carry out their front-line responsibilities properly.
- All staff are kept up-to-date with the list of children who are or have been CIN, on a CP plan, Looked After or causing concern. This is so that those children are always kept in mind and flagged up immediately to the Safeguarding Team in the event of any change or concern. Staff **do not** normally know details of the causes for concern relating to these children.

The school will notify relevant external agencies if:

- a child subject to a child protection plan is about to be excluded.
- there is an unexplained absence of a pupil who is subject to a child protection plan of more than two days from school.
- an agreement to do so has been made as part of any child protection plan or core group plan.

Columbia's practice related to sharing of personal data is GDPR compliant, so when other agencies ask for information about pupils it is sent securely.

## **d. Monitoring**

Monitoring happens formally and informally through:

- Fortnightly team meetings,
- Termly visits from the safeguarding governor,
- Half-termly spot-checks of record keeping, office practice, SCR and medicines/medical records.
- DSL's own line management with the headteacher.

The DSL and School Business Manager (DDSL) run a rolling audit in the form of a half-termly checklist which covers all the safeguarding administration tasks, and includes training updates and monitoring points.

#### **e. Attendance and Exclusions**

Columbia's systems for monitoring attendance are set out in the school's attendance policy.

The learning mentors, who monitor everyday attendance, inform the DSL when children in need or children on CP plans are absent so that social workers can be alerted. The learning mentors make home visits to children about whom there are concerns and who are absent for unexplained reasons.

Columbia Primary School implements the statutory requirements in terms of monitoring and reporting pupils missing in education and off-rolling.

Young people who require access to alternative provision will have a personalised learning or behaviour support plan designed to meet their needs. Their attendance and progress will continue to be monitored by Columbia Primary School. We recognise that it is our duty to ensure that the adults working with children in alternative provision have undergone appropriate checks.

The DSL is informed when an exclusion is imminent or likely in order to think through any possible safeguarding implications.

#### **f. Private Fostering**

A private fostering arrangement is one that is made privately (without the involvement of a local authority) for the care of a child under the age of 16 years (under 18, if disabled) by someone other than a parent or close relative, in their own home, with the intention that it should last for 28 days or more. (\*Close family relative is defined as a 'grandparent, brother, sister, uncle or aunt' and includes half-siblings and step-parents; it does not include great-aunts or uncles, great grandparents or cousins.)

Most frequently, young people are in private foster care for the following reasons:

- children from other countries sent to live in the UK with extended family
- host families for language schools
- parental ill-health
- where parents who have moved away, but the child stays behind (e.g. to stay at the same school to finish exams)

Schools have a duty to inform the local authority, if they believe a private fostering arrangement is taking place for one of their pupils. There is no duty for anyone, including the private foster carer or social workers to inform the school. The term 'Looked After Children' means children who are looked after by the local authority. Privately fostered children are outside the care of the local authority. Schools should not therefore code children in private foster care as 'LAC'.

#### **g. Issues for which there are separate policies**

##### **Managing allegations and concerns against staff, supply teachers and volunteers**

The school follows the procedures recommended by the Local Authority and the Tower Hamlets SCP arrangements 2019 when dealing with allegations made against staff and volunteers. Please see the separate policy called Managing Allegations against Staff. Allegations about a member of staff should be reported to the headteacher. If the allegation relates to the headteacher, it should be reported to the Chair of Governors.

The school works with the Local Authority Designated Officer who is Melanie Benzie -  
Melanie.Benzie@towerhamlets.gov.uk or [LADO@towerhamlets.gov.uk](mailto:LADO@towerhamlets.gov.uk) Telephone: 0207 364 0677

##### **Whistleblowing**

All staff have a duty to raise concerns, where they exist, about the attitudes or actions of colleagues. Please see the separate policy, Whistleblowing, which draws the attention of all staff to the procedures in the place at Columbia School and the Protect Website ([www.protect-advice.org.uk/](http://www.protect-advice.org.uk/)) and their helpline: 020 3117 2520

##### **Physical Intervention**

Please refer to the separate policy relating to physical intervention.

Under normal circumstances, staff and volunteers will not use physical restraint. However, adults' first duty is to keep children safe, so if the adult perceives a real risk of harm to a child he or she must do whatever is necessary to safeguard the child.

Following an incident which demands the use physical restraint for the child's own or others' safety, key staff members meet to prepare a plan for that child in order to reduce the likelihood of needing to use restraint for him or her in the future.

##### **Use of Cameras and mobile phones**

The appropriate use of cameras and mobile phones is covered in the Acceptable Use agreement which is updated annually and which all staff and volunteers are required to read and sign annually. Children are not allowed to bring mobile devices into school.

##### **Safer Recruitment**

We maintain a comprehensive record of the checks that have been carried out to ensure that adults are suitable to work with children. This information is held in the school's single central record which

is available to those entitled to examine this document. It is the Headteacher's responsibility to ensure that this document is kept up to date and holds all of the relevant information.

We ensure that a member on every recruitment panel has received appropriate recruitment and selection training. We also check that all relevant staff are appropriately qualified and have the relevant employment history and checks undertaken to ensure they are safe to work with children/young people.

Volunteers who, on an unsupervised basis teach or look after children regularly, or provide personal care on a one-off basis in schools and colleges, are considered to be in regulated activity. We obtain an enhanced DBS certificate (which should include barred list information) for all volunteers who are new to working in regulated activity. Existing volunteers in regulated activity do not have to be re-checked if they have already had a DBS check (which includes barred list information). However, we may conduct a repeat DBS check (which should include barred list information) on any such volunteer should they have concerns. We are not legally permitted to request barred list information on a supervised volunteer as they are not considered to be engaged in regulated activity.

We will undertake a risk assessment and use our professional judgement and experience when deciding whether to obtain an enhanced DBS certificate for any volunteer not engaging in regulated activity. In doing so they should consider:

- the nature of the work with children;
- what the establishment knows about the volunteer, including formal or informal information offered by staff, parents and other volunteers;
- whether the volunteer has other employment or undertakes voluntary activities where referees can advise on suitability;
- whether the role is eligible for an enhanced DBS check

Relevant staff are asked to inform the school that they are not disqualified from working within the Childcare Act (2006) (as amended) and we remind staff that if there are any changes to their status, they must inform the school.

We ensure any contractor, or any employee of the contractor, who is to work at the school, has been subject to the appropriate level of DBS check. This is always checked upon arrival to the school. Contractors engaging in regulated activity will require an enhanced DBS certificate (including barred list information). For all other contractors who are not engaging in regulated activity, but whose work provides them with an opportunity for regular contact with children, an enhanced DBS check (not including barred list information) will be required. In considering whether the contact is regular, it is irrelevant whether the contractor works on a single site or across a number of sites. No contractor is permitted to work unsupervised or engage in regulated activity if they do not have the relevant checks. If self-employed, we will consider obtaining the DBS check.

Where a pupil is placed with an alternative provision provider, we continue to be responsible for the safeguarding of that pupil, and should be satisfied that the provider meets the needs of the pupil. We may obtain written confirmation from the alternative provider that appropriate safeguarding checks have been carried out on individuals working at the establishment, i.e. those checks that we would otherwise perform in respect of our own staff.

#### **4: Vulnerable Groups and safeguarding issues of particular concern**

At Columbia we are alert to signs of abuse or neglect in all children. Staff and volunteers are familiar with the information about recognising signs of abuse which is set out in appendix 1 of this policy.

We pay particular attention to the presentation of children in the following groups and act promptly to ensure their safety. Staff awareness of these groups is raised and maintained through termly training and updated in weekly bulletins.

**Children with disabilities** are defined as 'children in need' by the Children Act 1989, Section 17. We understand that children with SEN and or disabilities are 3-4 times more likely to be neglected or abused (both physically and emotionally) than typical children. They are more vulnerable to peer-on-peer abuse and at high risk of social isolation.

At Columbia we aim to identify the children who might be at risk early on and pre-empt social difficulties by providing additional, sensitive pastoral support.

**Children exposed to Domestic Abuse** can find it hard to concentrate, sometimes feel responsible for the domestic abuse, are worried about their parents, may have their own needs neglected and may act out angrily or be withdrawn. We know that these children are at risk of developing negative patterns in their own future relationships.

See Annex A of KCSIE 2021 for further information.

At Columbia we work hard to build and keep trusting relationships with parents and carers and our communication systems are always under review in order to improve them. In this context we are alert to signs of distress and can respond quickly by communicating immediately with the people who need to know and can help. We have robust systems for reporting and flexible human resources for providing pastoral support. Experienced learning mentors provide practical support to parents, making phone calls, accompanying to appointments if necessary and signposting to other services.

**Child Sexual Exploitation** is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim

may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

Some of the following signs may be indicators of sexual exploitation:

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

DfE's guide to [Child sexual exploitation - Definition and a guide for practitioners](https://www.gov.uk/government/publications/child-sexual-exploitation-definition-and-guide-for-practitioners) is available here at <https://www.gov.uk/government/publications/child-sexual-exploitation-definition-and-guide-for-practitioners>

Staff are aware that **children going missing from education**, particularly repeatedly, can be a warning sign of a range of safeguarding possibilities as listed in Annex A of KCSIE 2020. They recognise that early intervention is essential to help prevent the risks of a child going missing in future. Staff are aware of the school's unauthorised absence and CME procedures.

**Children from pockets of our community which continue to condone VAWG** might be at risk of FGM, and of exposure to the fall-out from so-called 'honour'-based violence or forced marriage.

KCSIE 2021, Annex B provides detailed guidance and references on what staff must do when responding to concerns relating to Honour Based Violence.

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

It is important that professionals look out for signs that FGM has already taken place so that the girl receives the care and support she needs to deal with its effects. At the same time enquiries can be made about other female family members who may need to be safeguarded from harm; and/or criminal investigations into the perpetrators, including those who carry out the procedure, can be considered to prosecute those who have broken the law and to protect others from harm.

There are a number of indications that a girl has already been subjected to FGM:

- a girl asks for help explicitly/indirectly or confides in a professional that FGM has taken place;
- a mother/family member discloses that a female child has had FGM;
- a family/child is already known to social services in relation to other safeguarding issues;
- a girl has difficulty walking, sitting or standing or looks uncomfortable;
- she finds it hard to sit still for long periods of time and this was not a problem previously;
- a girl spends longer than normal in the bathroom or toilet due to difficulties urinating;
- a girl spends long periods of time away from a classroom during the day with bladder or menstrual problems;
- a girl has frequent urinary, menstrual or stomach problems;
- a girl avoids physical exercise or requires to be excused from physical education (PE) lessons without a GP's letter;
- there are prolonged or repeated absences from school or college (see 2015 guidance on children missing education);
- increased emotional and psychological needs, for example withdrawal or depression, or significant change in behaviour;
- a girl talks about pain or discomfort between her legs.

**Remember: this is not an exhaustive list of indicators.** Further warning signs that FGM may be about to take place, or may have already taken place, can be found on pages 38 – 41 of Multi agency statutory guidance on FGM.

We report all FGM disclosures to the police as well as to the LADO, Melanie Benzie - [Melanie.Benzie@towerhamlets.gov.uk](mailto:Melanie.Benzie@towerhamlets.gov.uk) or [LADO@towerhamlets.gov.uk](mailto:LADO@towerhamlets.gov.uk) Telephone: 0207364 0677

Teachers are aware of their mandatory obligation to report to the police when they believe that FGM has taken place, but that if they believe a child to be at risk of FGM, they report the concern as normal to the DSL.

**Children suffering peer on peer abuse** may be subject to bullying (including cyber-bullying), gender based violence and abuse, sexual harassment, assault and sexting, upskirting and initiation/hazing abuse. It can take many forms. All staff are trained to ensure the child's wishes and feelings are taken into account when determining what action to take and what services to provide.

Abuse is abuse and cannot be tolerated in the Columbia school community. It is always taken seriously. Please see the Behaviour and Anti-bullying policies for further information about how peer on peer abuse is addressed. This is a safeguarding matter, therefore concerns about peer on peer abuse will be referred to the DSL.

### **Sexual violence and sexual harassment between children.**

We are aware that there is a risk in primary schools that staff and volunteers could underplay children's concerns in this respect because they are young.

It is therefore crucial that staff and volunteers at this school understand that sexual violence and sexual harassment can occur between two children of **any** age and gender. Detailed information about what constitutes sexual violence and sexual harassment can be found in 'Sexual Violence and Sexual Harassment between children in schools and colleges' (DfE, 2017).

This can occur between two children of any age and sex, or through a group of children sexually assaulting or harassing a single child or group of children. This is likely to be stressful and distressing for the victim. Sexual violence and harassment exist on a continuum and may overlap. They can happen on and offline. It is important that all victims are taken seriously and offered appropriate support. Some groups, e.g. girls, SEND and LGBT children are at greater risk.

#### Staff will

- Make it clear that sexual violence and harassment is not acceptable, will not be tolerated and is not an inevitable part of growing up
- Not dismiss it as banter or just having a laugh or “boys being boys”
- Challenge and report behaviours (potentially criminal in nature) such as groping etc
- Report all instances of upskirting or similar behaviour to the DSL.
- Challenge issues where consent is misunderstood
- Report concerns raised by themselves or by a child
- Ensure the victim is reassured that they have done the right thing, is not dismissed as creating a problem and taken seriously. Explain the actions that will be taken, ask the victim how they feel and respond to reassure them further.

Sexual harassment and sexual violence is a safeguarding concern, therefore all concerns will be referred to the DSL. Victims and perpetrators at Columbia will receive support from our pastoral team.

Sexting is defined as images or videos generated by children under the age of 18, or of children under the age of 18, that are of a sexual nature or are indecent. These images are shared between young people and/or adults via a mobile phone, handheld device or website with people they may not even know. For further information see 'Sexting in schools and colleges, responding to incidents, and safeguarding young people' (UKCCIS, 2016).

Staff report all peer on peer abuse, sexual violence and sexual harassment or sexting to the headteacher or DSL. The headteacher (or DSL) will talk to the victim and record what has happened on CPOMS, reassuring the child that s/he has done the right thing by telling an adult. The headteacher will then determine the next step which might involve: education for the alleged perpetrator linked to the human development and relationships policy, a consequence, talking to parents, an Early Help Assessment or a referral to MASH. Following the incident, a referral to the school pastoral support team might also be appropriate for both the victim and (alleged) perpetrator.

The Relationship and Sex Education and Health Education Policy and PSHCE Curriculum outline how the school prepares children for age appropriate relationships and physical contact. It also aims to empower them, helping them to understand that they have dominion over their own bodies and that they are entitled to say no to anything that makes them feel uncomfortable.

There is potential for **children who have previously been looked after** to be vulnerable as a consequence of early childhood experiences. Staff at Columbia know that where there has been a traumatic start, children's capacity for coping with everyday stresses can be undermined. Staff and volunteers are aware of the potential difficulties and alert to any signs that may give cause for concern. Normal safeguarding procedures are followed when concerns are raised. Children who have previously been looked after are monitored and when appropriate, referred to the pastoral team for additional support.

The DSL works in close partnership with any other professionals who may continue to be involved in the children's lives.

In a similar way to sexual exploitation **Child Criminal Exploitation or CCE** is when there is a power imbalance where children are used by individuals or gangs to take part in criminal activity, this can include drug running, stealing etc all of which have potential to lead to **serious violence**. The child often believes they are in control of the situation. Violence, coercion and intimidation are common. 'County Lines' is a national issue involving the use of mobile phone 'lines' by groups to extend their drug dealing business into new locations outside of their home areas. This issue affects the majority of police forces and often includes the exploitation of vulnerable adults or children.

<https://www.gov.uk/government/publications/criminal-exploitation-of-children-and-vulnerable-adults-county-lines>

The national picture on county lines continues to develop but there are recorded cases of:

- Children as young as 12 years old being exploited by gangs to courier drugs out of their local area; 15-16 years is the most common age range.
- Both males and females being exploited and White British children being targeted because gangs perceive they are more likely to evade police detection.
- The use of social media to make initial contact with children and young people.

Gangs are known to target vulnerable children; some of the factors that heighten a child's vulnerability include:

- Having prior experience of neglect, physical and/ or sexual abuse; Lack of a safe/stable home environment, now or in the past (domestic violence or parental substance misuse, mental health issues or criminality, for example);
- Social isolation or social difficulties;
- Economic vulnerability; including homelessness
- Connections with other people involved in gangs;

- Having a physical or learning disability; or mental health issue;
- Being in care (particularly those in residential care and those with interrupted care histories).

Indicators that a child might be subject to CCE and at risk of involvement with serious violence:

- Persistently going missing from school or home and / or being found out-of-area;
- Unexplained acquisition of money, clothes, or mobile phones
- Excessive receipt of texts / phone calls
- Relationships with controlling / older individuals or groups
- Leaving home / care without explanation
- Suspicion of physical assault / unexplained injuries
- Parental concerns
- Carrying weapons
- Significant decline in school results / performance
- Gang association or isolation from peers or social networks
- Self-harm or significant changes in emotional well-being

#### Actions

If staff have a concern that a child is at risk of or is being criminally exploited, they should follow schools' procedures raising a concern for the DSL who may follow this up with discussion with Children's Social Services and/or the police. If staff are aware a crime has been committed, it should be reported directly to the police.

#### **Children exposed to Extremism and/or at risk of Radicalisation.**

Children who are vulnerable for any reason (could be as a result of domestic, economic, social or mental health difficulties, low self-esteem etc etc) are *also* at risk of radicalization by adults who look to exploit vulnerability. Disaffection also makes them candidates for involvement in extremist activity.

Although Columbia is a primary school many of our children have older siblings whose lead they want to follow and who may be affected themselves. Their local area of Bethnal Green has been a focus for extremist political activity for several decades.

The school adheres to guidance outlined in detail in The Prevent Duty (DFE 2015) and the DCSF document 'Learning together to be safe'. We draw on the strong support for this duty provided by LBTH, attending training and receiving training on-site from their provider.

Columbia School's values are threaded through everything we do and teach, and are intended to foster a climate in which tolerance, fairness and collaboration can thrive. We hope that this will help to immunize the children against the appeal of radicalization and extremism.

However, staff are alert to any signs of unusual behaviour, change of dress, attitude, demeanour or any talk which expresses sympathy for extremist views. These signs are additional to the universal signs of vulnerability for which staff and volunteers are always sensitive.

**Appendix 3** of this policy sets out the referral route for concerns which might indicate a child is at risk of radicalisation.

### **Homelessness**

Being homeless or at risk of homelessness is a real risk to a child's welfare. The DSL is aware of contact details and referral routes to the Local Housing Authority so they can raise concerns at the earliest opportunity. However, this does not replace a referral to children's social care where a child has been harmed or is at risk of harm.

Signed on behalf of the Governing Body:	
Position:	Date:
Approved in September 2021 by the Governing Body of Columbia School. To be reviewed in September 2022 unless any statutory documentation is published which supersedes this policy.	

## Appendix 1

### Definitions of abuse taken from London Child Protection Procedures, 6th edition:

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## 1.1 Concept of significant harm

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1.1.1 Some children are in need because they are suffering, or likely to suffer, significant harm. The [Children Act 1989](#) introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children, and gives local authorities a duty to make enquiries (Section 47) to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm.

A Court may only make a Care Order or Supervision Order in respect of a child if it is satisfied that:

- The child is suffering, or is likely to suffer, significant harm; and
- The harm, or likelihood of harm, is attributable to a lack of adequate parental care or control (Section 31).

In addition, Harm is defined as the ill treatment or impairment of health and development. This definition was clarified in section 120 of the Adoption and Children Act 2002 (implemented on 31 January 2005) so that it may include "impairment suffered from seeing or hearing the ill treatment of another" for example, where there are concerns of Domestic Abuse.

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1.1.2 There are no absolute criteria on which to rely when judging what constitutes significant harm. Consideration of the severity of ill-treatment may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, the extent of premeditation, and the presence or degree of threat, coercion, sadism and bizarre or unusual elements.

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1.1.3 Each of these elements has been associated with more severe effects on the child, and / or relatively greater difficulty in helping the child overcome the adverse impact of the maltreatment.

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- 1.1.4 Sometimes, a single traumatic event may constitute significant harm (e.g. a violent assault, suffocation or poisoning). More often, significant harm is a compilation of significant events, both acute and longstanding, which interrupt, change or damage the child's physical and psychological development.
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- 1.1.5 Some children live in family and social circumstances where their health and development are neglected. For them, it is the corrosiveness of long-term neglect, emotional, physical or sexual abuse that causes impairment to the extent of constituting significant harm.
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- 1.1.6 Sometimes 'significant harm' refers to harm caused by one child to another (which may be a single event or a range of ill treatment) and which is generally referred to as 'peer on peer abuse.'
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## 1.2 Early Help

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- 1.2.1 The local agencies in any area should have in place effective ways to identify emerging problems and potential unmet needs for individual children and families as well as clear guidance and procedures for all professionals. This includes professionals and volunteers in universal services and those providing services to adults with children. The professionals should be supported through training and supervision to understand their role in identifying emerging problems and sharing information with other professionals to assist with early identification and assessment such as through the Common Assessment Framework (CAF).

Effective early help relies upon local agencies working together to:

- Identify children and families who would benefit from early help;
  - Undertake an assessment of the need for early help; and
  - Provide targeted early help services to address the assessed needs of a child and their family which focuses on activity to significantly improve the outcomes for the child. Local authorities, under [section 10 of the Children Act 2004](#), have a responsibility to promote inter-agency cooperation to improve the welfare of children.
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1.2.2 Professionals should be alert to the potential need for early help for a child who:

- Is disabled and has specific additional needs;
- Has special educational needs(whether or not they have a statutory Education, Health and Care Plan);
- Is a young carer;
- Is showing signs of engaging in anti-social; or criminal behaviour, including gang involvement and association with organised crime groups;
- Is frequently missing/goes missing from care or from home;
- Is at risk of modern slavery, trafficking or exploitation [1];
- Is at risk of being radicalised or exploited;
- Is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse;
- Is misusing drugs or alcohol themselves;
- Has returned home to their family from care;
- Is a privately fostered child;
- Has a parent/carer in custody;
- Is in a family circumstance presenting challenges for the child such as substance misuse, adult mental health problems or domestic abuse;
- Is showing early signs of abuse or neglect.

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1.2.3 Professionals working in universal services have a responsibility to identify the symptoms and triggers of abuse and neglect including new and emerging threats, including online abuse, grooming, sexual exploitation and radicalisation, to share that information and work together to provide children with the support they need.

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1.2.4 Every local safeguarding children partnership [2] should publish and disseminate a threshold document, such as the [London Threshold Document](#) that includes:

- The process for the early help assessment and the type of early help services to be provided;
- The criteria, including the level of need, for when a child should be referred to the LA children's social care for assessment and for statutory services under:
  - Section 17 of the Children Act 1989 (children in need)
  - Section 47 of the Children Act 1989 (safeguarding)
  - Section 31 of the Children Act 1989 (care proceedings)
  - Section 20 of the Children Act 1989 (duty to accommodate a child).

The Threshold Continuum of need document is a tool to assist practitioners in their decision making in relation to referrals and assessments.

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[1] [National Referral Mechanism Digital Referral System: Report Modern Slavery](#)

[2] The Children and Social Work Act 2017 replaces the requirement for each local area to establish a Local Safeguarding Children Partnership (LSCP) with the establishment of a safeguarding partnership. Details of the local arrangements for each area were published in June 2019. The name of the partnership may vary from area to area. Part B10 of the London Procedures (LSCPs) is currently being reviewed to reflect these changes.

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## 1.3 Definitions of child abuse and neglect

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As defined in 'Working Together to Safeguard Children' 2018 and 'Keeping Children Safe in Education' September 2018:

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### Abuse

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

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### Physical abuse

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- 1.3.2 Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child.

Physical harm may also be caused when a parent fabricates the symptoms of, or deliberately induces illness in a child; see [Fabricated or Induced Illness Procedure](#).

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### Emotional abuse

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1.3.3 Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent effects on the child's emotional development, and may involve:

- Conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person;
- Imposing age or developmentally inappropriate expectations on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction;
- Seeing or hearing the ill-treatment of another e.g. where there is domestic abuse;
- Serious bullying, causing children frequently to feel frightened or in danger;
- Exploiting and corrupting children.

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

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## Sexual abuse

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1.3.4 Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (e.g. rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.

1.3.5 Sexual abuse includes non-contact activities, such as involving children in looking at, including online and with mobile phones, or in the production of pornographic materials, watching sexual activities or encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

1.3.6 In addition; Sexual abuse includes abuse of children through sexual exploitation. Penetrative sex where one of the partners is under the age of 16 is illegal, although prosecution of similar age, consenting partners is not usual. However, where a child is under the age of 13 it is classified as rape under s5 [Sexual Offences Act 2003](#). See [Part B1, Practice Guidance](#).

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## Neglect

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1.3.7 Neglect is the persistent failure to meet a child's basic physical and / or psychological needs, likely to result in the serious impairment of the child's health or development.

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1.3.8 Neglect may occur during pregnancy as a result of maternal substance misuse, maternal mental ill health or learning difficulties or a cluster of such issues. Where there is domestic abuse and violence towards a carer, the needs of the child may be neglected.

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1.3.9 Once a child is born, neglect may involve a parent 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);
  - Ensure access to appropriate medical care or treatment.
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1.3.10 It may also include neglect of, or unresponsiveness to, a child's basic emotional, social and educational needs.

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1.3.11 Included in the four categories of child abuse and neglect above, are a number of factors relating to the behaviour of the parents and carers which have significant impact on children such as domestic abuse. Research analysing Serious Case Reviews has demonstrated a significant prevalence of domestic abuse in the history of families with children who are subject of Child Protection Plans. Children can be affected by seeing, hearing and living with domestic abuse as well as being caught up in any incidents directly, whether to protect someone or as a target. It should also be noted that the age group of 16 and 17 year olds have been found in recent studies to be increasingly affected by domestic abuse in their peer relationships.

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1.3.12 The Home Office definition of Domestic violence and abuse was updated in May 2018 as:

"Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:

- Psychological;
  - Physical;
  - Sexual;
  - Financial;
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- 
- Emotional."
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1.3.13 **Controlling behaviour is:** a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

**Coercive behaviour is:** an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim."

In addition Working Together to Safeguard Children has introduced the concept of Contextual Safeguarding which recognises that as well as threats to the welfare of children from within their families, children may be vulnerable to abuse or exploitation from 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: exploitation by criminal gangs and organised crime groups such as county lines; trafficking, online abuse; sexual exploitation and the influences of extremism leading to radicalisation.

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## 1.4 Potential risk of harm to an unborn child

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1.4.1 In some circumstances, agencies or individuals are able to anticipate the likelihood of significant harm with regard to an expected baby (e.g. domestic abuse, parental substance misuse or mental ill health).

1.4.2 These concerns should be addressed as early as possible before the birth, so that a full assessment can be undertaken and support offered to enable the parent/s (wherever possible) to provide safe care.

See [Referral and Assessment Procedure, Pre-birth](#) and [Pre-birth conference](#).

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Listening to the child

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1.5.9 Whenever a child reports that they are suffering or have suffered significant harm through abuse or neglect, or have caused or are causing physical or sexual harm to others, the initial response from all professionals should be limited to listening carefully to what the child says to:

- Clarify the concerns;
- Offer re-assurance about how the child will be kept safe;
- Explain what action will be taken and within what timeframe.

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1.5.10 The child must not be pressed for information, led or cross-examined or given false assurances of absolute confidentiality, as this could prejudice police investigations, especially in cases of sexual abuse.

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1.5.11 If the child can understand the significance and consequences of making a referral to LA children's social care, they should be asked their view.

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1.5.12 However, it should be explained to the child that whilst their view will be taken into account, the professional has a responsibility to take whatever action is required to ensure the child's safety and the safety of other children.

## **Signs and symptoms of abuse taken from London Child Protection Procedures, 5th edition:**

### **4.3 Recognition of abuse and neglect**

4.3.1 The factors described below are frequently found in cases of child abuse or neglect. Their presence is not proof that abuse has occurred, but:

- Must be regarded as indicators of the possibility of significant harm;
- Indicates a need for careful assessment and discussion with the agency's nominated child protection person;
- May require consultation with and/or referral to the LA children's social care and / or the police.

4.3.2 The absence of such indicators does not mean that abuse or neglect has not occurred.

4.3.3 In an abusive relationship the child may:

- Appear frightened of the parent;
- Act in a way that is inappropriate to their age and development.

4.3.4 The parent may:

- Persistently avoid routine child health services and/or treatment when the child is ill;
- Have unrealistic expectations of the child;

- Frequently complain about / to the child and may fail to provide attention or praise (high criticism / low warmth environment);
- Be absent or leave the child with inappropriate carers;
- Have mental health problems which they do not appear to be managing;
- Be misusing substances;
- Persistently refuse to allow access on home visits;
- Persistently avoid contact with services or delay the start or continuation of treatment;
- Be involved in domestic violence;
- Fail to ensure the child receives an appropriate education.

4.3.5 Professionals should be aware of the potential risk of harm to children when individuals (adults or children), previously known or suspected to have abused children, move into the household.

### **Recognising physical abuse**

4.3.6 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 parent/s 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);
- Frequent use of different doctors and accident and emergency departments;
- Reluctance to give information or mention previous injuries.

### ***Bruising***

4.3.7 Children can have accidental bruising, but the following must be considered as indicators of harm unless there is evidence or an adequate explanation provided. Only a paediatric view around such explanations will be sufficient to dispel concerns listed below:

- Any bruising to a pre-crawling or pre-walking baby;
- Bruising in or around the mouth, particularly in small babies which may indicate force feeding;
- Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive);
- Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally;
- Variation in colour possibly indicating injuries caused at different times;
- The outline of an object used (e.g. belt marks, hand prints or a hair brush);
- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting;
- Bruising around the face;
- Grasp marks on small children;
- Bruising on the arms, buttocks and thighs may be an indicator of sexual abuse.

### ***Bite marks***

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

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

### ***Burns and scalds***

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

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

- Burns of uniform depth over a large area;
- Scalds that have a line indicating immersion or poured liquid (a child getting into hot water of its own accord will struggle to get out and cause splash marks);
- Old scars indicating previous burns / scalds which did not have appropriate treatment or adequate explanation.

4.3.11 Scalds to the buttocks of a small child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

### **Fractures**

4.3.12 Fractures may cause pain, swelling and discolouration over a bone or joint, and loss of function in the limb or joint.

4.3.13 Non-mobile children rarely sustain fractures.

4.3.14 There are grounds for concern if:

- The history provided is vague, non-existent or inconsistent with the fracture type;
- There are associated old fractures;
- Medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement;
- There is an unexplained fracture in the first year of life.

### **Scars**

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

### **Recognising emotional abuse**

4.3.16 Emotional abuse may be difficult to recognise, as the signs are usually behavioural rather than physical.

4.3.17 The indicators of emotional abuse are often also associated with other forms of abuse.

Professionals should therefore be aware that emotional abuse might also indicate the presence of other kinds of abuse.

4.3.18 The following may be indicators of emotional abuse:

- Developmental delay;
- Abnormal attachment between a child and parent (e.g. anxious, indiscriminate or no attachment);
- Indiscriminate attachment or failure to attach;
- Aggressive behaviour towards others;
- Appeasing behaviour towards others;
- Scapegoated within the family;
- Frozen watchfulness, particularly in pre-school children;
- Low self esteem and lack of confidence;
- Withdrawn or seen as a 'loner' – difficulty relating to others.

### **Recognising sexual abuse**

4.3.19 Sexual abuse can be very difficult to recognise and reporting sexual abuse can be an extremely traumatic experience for a child. Therefore both identification and disclosure rates are deceptively low.

4.3.20 Boys and girls of all ages may be sexually abused and are frequently scared to say anything due to guilt and / or fear. According to a recent study three-quarters (72%) of sexually abused children did not tell anyone about the abuse at the time. Twenty-seven percent of the children told someone later, and around a third (31%) still had not told anyone about their experience/s by early adulthood.

4.3.21 If a child makes an allegation of sexual abuse, it is very important that they are taken seriously. Allegations can often initially be indirect as the child tests the professional's response. There may be no physical signs and indications are likely to be emotional / behavioural.

4.3.22 Behavioural indicators which may help professionals identify child sexual abuse include:

- Inappropriate sexualised conduct;
- Sexually explicit behaviour, play or conversation, inappropriate to the child's age;
- Contact or non-contact sexually harmful behaviour;
- Continual and inappropriate or excessive masturbation;
- Self-harm (including eating disorder), self-mutilation and suicide attempts;
- Involvement in sexual exploitation or indiscriminate choice of sexual partners;
- An anxious unwillingness to remove clothes for e.g. sports events (but this may be related to cultural norms or physical difficulties).

4.3.23 Physical indicators associated with child sexual abuse include:

- Pain or itching of genital area;
- Blood on underclothes;
- Pregnancy in a child;
- Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing.

4.3.24 Sex offenders have no common profile, and it is important for professionals to avoid attaching any significance to stereotypes around their background or behaviour. While media interest often focuses on 'stranger danger', research indicates that as much as 80 per cent of sexual offending occurs in the context of a known relationship, either family, acquaintance or colleague.

### **Recognising neglect**

4.3.25 It is rare that an isolated incident will lead to agencies becoming involved with a neglectful family. Evidence of neglect is built up over a period of time. Professionals should therefore compile a chronology and discuss concerns with any other agencies which may be involved with the family, to establish whether seemingly minor incidents are in fact part of a wider pattern of neglectful parenting.

4.3.26 When working in areas where poverty and deprivation are commonplace professionals may become desensitised to some of the indicators of neglect. These include:

- Failure by parents or carers to meet essential physical needs (e.g. adequate or appropriate food, clothes, warmth, hygiene and medical or dental care);
- Failure by parents or carers to meet essential emotional needs (e.g. to feel loved and valued, to live in a safe, predictable home environment);
- 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 inappropriate carers (e.g. too young, complete strangers);
- Child left with adults who are intoxicated or violent;
- Child abandoned or left alone for excessive periods.

4.3.27 Disabled children and young people can be particularly vulnerable to neglect

4.3.28 Although neglect can be perpetrated consciously as an abusive act by a parent, it is rarely an act of deliberate cruelty. Neglect is usually defined as an omission of care by the child's parent, often due to one or more unmet needs of their own. These could include domestic violence (see section 5.11), mental health issues (see section 5.29), learning disabilities (see section 5.30), substance misuse (see section 5.31), or social isolation / exclusion (see section 5.1.1 to 5.1.4), this list is not

exhaustive. While offering support and services to these parents, it is crucial that professionals maintain a clear focus on the needs of the child

### **Radicalisation or Extremism**

4.3.29 Any member of staff with concerns about a student's vulnerability to extremism or risk of radicalisation should make clear written record of concerns they have heard and/or witness.

4.3.30 There may be a wide range of signs for radicalisation or extremism. These may be through the following:

- Showing sympathy for extremist causes
- Glorifying violence
- Evidence of possessing illegal or extremist literature/videos
- Advocating messages similar to extreme organisations
- Changes in behaviour, dress, social groups, interests

### **Female Genital Mutilation**

Warning signs that FGM may be about to take place, or may have already taken place, can be found in Annex B pages 30-41 of the Multi-Agency Statutory Guidance on Female Genital Mutilation.

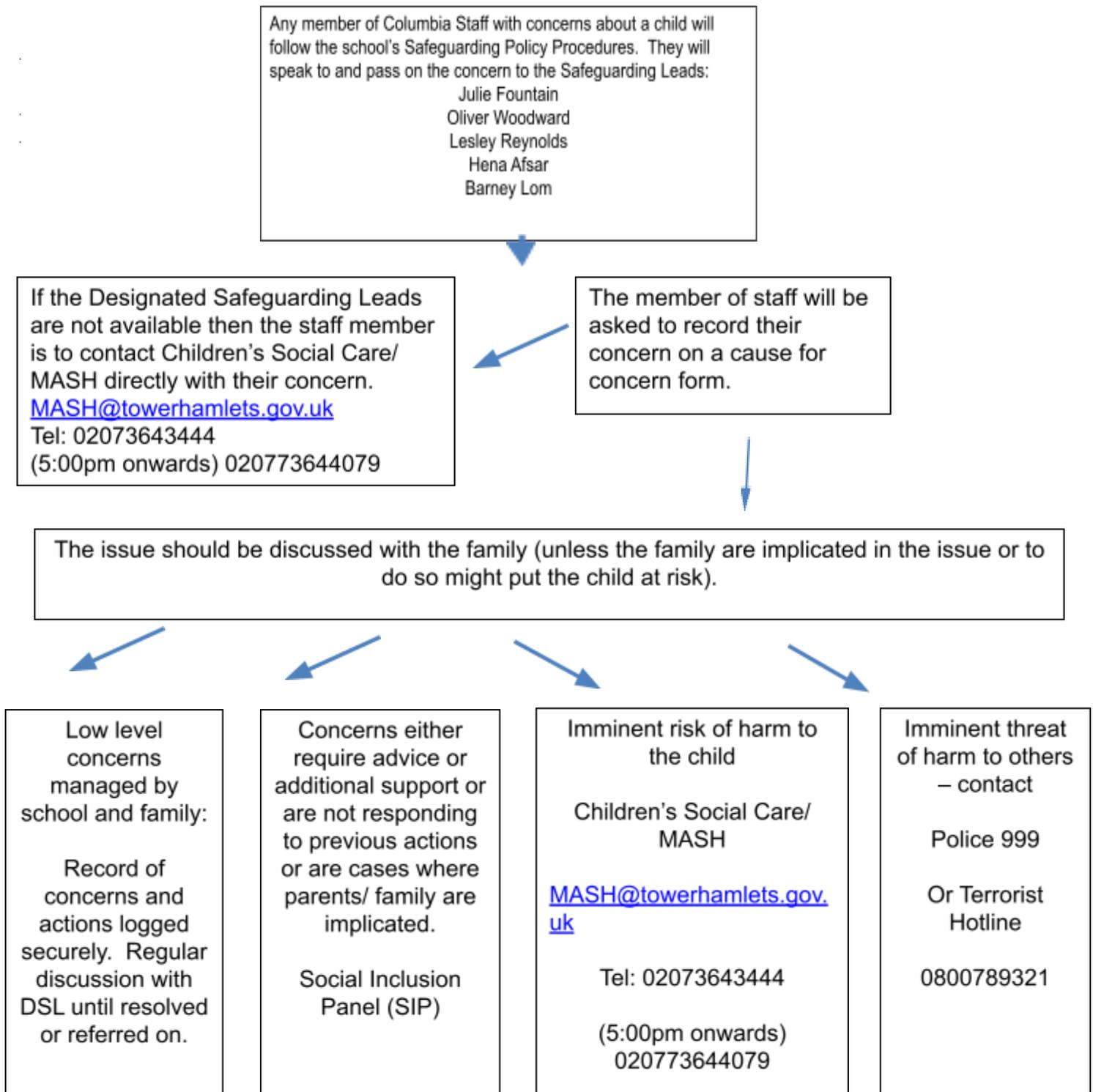
## Appendix 2

### Eight Golden Rules for Information Sharing

- Remember that GDPR is not a barrier to sharing information but provides a framework to ensure that personal information about living persons is shared appropriately.
- If there are concerns that a child may be at risk of significant harm or an adult at risk of serious harm, then it is your duty to follow the relevant procedures without delay. Seek advice if you are not sure what to do at any stage and ensure that the outcome of the discussion is recorded.
- Be open and honest with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
- Seek advice if you are in any doubt, without disclosing the identity of the person where possible.
- Share with consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You should go ahead and share information without consent if, in your judgement, that lack of consent can be overridden in the public interest, or where a child is at risk of significant harm. You will need to base your judgement on the facts of the case.
- Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.
- Necessary, proportionate, relevant, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.
- Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

### Appendix 3

#### Referral route for child protection concerns related to Radicalisation or Extremism



# **UNIVERSAL EARLY PREVENT INTERVENTIONS PREVENT -TARGETED WORK WITH THOSE AT RISK**

## **SPECIALIST INTERVENTIONS WITH YOUNG PEOPLE ALREADY ENGAGED IN VIOLENT EXTREMISM**

Work on community cohesion, tolerance and anti-violence addressed throughout curriculum.

Alternative positive narratives.

Open discussion and debate of issues and the law in a supportive environment.

Critical appraisal of sources / internet resilience / propaganda – all subjects

Citizenship programmes – British Values

Social and Emotional Aspects of Learning

Anti-bullying work including homophobia and violence against women.

Rewarding positive behaviour

Pastoral and induction support

Positive in and out of school hours programmes

Access to youth clubs and holiday programmes

Opportunities for channelling positive engagement e.g. charities / community work

Parenting programmes to ensure consistent messages between home and school.

Work on safety, risk and crime prevention

**If concerns are serious or persist then refer to the Social Inclusion Panel which will advise and oversee the programme**

**– if in doubt REFER!**

Intensive Family Support Programmes

Family Therapy / CAMHS programmes

Police Prevent team support

Targeted Youth Support

YISP crime prevention programmes

Focussed theological / educational programmes

Parenting programmes with PVE element

Links with relevant voluntary or religious organisations

Support from school attached police officer

1 to 1 or group counselling

Behaviour support / anger management programmes

Attendance support

Positive activities in and out of school

Positive buddying programmes

Increased adult support, supervision and encouragement

**If there are concerns, start with an individual CAF action plan and work with Parents to create a diversionary programme.**

Youth Offending Team, Social Care and the Police with multi-agency support