The Rydal Academy
Child Protection and Safeguarding Policy

Accepted by: The Rydal Academy LGB January 2018
Approving Body : Local Governing Body
Committee : LGB
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C O N T E N T S

1. INTRODUCTION

Safeguarding and promoting the welfare of children is defined as:-

- Protecting children from maltreatment
- Preventing impairment of children's health or development
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
- And taking action to enable all children to have the best life chances

This Child Protection Policy forms part of a suite of documents and policies which relate to the safeguarding responsibilities of the school.

In particular, this policy should be read in conjunction with the school's:

Recruitment and selection policy
Behaviour Policy
Anti-Bullying Policy
Attendance Procedures including children who go missing from education.
E-safety policy
Physical Restraint Policy
Records Management Policy
Health and Safety Policy
Data Protection Policy
Whistle blowing policy
Staff code of conduct

Purpose of a Child Protection Policy	To inform staff, parents, volunteers and governors about the school's responsibilities for safeguarding children. To enable everyone to have a clear understanding of how these responsibilities should be carried out. The school follows the procedures established by the **Darlington Local Safeguarding Children's Board (LSCB) Multi-agency Child Protection and Safeguarding Children Procedures.**
Mission Statement	Establish and maintain an environment where children feel secure, are encouraged to talk, and are listened to when they have a worry or concern. Establish and maintain an environment where school staff and volunteers feel safe, are encouraged to talk and are listened to when they have concerns about the safety and well-being of a child. Ensure children know that there are adults in the school whom they can approach if they are worried. Ensure that children who have been abused will be supported in line with a child protection plan, where deemed necessary. Include opportunities in the social curriculum for children to develop the skills they need to recognise and stay safe from abuse. Contribute to children's wellbeing by ensuring they are healthy, stay safe, enjoy and achieve and make a positive contribution.
Implementation, Monitoring and Review of the Child Protection Policy	The policy will be reviewed annually by the governing body. It will be implemented through the school's induction and training programme, and as part of day to day practice. Compliance with the policy will be monitored by the Designated Safeguarding Lead and through staff performance measures.

2. STATUTORY FRAMEWORK

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

- The Children Act 2004
- Education Act 2002 (section 175)
- Darlington's Local Safeguarding Children Board (LSCB) Child Protection and Safeguarding Children Procedures
- Working Together to Safeguard Children – 2018
- Keeping children safe in Education –Statutory Guidance September 2018
- Section 5B of the Female genital Mutilation act 2003 which is part of the Serious Crime Act 2015
- Section 26 of the Counter-Terrorism and Security Act 2015-known as the Prevent Duty

Working Together to Safeguard Children, requires all schools to follow the procedures for protecting children from abuse which are established by the Darlington's Safeguarding Children Board.

Schools are also expected to ensure that they have appropriate procedures in place for responding to situations in which they believe that a child has been abused or are at risk of abuse - these procedures should also cover circumstances in which a member of staff is accused of, or suspected of, abuse.

Keeping children safe in education places the following responsibilities on all schools:

- Schools should be aware of and follow the procedures established by the Darlington Safeguarding Children Board
- Staff should be alert to signs of abuse and know to whom they should report any concerns or suspicions
- Schools should have procedures (of which all staff are aware) for handling suspected cases of abuse of pupils, including procedures to be followed if a member of staff is accused of abuse, or suspected of abuse
- A Designated Senior Person should have responsibility for co-coordinating action within the school and liaising with other agencies
- Staff with designated responsibility for child protection should receive appropriate training
- To have appropriate procedures and responses in place for children who go missing from education (CME), particularly on repeat occasions.
- To be alert to the possibility of a girl being at risk of female genital mutilation (FGM) or already having suffered FGM.- (mandatory reporting October 2015)
- To protect children from the risk of radicalisation and extremism.

3. THE DESIGNATED SAFEGUARDING LEAD

The Designated Safeguarding Lead for Child Protection in this school is:

NAME: **Mrs J Thurland** – Designated Safeguarding Lead (DSL)

A Deputy DSL should be appointed to act in the absence/unavailability of the DSL.

The Deputy Designated Persons for Child Protection in this school are:
1.**Mrs S Alexander**– Pastoral Support
2.**Mrs A Galey**-Assistant Head Teacher/Pastoral Lead
3.**Mr Armitage**-Head teacher
4.**Mrs Turnbull-**Deputy Head teacher

It is the role of the Designated Safeguarding Lead for Child Protection to:

- Ensure that he/she receives refresher training at two yearly intervals to keep his or her knowledge and skills up to date
- Ensure that all staff who work with children undertake appropriate training to equip them to carry out their responsibilities for safeguarding children effectively and that this is kept up to date by refresher training annually.
- Ensure that new staff receive a safeguarding children induction within 7 working days of commencement of their contract
- Ensure that temporary staff and volunteers are made aware of the school's arrangements for safeguarding children within 7 working days of their commencement of work.
- Ensure that the school operates within the legislative framework and recommended guidance
- Ensure that all staff and volunteers are aware of the LSCB Inter-agency Child Protection and Safeguarding Children Procedures and any other relevant local guidance.
- Ensure that the Head teacher is kept fully informed of any concerns
- Develop effective working relationships with other agencies and services
- Decide upon the appropriate level of response to specific concerns about a child e.g. discuss with parents, offer an assessment under the Early Help Framework, referral to the Team Around the School process or refer to services such as Child, adolescent and mental health (CAMHs) or Darlington Social care, housing, family support.
- Liaise and work with Children's Services: Safeguarding and Specialist Services over suspected cases of child abuse
- Ensure that accurate safeguarding records relating to individual children are kept separate from the academic file in a secure place and are passed securely should the child transfer to a new provision
- Submit reports to and ensure the school's attendance at child protection conferences and contribute to decision making and delivery of actions planned to safeguard the child. Share these reports with parents.
- Ensure that the school effectively monitors children about whom there are concerns, including notifying Children's Services: Safeguarding and Specialist Services when there is an unexplained absence of more than two days for a child who is the subject of a child protection plan
- Provide guidance to parents, children and staff about obtaining suitable support
- Discuss with parents the role of the DSL and the role of safeguarding in the school. Make parents aware of the safeguarding procedures used and how to access the child protection policy.

Supervision

The nature of the role can mean that members of the Safeguarding Team require further support in order to deal with the possible physiological demands of the role. As such, this is support is given via:

- Internal peer support through fortnightly Safeguarding meetings
- Wider peer support through regular liaison with Safeguarding teams via Darlington Safeguarding Meetings
- In some circumstances further support, supervision and counselling may be signposted and sourced sometimes on the advice of Joanna Conway Education Safeguarding Officer, Darlington Borough Council

4. THE GOVERNING BODY

The Governing Body has overall responsibility for ensuring that there are sufficient measures in place to safeguard the children in their establishment. It is recommended that a nominated governor for child protection is appointed to take lead responsibility.

The nominated governor for child protection is:

NAME : **Mark Gray** – Vice Chair of Governors

In particular, the Governing Body must ensure:

- Child protection policy and procedures are in place
- Safe recruitment procedures are upheld
- Appointment of a DSL who is a senior member of school leadership team
- Relevant safeguarding children training for school staff/volunteers is attended
- Safe management of allegations
- Deficiencies or weaknesses in safeguarding arrangements are remedied without delay
- A member of the Governing Body (usually the Chair) is nominated to be responsible in the event of an allegation of abuse being made against the Head Teacher
- Safeguarding policies and procedures are reviewed annually and information provided to the local authority about them and about how the above duties have been discharged

5. SCHOOL PROCEDURES - STAFF RESPONSIBILITIES

If any member of staff is concerned about a child, he or she must inform the Designated Safeguarding Lead.

The member of staff must record information regarding the concerns on the same day. The recording must be a clear, precise, factual account of the observations. Record on the school's CPOMs (child protection on line monitoring service) or on a school cause for concern form if you do not have access to CPOMs.

The Designated Safeguarding Lead will decide whether the concerns should be referred to Children's Services. If it is decided to make a referral to the Children's Access Point (CAP) this will be discussed with the parents, unless to do so would place the child at further risk of harm.

Particular attention will be paid to the attendance and development of any child about whom the school has concerns, or who has been identified as being the subject of a child protection plan or a Child in Need plan and records will be kept.

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

The Designated Safeguarding Lead is responsible for making the senior leadership team aware of trends in behaviour that may affect pupil welfare. If necessary, training will be arranged.

Where reasonably possible, we will ensure that we hold more than one emergency contact number for each pupil.

The use of 'reasonable force'

The term 'reasonable force' covers a broad range of actions that involve varying degrees of physical contact to control or restrain a child. It is down to the professional judgement of the staff concerned and the individual circumstances that will inform whether or not to use reasonable force.
By planning positive and proactive behaviour support and drawing up individual behaviour plans, school will reduce the occurrence of challenging behaviours which will in turn minimise the use of reasonable force for all children including those with SEND.

6. WHEN TO BE CONCERNED

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

- Physical abuse
- Emotional abuse
- Sexual abuse
- Neglect

And specific safeguarding issues:

- Honour based violence including Female genital mutilation, forced marriage, breast ironing
- Children Missing from Education
- Radicalisation and extremism
- Self-harm-including eating disorders
- Child sexual exploitation
- Peer on peer abuse
- Children with SEND

Annex A of KCSIE contains important additional information about specific forms of abuse and safeguarding issues

Keeping children safe from these risks is a safeguarding matter and should be approached in the same way as safeguarding children from any other risks.

All staff and volunteers should be concerned about a child if he/she presents with indicators of possible significant harm – **see Appendix 1 and KCSIE part 1 and annex A**

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/707688/Keeping_Children_Safe_in_Education_-_Part_1_-_September_2018.pdf

It is important to remember that those who abuse children can be of any age, gender, ethnic group or background and it is important not to allow personal preconceptions to prevent recognition or action taking place.

Generally, in an abusive relationship the child may:

- Appear frightened of the parent/s or other household members e.g. siblings or others outside of the home
- Act in a way that is inappropriate to her/his age and development
  (full account needs to be taken of different patterns of development and different ethnic groups)
- Display insufficient sense of 'boundaries', lack stranger awareness
- Appear wary of adults and display 'frozen watchfulness'

The Department for Education has produced advice 'What to do if you are worried a child is being abused - Advice for practitioners' to help practitioners identify child abuse and neglect and take appropriate action in response.

7. DEALING WITH A DISCLOSURE

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

- Listen to what is being said without displaying shock or disbelief
- Accept what is being said
- Allow the child to talk freely
- Reassure the child, but not make promises which it might not be possible to keep
- Not promise confidentiality – it might be necessary to refer to Children's Services
- Reassure him or her that what has happened is not his or her fault
- Stress that it was the right thing to tell
- Listen, only asking questions when necessary to clarify
- Not criticise the alleged perpetrator
- Explain what has to be done next and who has to be told
- Make a written record (refer to record keeping)
- Pass the information to the Designated Safeguarding Lead without delay

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

Should any member of staff, parent or member of the public have a safeguarding concern and do not wish to contact the DSL or the school directly, they should contact Children's Access Point (CAP) 01325-406222 childrensaccesspoint@darlington.gcsx.gov.uk
The C.A.P is open: Monday – Thursday: 8:30am – 5pm Friday: 8:30am – 4:30pm
Emergency Duty Team 08702 402994

8. CONFIDENTIALITY

Safeguarding children raises issues of confidentiality that must be clearly understood by all staff/volunteers in schools.

- All staff in schools, both teaching and non-teaching staff, have a responsibility to share relevant information about the protection of children with other professionals, particularly the investigative agencies-Children's Access Point, the Multi Agency safeguarding Hub (MASH) and/or police.
- If a child confides in a member of staff/volunteer and requests that the information is kept secret, it is important that the member of staff/volunteer tell the child in a manner appropriate to the child's age/stage of development that they cannot promise complete confidentiality – instead they must explain that they may need to pass information to other professionals to help keep the child or other children safe.
- Staff/volunteers who receive information about children and their families in the course of their work should share that information only within appropriate professional contexts.

9. COMMUNICATION WITH PARENTS

The Rydal Academy will:

Undertake appropriate discussion with parents prior to involvement of another agency unless to do so would place the child at further risk of harm.

Ensure that parents have an understanding of the responsibilities placed on the school and staff for safeguarding children.

10. RECORD KEEPING

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

- Make brief notes as soon as possible after the conversation. Record on the school CPOMS or a school 'Cause for Concern' (pro-forma available electronically in the 'Staff' area 'Safeguarding procedures' folder) if you are not a member of teaching or administration staff.
- Not destroy the original notes in case they are needed by a court
- Record the date, time, place and any noticeable non-verbal behaviour and the words used by the child
- Record on CPOMS body map to indicate the position of any injuries or draw a diagram on the cause for concern.
- Record statements and observations rather than interpretations or assumptions

All records need to be given to the Designated Safeguarding Lead promptly. No copies should be retained by the member of staff or volunteer.

The Designated Safeguarding Lead will ensure that all safeguarding records are managed in accordance with the Education (Pupil Information) (England) Regulations 2005 and the school's Record Management and Data Protection policies.

11. ALLEGATIONS INVOLVING SCHOOL STAFF/VOLUNTEERS

An allegation is any information which indicates that a member of staff/volunteer may have:

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

This applies to any child the member of staff/volunteer has contact within their personal, professional or community life.

Whistle Blowing

At The Rydal Academy we recognise that children cannot be expected to raise concerns in an environment where staff fail to do so.

All staff should be aware of their duty to raise concerns, where they exist, about the management of child protection, which may include the attitude or actions of colleagues.

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

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

If the concerns are about the Head teacher, then the Chair of Governors should be contacted. The Chair of Governors in this school is:
NAME: **Hazel Bullock** and can be contacted via the school on 01325 380784 or **officeadmin@rydal.swiftacademies.org.uk**

In the absence of the Chair of Governors, the Vice Chair should be contacted. The Vice Chair in this school is:
NAME: **Mark Gray** and can be contacted via the school on 01325 380784 or **officeadmin@rydal.swiftacademies.org.uk**

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

The Head teacher will not investigate the allegation itself, or take written or detailed statements, but will assess whether it is necessary to refer the concern to the Designated Officer.
Designated Officers - sit within the LSCB Business Unit
Carol Glasper 01325 406459

If the allegation meets any of the three criteria set out at the start of this section, contact should always be made with the Designated Officer without delay.

If it is decided that the allegation meets the threshold for safeguarding, this will take place in accordance with the Darlington Safeguarding Children Board multi-agency Child Protection and Safeguarding Children Procedures.

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

The Headteacher should, as soon as possible, **following briefing** from the Designated Officer inform the subject of the allegation.

Safe Working Practice

To reduce the risk of allegations, all staff should be aware of safer working practice and should be familiar with the guidance contained in the staff code of conduct or Government document '*Guidance for Safer Working Practice for Adults who work with Children and Young People in Education Settings*'.

All adults who work with and on behalf of pupils are accountable for the way in which they exercise authority, manage risk, use resources and safeguard pupils. In order to do this, we must attempt to follow basic advice listed below:

- Ensure confidentiality-be clear about what information can be shared and in what circumstances it is appropriate to do so.
- Maintain privacy outside of school and be mindful of placing yourself in vulnerable situations.
- Ensure that you have the appropriate business insurance for transporting pupils.
- Only give personal contact details with consent from a senior leader. Always try to use school contact details when on excursions.
- Notify a senior leader of any gifts received that may be misconstrued.
- No secret social contact with pupils
- Maintain appropriate boundaries in contact with pupils (see physical restraint policy)

Staff should be particularly aware of the professional risks associated with the use of electronic communication (e-mail, mobile phones, texting, social network sites) and should familiarise themselves with the school's E-Safety policy.

For further information see:
LSCB Safeguarding Children Procedures on line at www.darlington.gov.uk/lscb
-Professional/volunteers - Managing Allegations and the school's Whistle blowing Policy.

12. THE PREVENT DUTY

The Counter Terrorism and Security Act 2015 requires school to have "due regard to the need to prevent people from being drawn into terrorism."
School needs to:

- Carry out a risk assessment
- Ensure there are appropriate on line filtering systems in place and equip children to stay safe on line in and out of school.
- Ensure that internet safety is embedded in the curriculum.
- Protecting children from the risk of radicalisation needs to be an integral part of the school's wider safeguarding duties.
- Build pupil's resilience to radicalisation by enabling them to challenge extremist views.
- Provide a safe space in which children can understand the risks associated with terrorism and develop knowledge and skills to challenge extremist arguments.
- Enable pupils to resist pressure by encouraging resilience, determination, self-esteem and confidence.

If you have a concern:
Follow normal safeguarding procedures

- Report to the Designated Safeguarding Lead or SPOC (specific Point of Contact) for Prevent. In both cases this is **Mrs Jo Thurland**
- The SPOC will refer to Children's Access Point (CAP)
- The case may be referred to the CHANNEL programme to offer specific support and manage the risks-this is entirely voluntary-
  CHANNEL Panel Chair-Jo Benson, Head of Youth Offending Services 01325-406791.

For Further information:
D of E dedicated helpline:02073407264
Counter.extremism@education.gsi.gov.uk
To report illegal information, pictures, video on the internet:www.gov.uk/report-terrorism
Anti-terrorism hotline 0800789321

APPENDIX 1 - INDICATORS OF HARM

PHYSICAL ABUSE

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

Indicators in the child

Bruising

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

- Bruising in or around the mouth
- Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive)
- Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally, for example the back, mouth, cheek, ear, stomach, chest, under the arm, neck, genital and rectal areas
- Variation in colour possibly indicating injuries caused at different times
- The outline of an object used e.g. belt marks, hand prints or a hair brush

- Linear bruising at any site, particularly on the buttocks, back or face
- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting
- Bruising around the face
- Grasp marks to the upper arms, forearms or leg
- Petechae haemorrhages (pinpoint blood spots under the skin.) Commonly associated with slapping, smothering/suffocation, strangling and squeezing

Fractures

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

If the child is not using a limb, has pain on movement and/or swelling of the limb, there may be a fracture. There are grounds for concern if:

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

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

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

Mouth Injuries

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

Poisoning

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

Fabricated or Induced Illness

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

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

- Low self esteem
- Poor quality or no relationships with peers because social interactions are restricted
- Poor attendance at school and under-achievement

Bite Marks

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

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

Burns and Scalds

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

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

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

The following points are also worth remembering:

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

Scars

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

Emotional/behavioural presentation

Refusal to discuss injuries
Admission of punishment which appears excessive
Fear of parents being contacted and fear of returning home
Withdrawal from physical contact
Arms and legs kept covered in hot weather
Fear of medical help
Aggression towards others
Frequently absent from school

An explanation which is inconsistent with an injury
Several different explanations provided for an injury

Indicators in the parent

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

Indicators in the family/environment

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

EMOTIONAL ABUSE

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

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

overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction.

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

Indicators in the child

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

Indicators in the parent

Domestic abuse, adult mental health problems and parental substance misuse may be features in families where children are exposed to abuse.
Abnormal attachment to child e.g. overly anxious or disinterest in the child
Scapegoats one child in the family
Imposes inappropriate expectations on the child e.g. prevents the child's developmental exploration or learning, or normal social interaction through overprotection.

Wider parenting difficulties, may (or may not) be associated with this form of abuse.

Indicators of in the family/environment

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

NEGLECT

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

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

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

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

Indicators in the child

Physical presentation

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

Development

General delay, especially speech and language delay

Inadequate social skills and poor socialization

Emotional/behavioural presentation

Attachment disorders

Absence of normal social responsiveness

Indiscriminate behaviour in relationships with adults

Emotionally needy

Compulsive stealing

Constant tiredness

Frequently absent or late at school

Poor self esteem

Destructive tendencies

Thrives away from home environment

Aggressive and impulsive behaviour

Disturbed peer relationships

Self harming behaviour

Indicators in the parent

Dirty, unkempt presentation

Inadequately clothed

Inadequate social skills and poor socialisation

Abnormal attachment to the child .e.g. anxious

Low self esteem and lack of confidence

Failure to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene

Failure to meet the child's health and medical needs e.g. poor dental health; failure to attend or keep appointments with health visitor, GP or hospital; lack of GP registration; failure to seek or comply with appropriate medical treatment; failure to address parental substance misuse during pregnancy

Child left with adults who are intoxicated or violent

Child abandoned or left alone for excessive periods

Wider parenting difficulties, may (or may not) be associated with this form of abuse

Indicators in the family/environment

History of neglect in the family

Family marginalised or isolated by the community.

Family has history of mental heath, alcohol or drug misuse or domestic violence.

History of unexplained death, illness or multiple surgery in parents and/or siblings of the family

Family has a past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

Dangerous or hazardous home environment including failure to use home safety equipment; risk from animals

Poor state of home environment e.g. unhygienic facilities, lack of appropriate sleeping arrangements, inadequate ventilation (including passive smoking) and lack of adequate heating
Lack of opportunities for child to play and learn

SEXUAL ABUSE

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

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

They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet).
Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Indicators in the child

Physical presentation

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

Emotional/behavioural presentation

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

Sudden changes in school work habits, become truant
Withdrawal, isolation or excessive worrying
Inappropriate sexualised conduct
Sexually exploited or indiscriminate choice of sexual partners
Wetting or other regressive behaviours e.g. thumb sucking
Draws sexually explicit pictures
Depression

Indicators in the parents

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

Indicators in the family/environment

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

Children with Special educational needs (SEN) and disabilities

As a school, we need to be aware that additional barriers can exist when recognizing abuse and neglect in this group of children.
These can include:

- Assumptions that indicators of possible abuse such as behavior, mood and injury relate to the child's disability without further investigation;
- Being more prone to peer group isolation than other children
- The potential for pupils with SEND being disproportionately impacted by behaviours such as bullying, without outwardly showing any signs; and
- Communication barriers and difficulties in overcoming these barriers.

'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.

Female genital Mutilation (FGM)

It is essential that staff are aware of FGM practices and the need to look for signs, symptoms and other indicators of FGM.

Staff must report to DSL if they suspect FGM has occurred. DSL will support staff member to report concerns to the Police as required under the serious crime act 2015. If staff fail to report this form of abuse disciplinary action will be taken.

What is FGM ?

It involves procedures that intentionally alter/injure the female genital organs for non-medical reasons.
There are four types of procedures:
Type 1-Clitoridectomy-partiel/total removal of the clitoris
Type 2- Excision-partial/total removal of the clitoris and labia minora
Type 3-Infibulation entrance to the vagina is narrowed by repositioning the inner/outer labia
Type 4- All other procedures that may include: pricking,piercing, incising, cauterizing and scraping the genital area.

Why is it carried out?

- Brings status/respect to the girl-social acceptance for marriage
- Preserving a girl's virginity
- Rite of passage to become a woman
- Upholds family honour
- Cleanses and purifies the girl
- Gives a sense of belonging to a community
- Fulfils a religious requirement
- Perpetuates a custom/tradition
- Is cosmetically desirable
- Mistakenly believed to make childbirth easier

Is FGM legal?

FGM is internationally recognized as a violation of human rights of girls and women. It is illegal in most countries including the UK.

Circumstances and occurrences that may point to FGM happening:

- Pupil talking about getting ready for a special ceremony
- Family taking a long trip abroad
- Pupil's family being from one of the at risk communities for FGM (Kenya, Somalia, Sudan, Sierra Leon, Egypt, Nigeria, Eritrea, as well as non-African communities including Yemeni, Afghani, Kurdistan, Indonesia and Pakistan)
- Knowledge that pupil's sibling has undergone FGM
- Pupil talks about going abroad to be 'cut' or to prepare for marriage.

Signs that may indicate a child has undergone FGM:

- Prolonged absence from school and other activities
- Behaviour change from a holiday abroad
- Bladder or menstrual problems

- Finding it difficult to sit still and looking uncomfortable
- Complaining about pain between the legs
- Mentioning something somebody did to them that they are not allowed to talk about.
- Secretive behavior
- Isolating themselves from the group
- Reluctant to take part in physical activity
- Repeated urinary tract infection
- Disclosure

Children Missing Education

"Basic to safeguarding children is to ensure their attendance at school." (OFSTED 2002). Children are best protected by regularly attending school where they will be safe from harm and where there are professionals to monitor their well-being. At The Rydal Academy we will encourage the full attendance of all of our children at school. Where we have concerns that a child is missing education because of suspected abuse, we will liaise with the appropriate agencies to effectively manage the risks and to prevent abuse from taking place. The school will follow Darlington's 2016 Local Authority guidance. We will notify the LA within 5 days of adding a new pupil at non-standard transition points.

Peer on peer abuse

We recognise that children are capable of abusing their peers. Abuse will never be tolerated or passed off as "banter" or "part of growing up". We recognition the gendered nature of peer on peer abuse (i.e. that it is more likely that girls will be victims and boys perpetrators), but that all peer on peer abuse is unacceptable and will be taken seriously.

Most cases of pupils hurting other pupils will be dealt with under our school's behaviour policy, but this child protection and safeguarding policy will apply to any allegations that raise safeguarding concerns. Peer on peer abuse can take different forms, such as:

- physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm;
- sexual violence and sexual harassment
- sexting
- initiating/hazing type violence and rituals.

If a pupil makes an allegation of abuse against another pupil:

- You must tell the DSL and record the allegation, but do not investigate it
- The DSL will contact the local authority children's social care team and follow its advice, as well as the police if the allegation involves a potential criminal offence
- The DSL will put a risk assessment and support plan into place for all children involved – both the victim(s) and the child(ren) against whom the allegation has been made – with a named person they can talk to if needed
- The DSL will contact the children and adolescent mental health services (CAMHS), if appropriate

We will minimise the risk of peer-on-peer abuse by:

- Challenging any form of derogatory or sexualised language or behaviour

- Being vigilant to issues that particularly affect different genders – for example, sexualised or aggressive touching or grabbing towards female pupils, and initiation or hazing type violence with respect to boys
- Ensuring our curriculum helps to educate pupils about appropriate behaviour and consent
- Ensuring pupils know they can talk to staff confidentially by allowing access to the pastoral support team and LISTENING to our children
- Ensuring staff are trained to understand that a pupil harming a peer could be a sign that the child is being abused themselves, and that this would fall under the scope of this policy

Child sexual exploitation

CSE 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. CSE does not always involve physical contact; it can also occur through the use of technology

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 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.

The above list is not exhaustive and as new policy guidance and legislation develops within the remit of Safeguarding we will review and update our policies and procedures as appropriate and in line with the Local Safeguarding Children Board and Local Authority.