

# *Bartholomews Tutorial College*

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## **SAFEGUARDING/CHILD PROTECTION POLICY**

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## **INTRODUCTION**

Safeguarding children is everyone's responsibility. Everyone who comes into contact with students, together with their families and carers, has a role to play. The safety and welfare of all our students at Bartholomews Tutorial College is our paramount concern. We will work to ensure that our college will safeguard and promote the welfare of students and work together with other agencies to ensure that our college has adequate arrangements to identify, assess and support those children who are suffering or likely to suffer harm. Where there is a safeguarding concern, the student's wishes and feelings will be taken into account when determining what action to take and what services to provide and students will be encouraged to express their views.

## **OUR ETHOS**

We believe that our college should provide a caring, positive, safe and stimulating environment, in which every student can learn in safety. We recognise the importance of providing an environment within our college that will help our students feel safe and respected. We recognise the importance of enabling students to talk openly and to feel confident they will be listened to. We recognise that all adults within the college, whether permanent or temporary staff, have a full and active part to play in protecting our students from harm.

In line with the law, this policy defines a child as anyone under the age of 18 years. This policy applies to all staff, governors and volunteers working at the college.

The designated safeguarding leads at Bartholomews are our Directors of Studies, currently Mike Balmer and Helen Pearce. Helen Pearce is also a qualified counsellor.

Our college will support all students by providing an environment whereby students are safe, where they feel safe and where they know that they will be taken seriously and listened to sympathetically, over any concerns that they might have.

To achieve this we will:

- Allocate every student, whether part-time or full-time, to a specific member of the full-time administrative staff who will act as their personal supervisor. It will be made clear to students that this person will remain available to them to consult over any matter, whether academic or personal, at any stage during their course at the College.
- Arrange a formal meeting between new students and their supervisor in the course of the student's second week at the College, amongst other things, specifically to enquire as to whether the student feels safe and comfortable with each of their tutors.
- Designate a senior member of staff, who has been DBS checked, to be available for discussions with students 'in confidence' although it will be made clear to such students that certain legal or moral obligations may supersede such confidence.
- At most times, to have an appointed Head Boy and Head Girl, whose roles include to liaise between students and staff and through whom any student may convey any personal concerns to staff. The Head Boy and Head Girl will be assured easy access to the administrative staff and any concerns expressed by them will be given serious and immediate consideration.
- Allow any student, within reason, to transfer to alternative tutors, without fear of repercussion.
- Allow students' parents or other representatives to attend first tutorials and to attend any subsequent tutorials if they remain uncertain as to the student's security.
- Encourage tutors to leave tutorial room doors ajar in all circumstances, unless there is good reason not to.
- Other than in unusual circumstances, when the student's and parents' agreement have been obtained, not to permit tutorials to take place on the premises out of normal working hours (i.e. before 9am or after

5.30pm). This is to ensure that at least one other member of staff is present whenever teaching is taking place on the premises

This policy has regard to the guidance and advice detailed within the Keeping Children Safe in Education (September 2016) document. The full document for which can be found on

<https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>

## **TYPES OF ABUSE**

Abuse and neglect are forms 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 by others (e.g. via the internet). They may be abused by an adult or adults or by another child or children.

Abuse can be:

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

**Emotional:** The persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

**Sexual:** 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. Sexual abuse also includes sexual violence and sexual harassment which can occur between two children of any sex. They can also occur through a group of children sexually assaulting or sexually harassing a single child or group of children. Sexual violence includes sexual offences under the Sexual Offences Act 2003, such as rape, sexual assault and assault by penetration. Sexual harassment is 'unwanted conduct of a sexual nature' that can occur online and offline. Sexual harassment is likely to violate a child's dignity, and/or make them feel intimidated, degraded or humiliated and/or create a hostile, offensive or sexualised environment. Sexual harassment can include sexual comments, such as telling sexual stories, making lewd comments, making sexual remarks about clothes and appearance and calling someone sexualised names. Sexual harassment can also include sexual 'jokes' or taunting; physical behaviour, such as deliberately brushing against someone or interfering with someone's clothes; and displaying pictures, photos or drawings of a sexual nature. Online sexual harassment might include non-consensual

sharing of sexual images and videos and consensual sharing of sexual images and videos (both often referred to as sexting); inappropriate sexual comments on social media; exploitation; coercion and threats. Online sexual harassment may be standalone, or part of a wider pattern of sexual harassment and/or sexual violence.

**Neglect:** The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy 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); ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs. It is important to be aware that abuse, neglect and other safeguarding issues are rarely standalone events that can be covered by one definition or label. In most cases, multiple issues will overlap with one another. Behaviours, such as those linked to drug taking, alcohol abuse, truanting and sexting, are also more likely to put children at risk.

More information on types of abuse and what to look out for can be found on the NSPCC website:

<https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/>

### **SPECIFIC SAFEGUARDING ISSUES**

- bullying, including cyber bullying
- children missing from education
- children missing from home or care
- child sexual exploitation ("CSE")
- domestic violence
- drugs
- fabricated or induced illness
- faith abuse
- female genital mutilation (FGM)
- forced marriage
- gangs and youth violence
- gender based violence
- hate
- harmful sexual behaviours, such as sexual harassment and violence
- mental health
- private fostering
- preventing radicalisation
- relationship abuse
- sexting
- trafficking

Appendix 2 provides further guidance on these specific safeguarding issues, as well as page 9 of the KCSIE document.

### **DEALING WITH A DISCLOSURE MADE BY A STUDENT – ADVICE FOR ALL MEMBERS OF STAFF**

If any member of staff (including governors, temporary staff and volunteers) suspects or hears an allegation, or complaint of abuse or neglect from a pupil or any third party, they must;

- Listen to what is being said without displaying shock or disbelief
- Only ask questions when necessary to clarify
- Accept what is being said
- Allow the student to talk freely – do not put words in the students mouth
- Reassure the student that what has happened is not his or her fault
- Do not make promises that you may not be able to keep
- Do not promise confidentiality – it may be necessary to refer to children’s social care or the police
- Stress that it was the right thing to tell
- Do not criticise the alleged perpetrator
- Explain what has to be done next and who has to be told
- Inform the DSL (Designated Safeguarding Lead) without delay
- The record should include the date, time and place of the conversation and detail of what was said and in whose presence. It must then be signed by the person making the record. When recording what a child has said, use the child’s own words and not your own, where possible. Where allegations relate to harmful sexual behaviours, if possible the disclosure should be managed with two members of staff present (preferably one of them being the DSL or their deputy)
- Write up the incident and pass it to the DSL
- Dealing with a disclosure from a student and safeguarding issues can be stressful, consider seeking support for yourself and discuss this with the DSL

If staff have any concerns about a child (as opposed to a child being in immediate danger), they should speak with the DSL. In the absence of the DSL, they should speak with the College Manager. Staff members are permitted to make a direct referral to the social care department of the relevant council, but are encouraged to speak to the DSL first and must, if they make a direct referral, inform the DSL as soon as possible.

Once a referral has been made, whether by a member of staff or by the DSL, the local authority should make a decision within one working day about what course of action they are taking and should let the referrer know the outcome. Staff should follow this up if the information is not forthcoming. If a pupil’s situation does not appear to be improving, the DSL (or member of staff who made the referral) should press for reconsideration to ensure their concerns have been addressed and, most importantly, that the pupil’s situation improves. All concerns, discussions, referrals, decisions and reasons for the decisions must be recorded in writing.

#### **PROCEDURE IF A STUDENT IS IN IMMEDIATE DANGER**

If any member of staff (including governors, agency staff and volunteers) believe a pupil is in immediate danger i.e. they have suffered or are likely to suffer significant harm, they should again inform the DSL immediately and in the absence of the DSL, the College Manager. They are, however, permitted to make an immediate referral to Children’s Social Care and/or the police if it is felt a crime may have been committed. Anyone can make a referral. Any such referral must be made immediately and in any event within 24 hours (one working day) of staff being made aware of the risk. If anyone other than the DSL makes the referral, they should inform the DSL as soon as possible that a referral has been made. Staff should challenge any inaction and follow this up with the DSL and Children’s Social Care as appropriate. Parental consent is not needed for any referrals to statutory agencies. All concerns, discussions, referrals, decisions and reasons for the decisions must be recorded in writing.

#### **PROCEDURE FOR DEALING WITH PEER ON PEER ABUSE**

Peer on peer abuse, is abuse by one or more pupils against another pupil. It can manifest itself in many ways and can include sexting, sexual assault, gender-based issues and harmful sexual behaviours including sexual violence and sexual harassment. Abusive comments and interactions should never be passed off or dismissed as ‘banter’ or ‘part

of growing up'. Nor will harmful sexual behaviours be dismissed as the same or 'just having a laugh'. Peer on peer abuse will be treated as a child protection concern, where there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm. A pupil against whom an allegation of abuse has been made, that meets the threshold above, may be suspended during the investigation.

Police may be informed of any harmful sexual behaviour, including sexual violence and sexual harassment which are potentially criminal in nature, such as grabbing bottoms, breasts and genitalia. Rape, assault by penetration and sexual assaults will be passed to the police. If the DSL decides to make a referral to social care and/or a report to the police against a victim's wishes, the reasons should be explained to the pupil and appropriate specialist support offered.

In the event of peer on peer abuse, both the victim and perpetrators will be treated as being 'at risk' and the safeguarding processes in this policy will be followed. Victims and perpetrators will be offered support as appropriate (e.g. access to the College counsellor). Victims will be reassured that they are being taken seriously and that they will be supported and kept safe.

Following a report of sexual violence and/or sexual harassment the DSL will consider the appropriate response. This will include:

- The wishes of the victim
- The nature of the alleged incident
- The ages of the children involved
- The developmental stages of the children involved
- Any power imbalance between the children
- If the alleged incident is a one-off or sustained pattern
  - Any ongoing risks
- Other related issues and context

Any response and action will, as always, have at the centre the best interests of the child.

#### **DISCUSSING CONCERNS WITH THE FAMILY AND STUDENT – ADVICE FOR THE DSL**

In general, you should always discuss any concerns the college may have with the student's parents/guardians. They need to know that you are worried about their child. However, you should not discuss your concerns if you believe that this would place the student at greater risk, or lead to loss of evidence for a police investigation.

**If you make a decision not to discuss your concerns with the student's parents or guardians**, this must be recorded in the student's file, with a full explanation for your decision.

**It is important to consider the student's wishes and feelings**, if age appropriate, as part of planning what action to talk in relation to concerns about their welfare.

When talking to students, you should take account of their age and understanding. It is also important to consider how a student with additional support needs may need help in communicating.

How you talk to a student will also depend on the substance and seriousness of the concerns. You may need to seek advice from Children's Social Care, or the police to ensure that neither the safety of the student, nor any subsequent investigation is jeopardised.

If concerns have arisen as a result of information given by a student, it is important to reassure the student but not promise confidentiality.

**It is expected that you discuss your concerns with the parents/guardians, and seek their agreement to make a referral to Children's Social Care, unless you consider that this would place the student at increased risk of significant harm.**

**You do not need the parent's/guardian's consent to make a referral if you consider the student is in need of protection.** Although they will ultimately be made aware of which organisation made the referral.

If parents/guardians refuse to give consent to a referral but you decide to continue, you need to make this clear to children's social care.

**If you decide to refer the student without the parent's/guardian's consent, make sure to record this with a full explanation of your decision.**

When you make your referral, you should agree with Children's Social Care what the student and parents/guardians will be told, by whom and when.

### **PROCEDURE FOR DEALING WITH ALLEGATIONS OF ABUSE AGAINST TEACHERS AND OTHER STAFF (INC. THE DIRECTORS OF STUDIES, COLLEGE MANAGER AND GOVERNOR)**

The following course of action will be taken in any case where a complaint is received concerning a student aged under 18. Some aspects of this policy may have to be modified for students aged 18 and over. The total duration in time of the procedure described below should be no more than seven days from start to finish.

a) The student's supervisor (or the other DoS, in his or her absence) will talk to the student, wherever possible on the same day as the complaint was made, preferably in person but otherwise by telephone, to discuss the circumstances. Notes will be taken, which will be kept safely for possible future reference. The supervisor will provide the student with a written copy of our Safeguarding/Child Protection Policy, if necessary by post, and confirm whether or not the student wishes to make an official (i.e. written) complaint. It should be made clear to the student that, if an official complaint is made, the Police Child Protection Team may be called in. The student will be asked to put the allegations in writing, within three working days, but preferably sooner. The supervisor will offer to help with this, if required.

b) If the student does not wish to make a written complaint, and if the supervisor agrees that further action is not called for, the matter will be dropped, unless the person against whom the allegations were made (the accused) wishes to pursue the matter further. However, the circumstances will be raised by the supervisor for discussion at the next formal (monthly) staff meeting. The accused will not be informed of the allegations unless the general staff consensus is to the contrary or unless the student asks for him or her to be informed.

If a written complaint is likely to be made, then:

c) If not a DSL themselves, the supervisor will immediately inform the DSL. Tuition between the student and the accused will be suspended (by the student's supervisor). A replacement tutor should be sought as soon as practicable.

d) The DSL and supervisor will decide whether or not the accused should be suspended from all teaching or other duties. This will be determined on the basis of the severity of the allegations and whether or not there is felt to be danger to the student involved or to others. In any event, however, unless the student requires otherwise, efforts should be made to ensure that the student and accused have minimal contact.

e) The accused should be informed of the complaint by the supervisor, if practicable on the same day, and advised that he or she will be asked to state his or her case following our receipt of the complaint in writing (although he or

she is invited to respond before then if they wish). He or she should be given or sent by post a copy of our Safeguarding/Child Protection Policy. The accused should also be informed at this time of which of his or her duties, if any, are to be suspended. He or she should be asked not to attempt to make contact with the student concerned.

f) On the day of the complaint also, if feasible, the supervisor should telephone the student's parents/guardians to inform them of the circumstances and that their son or daughter is safe (even if the student has already done so). They should be advised of the general terms of our Safeguarding/Child Protection Policy and sent a written copy of it. They should be told that we will be investigating the complaint and, if necessary, passing details to the police, but that they should contact the police themselves at any time, if they consider it appropriate. We will write to them when we have investigated the matter further but, in the meantime, they should feel free to make an appointment to come into College at an earlier stage if they wish. It should be stressed, however, that in fairness to all concerned, we need to receive a written statement of the allegations in order to speak formally to the tutor over them.

g) As soon as the allegations are received in writing, the accused will be asked to attend a meeting with the supervisor and DSL (or a second supervisor, if the DSL is the relevant supervisor). The student concerned will not be invited to attend this meeting. A copy of the student's allegations will be given to the accused and he or she will be asked to give their perspective on the situation. Written notes will be taken and the accused will be asked to provide us with a written response to the allegations, preferably by the next working day, but within three working days if possible. However, there may be delays if the accused decides to take legal advice before doing so.

h) The supervisor will then write to the student's parents, giving his or her views and recommendations and inviting the parents to attend a meeting at the College, between themselves, the student, the supervisor and our DSL in order to finalise what further steps, if any, should be taken.

i) At this meeting, unless other arrangements are agreed, the matter will either be dropped (if neither the student nor the accused wish to pursue the matter further) or passed on to the Police Child Protection Team to conclude. Should they become involved, we will offer full assistance to the police, including providing copies of all notes taken and statements received.

#### Summary of (tutor) 'abuse' procedure (max 7 days start - finish)

1. Supervisor (sup) informed of complaint.
2. Sup talks to student (stud) - asks for complaint in writing (within max 3 days).
3. Complaint withdrawn orally: review at staff meeting.
4. Complaint confirmed orally: sup tells one of our Designated Safeguarding Leads (DSL)
5. Sup/DSL considers suspension of tutor's duties.
6. Sup phones tutor, cancels tuition between student & tutor, possibly also with others.
7. Sup phones parents - repeats request for written complaint (within max three days)
8. No further action by Barts until written allegations received.
9. Written complaint received: sup/DSL meet tutor formally.
10. Tutor replies to allegations in writing.
11. Sup writes to parents.
12. Sup/DSL/stud/parents meet (possibly having met previously also).
13. Matter dropped/passed on to police

Where the DSL is the subject of the allegation, the report should be made directly to the Founder and the College Manager, who will act in the place of the DSL.

#### **SAFER RECRUITMENT**

Bartholomews Tutorial College is committed to safer recruitment processes, in order to safeguard and promote the welfare of its students. Members of the teaching staff and non teaching staff, including part time and temporary staff,

are subject to the necessary statutory child protection checks. For example, right to work checks, verification of identity, taking up references and for most appointments, an enhanced DBS check. A DBS certificate will be obtained from the candidate before or as soon as practical after appointment. Alternatively, if the applicant has subscribed to it and gives permission, we may undertake an online update check through the DBS Update Service. We will endeavour to interview every member of staff prior to commencing employment. For any organised outings or socials arranged by the college, there will be at least two members of staff present, where feasible.

All staff will be provided with a copy of part one of the KCSIE (Keeping Children Safe in Education), as well as our Safeguarding/Child Protection Policy and they should sign a form to say they have done so. All members of staff are invited to discuss the provisions in part one of the KCSIE with the DSL, should they need help with the understanding of the materials.

### **WHAT STAFF SHOULD DO IF THEY HAVE CONCERNS ABOUT SAFEGUARDING PRACTICES AT THE COLLEGE**

We aim to ensure there is a culture of safety and raising concerns and an attitude of “it could happen here”. If any member of staff has concerns about poor or unsafe practices, or potential failures in the colleges safeguarding regimes, these should be raised with the College Manager and/or the Director of Studies in the first instance. If members of staff feel unable to raise an issue with the college, or feel that their genuine concerns are not being addressed, they may use other whistle blowing channels, such as the NSPCC whistle blowing advice line – 08000280285, [help@nspcc.org.uk](mailto:help@nspcc.org.uk).

### **RECORD KEEPING**

All concerns, discussions, referrals, decisions and reasons for the decisions must be recorded in writing. Where applicable the record should include the date, time and place of any conversation/discussion and detail of what was said and done by whom and in whose presence and signed by the person making the record. Record should be factual, accurate, relevant, up to date and auditable. All records on safeguarding/child protection are kept securely in the DSL’s office and are separated from routine pupil records. Access is restricted to the DSL, College Manager and the Founder.

### **PARENTS/CARERS**

We believe that parents/carers should be informed about any safeguarding concerns regarding their children. It is important that we are honest and open in our dealings. However, concerns of this nature must first be referred to the DSL who will decide on the appropriate response. In very few cases, it may not be right to inform parents/carers of our concerns immediately, as that action could prejudice any investigation, or place the child at further risk. Advice will be sought from the relevant agencies when making a decision as to what can be disclosed to parents/carers of a child.

## **APPENDIX 1**

The following guidance is provided by the West Sussex LSCB and provides useful advice on what to look out for when identifying neglect, as well as physical, emotional and sexual abuse.

### ***PHYSICAL ABUSE***

#### **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 legs;
- petechiae 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 from when the fracture has caused symptoms, such as swelling, pain or loss of movement.

Rib fractures are only caused in a major trauma such as 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 fraenum (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 are a cause of concern.

### **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
- reluctant to give information or mention previous injuries
- absent without good reason when their child is presented for treatment
- disinterested or undisturbed by accident or injury
- aggressive towards child or others
- unauthorised attempts to administer medication

- tries to draw the child into their own illness
- history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault
- parent/carer may be over-involved in participating in medical tests, taking temperatures and measuring bodily fluids
- observed to be intensely involved with their children, never taking a much needed break nor allowing anyone else to undertake their child's care
- may appear unusually concerned about the results of investigations which may indicate physical illness in the child;
- wider parenting difficulties may (or may not) be associated with this form of abuse
- parent / carer has convictions for violent crimes

### **Indicators in the family/environment**

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

## ***EMOTIONAL ABUSE***

### **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
- impose inappropriate expectations on the child e.g. prevents the child's developmental exploration or learning, or normal social interaction through overprotection

- wider parenting difficulties may (or may not) be associated with this form of abuse

### **Indicators of in the family/environment**

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

## **NEGLECT**

### **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 socialisation

#### **Emotional/behavioural presentation:**

- attachment disorders
- absence of normal social responsiveness
- indiscriminate behaviour in relationships with adults
- emotionally needy
- compulsive stealing
- constant tiredness
- frequently absent or late at school
- poor self-esteem
- destructive tendencies
- thrives away from home environment
- aggressive and impulsive behaviour
- disturbed peer relationships
- self-harming behaviour

### **Indicators in the parent**

- dirty, unkempt presentation
- inadequately clothed
- inadequate social skills and poor socialisation
- abnormal attachment to the child .e.g. anxious

- low self- esteem and lack of confidence
- failure to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene
- failure to meet the child's health and medical needs e.g. poor dental health
- failure to attend or keep appointments with health visitor, GP or hospital; lack of GP registration
- failure to seek or comply with appropriate medical treatment
- failure to address parental substance misuse during pregnancy
- child left with adults who are intoxicated or violent
- child abandoned or left alone for excessive periods
- wider parenting difficulties, may (or may not) be associated with this form of abuse

### **Indicators in the family/environment**

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

## **SEXUAL ABUSE**

### **Indicators in the child**

#### **Physical presentation:**

- urinary infections, bleeding or soreness in the genital or anal areas
- recurrent pain on passing urine or faeces
- blood on underclothes
- sexually transmitted infections
- vaginal soreness or bleeding
- pregnancy in a younger girl where the identity of the father is not disclosed and/or there is secrecy or vagueness about the identity of the father
- physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing

#### **Emotional / behavioural presentation:**

- makes a disclosure
- demonstrates sexual knowledge or behaviour inappropriate to age/stage of development, or that is unusually explicit
- inexplicable changes in behaviour, such as becoming aggressive or withdrawn
- self-harm - eating disorders, self-mutilation and suicide attempts
- poor self-image, self-harm, self-hatred
- reluctant to undress for PE
- running away from home
- poor attention / concentration (world of their own)
- sudden changes in school work habits, become truant
- withdrawal, isolation or excessive worrying
- inappropriate sexualised conduct
- sexually exploited or indiscriminate choice of sexual partners
- wetting or other regressive behaviours e.g. thumb sucking

- draws sexually explicit pictures
- depression

#### **Indicators in the parents**

- comments made by the parent/carer about the child
- lack of sexual boundaries
- wider parenting difficulties or vulnerabilities
- grooming behaviour
- parent is a sex offender

#### **Indicators in the family/environment**

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

## **APPENDIX 2**

### **RADICALISATION**

Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism. Extremism is the vocal or active opposition to fundamental British values. We recognise that our pupils can be vulnerable and exploited by others and staff acknowledge the need for a culture of vigilance. It is now incumbent on schools to have due regard for the need to prevent people from being drawn into terrorism. Staff must have an

awareness and sensitivity to attitudinal changes of pupils, which may indicate they are at risk of radicalisation and may need help or protection. Staff should follow the referral processes in this policy, when there are concerns about pupils who may be at risk of being drawn into terrorism. Staff should use their judgement in identifying pupils who might be at risk of radicalisation and acknowledge that there is no single way of identifying an individual who is likely to be susceptible to an extremist ideology. Family, friends and online influences can all play a major part in the radicalisation of young people. If staff have concerns that there is an immediate/significant risk of a child being drawn into terrorism they must call 999.

### **FEMALE GENITAL MUTILATION (“FGM”)**

FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs. Guidance on the warning signs that FGM may be about to take place or may have already taken place can be found on pages 38-41 of the Multi-agency statutory guidance on FGM ([https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/512906/Multi\\_Agency\\_Statutory\\_Guidance\\_on\\_FGM\\_-\\_FINAL.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/512906/Multi_Agency_Statutory_Guidance_on_FGM_-_FINAL.pdf)).

If a teacher discovers that FGM has been carried out on a pupil, they must immediately report the matter to the police. Those who fail to report such cases will face disciplinary sanctions. Details on when and how to make a report can be found at

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/573782/FGM\\_Mandatory\\_Reporting\\_-\\_procedural\\_information\\_nov16\\_FINAL.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/573782/FGM_Mandatory_Reporting_-_procedural_information_nov16_FINAL.pdf).

It will be rare for our teachers to see visual evidence and they should not be examining pupils. Unless the teacher has a good reason not to, they should still consider and discuss any such case with the DSL and involve Children’s Social Care as appropriate. If the teacher is unsure whether this reporting duty applies they should discuss their concerns with the DSL. If a member of staff believes a pupil to be at risk of FGM, then they should follow the normal referral processes in this policy.

### **SO CALLED HONOUR BASED VIOLENCE (“HBV”)**

So-called HBV encompasses crimes which have been committed to protect or defend the honour of the family/community and can include forced marriage as well as Female Genital Mutilation (“FGM”). Staff will be alert to possible indicators of HBV.

Guidance on the warning signs of HBV can be found on pages 13-14 of the Multi-agency guidelines: Handling cases of forced marriage (<https://www.gov.uk/guidance/forced-marriage>).

Staff can also contact the Forced Marriage Unit if they need advice or information on 02070080151 or email [fm@fco.gov.uk](mailto:fm@fco.gov.uk).

### **CHILDREN MISSING FROM EDUCATION, HOME OR CARE**

A child going missing from education, particularly on repeat occasions, is a potential indicator of abuse or neglect including risk of radicalisation, FGM or forced marriage.

Should a student be absent without authorisation/notice, the College Manager will contact the parent/guardian. Should repeated absences taken place, with no response from the parent by phone/email, a letter will be sent home. Should absences persist, the student supervisor should speak to the DSL and the DSL should contact the relevant local authority.

We will monitor all student absences and promptly address concerns about irregular attendance with the parent/carer. A pupil who fails to attend college regularly or has been absent from college without the College's permission for a continuous period of 10 days or more will be reported to the local authority.

### **CHILD SEXUAL EXPLOITATION**

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.

We recognise that a significant number of children who are victims of sexual exploitation go missing from education and therefore we will be alert to this fact and monitor attendance closely.

Staff will be alert to other indicators, which include pupils who have older boyfriends or girlfriends, unexplained gifts or new possessions, changes in emotional well-being and misuse of drugs or alcohol.

For further advice please refer to the Department for Education child sexual exploitation guide:  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/591903/CSE\\_Guidance\\_Core\\_Document\\_13.02.2017.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/591903/CSE_Guidance_Core_Document_13.02.2017.pdf)

### **TRAFFICKING**

Child trafficking is the recruitment and movement of children for the purpose of exploitation. This can be moving children from one country to another or moving children within a country. Child trafficking is a form of child abuse that can have long-lasting and devastating effects and therefore it is extremely important that staff are alert to any possible indicators. For guidance on signs of trafficking and who to contact, please refer to the West Sussex LSCB guidance document:

<http://www.westsussexscb.org.uk/wp-content/uploads/Child-Trafficking-Information-Sheet1.pdf>

### **DOMESTIC VIOLENCE/ABUSE**

The government defines domestic abuse as ‘any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults, who are or have been, intimate partners or family members regardless of gender or sexuality’. Children may suffer both directly and indirectly if they live in households where there is domestic violence. Domestic abuse is likely to have a damaging effect on the health, development and welfare of children, and it will often be appropriate for such children to be regarded as ‘at risk’. Staff will be alert to any indicators of domestic abuse in a pupil’s household and the procedures in this policy will be followed. For more guidance on the indicators of domestic abuse please refer to

<https://www.gov.uk/guidance/domestic-violence-and-abuse>.

### **GANGS/VIOLENCE**

We have a duty and responsibility to protect our pupils and we pride ourselves on providing a safe environment. Evidence shows that early-stage intervention is an effective strategy for preventing children from becoming involved in violence, crime or antisocial behaviour in life. We therefore ensure, through structured PSHE days and as part of our curriculum, that we help our pupils understand risk and how to make safe choices. Prevention is key, however staff will be alert to any signs that pupils are already involved in criminal activity/gangs. Further guidance on this issue can be found at:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/418131/Preventing\\_youth\\_violence\\_and\\_gang\\_involvement\\_v3\\_March2015.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/418131/Preventing_youth_violence_and_gang_involvement_v3_March2015.pdf)

### **SPECIAL EDUCATIONAL NEEDS AND DISABILITY**

All staff need to be alert to the specific needs of those pupils who have special educational needs and/or disabilities (“SEND”), including young carers. Those with SEND may not outwardly show signs of abuse and/or may have difficulties in communicating. Staff will support such pupils and express any concerns they have using the procedures in this policy and will be particularly vigilant to any signs or indicators of abuse, discussing this with the DSL as appropriate. Further guidance on assisting pupils with SEND can be found at:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/398815/SEND\\_Cod\\_e\\_of\\_Practice\\_January\\_2015.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND_Cod_e_of_Practice_January_2015.pdf)

### **LESBIAN, GAY, BI OR TRANS (LGBT)**

Children who are LGBT can be targeted by their peers. In some cases, a pupil who is perceived by their peers to be LGBT (whether they are or not) can be just as vulnerable as children who identify as LGBT.

**LOOKED AFTER CHILDREN**

We recognise that looked after children are potentially more vulnerable and more likely to be considered 'at risk'. The College has a designated member of staff who has responsibility for any pupil who is looked after by a local authority and you can check the contact person by asking the College Manager.

**BULLYING (INCLUDING CYBER-BULLYING)**

We are committed to providing a caring, friendly and safe environment for all of our pupils so they can learn in a supportive and secure atmosphere. Bullying of any kind is unacceptable in our school. If bullying does occur, all pupils should be able to tell and know that incidents will be dealt with promptly and effectively. Anyone who knows that bullying is happening is expected to inform staff. Staff are supported through appropriate training and pupils are aware of the reporting procedures in place to create an environment of zero tolerance towards bullying behaviour.

**DRUGS/ALCOHOL**

The misuse of drugs or alcohol in itself is a welfare concern for our pupils, but it can also be an indicator of a child being subjected to abuse or neglect and can also lead to risk taking behaviour.