

HEADG ONLINE SCHOOL UK

Safeguarding Policy

Introduction

This policy has been developed in accordance with the principles established by the Children Acts 1989 and 2004 and related national guidance. This includes the Keeping Children Safe in Education (September 2019).

HeadG Online School takes seriously its responsibility, under section 175 of the Education Act 2002, normally followed by schools, to safeguard and promote the welfare of our pupils; and to work together with other agencies, where necessary, to ensure adequate arrangements within our school to identify, assess, and support those who are suffering harm.

We recognise that all adults, including temporary staff and volunteers, have a full and active part to play in protecting our pupils from harm, and that the child's welfare is our paramount concern.

All staff believe that our school should provide a caring, positive, safe and stimulating environment that promotes the social, physical and moral development of each individual pupil. This policy should be understood alongside school policies on related safeguarding issues as listed below.

Key Contacts

- Designated Safeguarding Lead/Child Protection Officer: Andrew Smith
- Health and Wellbeing Manager: Andrew Smith
- Head of Juniors: Andrew Smith
- Head of Secondary: Andrew Smith

Related School Policies

- Anti-bullying Policy
- Behaviour Policy
- e-Safety Policy
- Health and Safety Policy
- Inclusion Policy
- Curriculum Policy
- SMSC Policy

Purpose and Ethos

HeadG Online School is a community and all staff directly connected have an essential role to play in making it safe and secure. Wherever the word “staff” is used, it covers all staff with access to our pupil-facing platforms, including support and self-employed staff/contractors, volunteers working with children and board members.

The school recognises the importance of providing an ethos and environment within school that will help children to feel safe, secure and respected; encourage them to talk openly; and enable them to feel confident that they will be listened to. We recognise that children who are abused or witness violence are likely to have low self-esteem and may find it difficult to develop a sense of self worth. They may feel helplessness, humiliation and some sense of blame. Participation in our school may be the only stable and predictable element in their lives.

Where we are able to, we will endeavour to support the welfare and safety of all pupils through:

- Maintaining pupils' welfare as our paramount concern - to support pupils' development in ways that will foster security, confidence and independence
- Ensuring the content of the curriculum includes social and emotional aspects of learning
- Ensuring that child protection is included in the curriculum to help pupils stay safe, recognise when they do not feel safe and identify who they might/can talk to
- Providing suitable support and guidance so that pupils have a range of appropriate adults to approach if they are in difficulties
- Promoting a positive, supportive, neutral and secure environment where pupils can develop a sense of being valued and heard in their own right
- Ensuring all steps are taken to maintain site security and a pupil's physical safety
- Working with parents and carers to build an understanding of the school's responsibility to ensure the welfare of all pupils including the need for referral to other agencies in some situations
- Ensuring all staff are able to recognise the signs and symptoms of abuse and are aware of the school's procedures and lines of communication
- Monitoring pupils who have been identified as having welfare or protection concerns; keeping confidential records which are stored securely and shared appropriately with other professionals
- Effective and supportive liaison with other agencies, especially the police and Social Care, where required

A Safe School and Safe Staff

As a school, we ensure that all members of staff understand and fulfil their responsibilities to ensure that safe guarding and child protection remains a paramount priority. We will follow the following points to ensure this occurs:

- The school operates safer recruitment procedures by ensuring that there is at least one person on recruitment panels that has completed Safer Recruitment training
- The school has procedures for dealing with allegations of abuse against staff and volunteers and to make a referral to the DBS if a person in regulated activity has been dismissed or removed due to safeguarding concerns, or would have had they not resigned
- The school has a senior leader who is designated safeguarding lead (DSL)/child protection officer (CPO) with overall responsibility for all aspects of safeguarding including child protection who is a member of the senior leadership team
- All other staff have safeguarding training updated as appropriate
- Any weaknesses in Child Protection are remedied immediately
- A member of the Senior Leadership team will be nominated to liaise with the relevant agencies on Child Protection issues and in the event of an allegation of abuse made against the Heads of School or the Director
- Safeguarding policies and procedures are reviewed annually and that the safeguarding policy is available on the school website
- The Senior Leadership Team considers how children may be taught about safeguarding. This may be part of a broad and balanced curriculum covering relevant issues through PSHE classes and extra-curricular enrichment i.e. assemblies and house meetings
- That enhanced DBS checks are in place for the pupil-facing staff members
- The DSL/CPO is a member of the Senior Leadership Team
- The Heads of School and the DSL/CPO, Director of School Support will complete safer recruitment training to be renewed every 5 years
- All members of staff are provided with safeguarding awareness information during the onboarding process, including the safeguarding policy, all policies linked to safeguarding and the key people to contact
- All members of staff receive regular updates in e-safety and reporting concerns
- All staff are provided with child protection awareness information to maintain their understanding of the signs and indicators of abuse
- All members of staff, volunteers, and board members know how to respond to a pupil who discloses abuse
- All parents/carers are made aware of the responsibilities of staff members with regard to child protection procedures
- We will ensure that child protection type concerns or allegations against adults working in the school are referred to the appropriate authorities,

and any member of staff found not suitable to work with children will be notified to the Disclosure and Barring Service (DBS), or equivalent, for consideration for barring, following resignation, dismissal, or when we cease to use their service as a result of a substantiated allegation

- Our procedures will be regularly reviewed and updated
- The name of the the DSL/CPO will be clearly advertised in the school, with a statement explaining the school's role in referring and monitoring cases of suspected abuse
- All new members of staff will be given a copy of our safeguarding policy and have access to its associated policies, with the DSL/CPO's names clearly displayed, as part of the onboarding process
- The policy is available on the school website. Parents/carers are made aware of this policy and their entitlement to have a copy of it via the school website

Responsibilities

The DSL/CPO has an overall responsibility for the day-to-day oversight of safeguarding and child protection at HeadG Online School, which includes:

- Referring a child or young person if there are concerns about possible abuse, to their local safeguarding team, and acting as a focal point for staff to discuss concerns. Referrals should be made in line with the local authority's procedures
- Keeping written records of concerns about a child even if there is no need to make an immediate referral
- Ensuring that all such records are kept confidentially and securely and are separate from pupil records, until the child's 25th birthday, and are copied on to the child's next school or college, where required
- Liaising with other agencies and professionals, where appropriate
- Ensuring that either they or the staff member attend case conferences or other multi-agency planning meetings and contribute to assessments
- Organising child protection information sessions, and update training every 3 years, for all school staff

The welfare and safety of children are the responsibility of all staff in the school and **ANY** concern for a pupil's welfare **MUST** be reported to the DSL/CPO.

In order to protect confidentiality, safeguarding information about individual children is shared on a need to know basis only and thus, what may seem to be a minor issue to one staff member, may be highly significant to the bigger picture of risk.

Safeguarding & Child Protection Procedures

HeadG Online School adheres to the Keeping Children Safe in Education Safeguarding Procedures (2019-20) as far as possible for an online setting. The full KCSiE procedures document and additional guidance relating to specific safeguarding issues can be found on the Department for Education website www.gov.uk

Additional guidance for staff can be found on the Child Protection and Safeguarding section of the Canvas LMS platform.

It is the responsibility of the DSL/CPO, Heads of School and the Health and Wellbeing Manager to receive and collate information regarding individual children, to make immediate and on-going assessments of potential risk and to decide actions necessary with parents/carers in most cases. This includes the need to make referrals to external agencies and services. To help with this decision he may choose to consult with a local authority safeguarding adviser. Advice may also be sought from local authority social workers where required.

Issues discussed during consultations may include the urgency and gravity of the concerns for a child or young person and the extent to which parents/carers are made aware of these. Some concerns may need to be monitored over a period of time before a decision is made to refer to local authority social services and other external agencies.

In all but the most exceptional circumstances, parents/carers will be made aware of the concerns felt for a child or young person at the earliest possible stage. In the event of a referral to social services being necessary, parents/carers will be informed and consent to this will be sought unless there is a valid reason not to do so. The role of the school in situations where there are child protection concerns is NOT to investigate but to recognise and refer.

On occasion, staff may pass information about a child to the DSL/CPO, Head of School or Health and Wellbeing Manager, but remain anxious about action subsequently taken. Staff should feel able to clarify with the DSL/CPO, Head of School or Health and Wellbeing Manager further progress, so that they can reassure themselves the child is safe and their welfare is being considered. If following this process, the staff member remains concerned that appropriate action is not being taken, it is the responsibility of that staff member to seek further direct consultation from a different member of the Senior Leadership Team who will be able to discuss the concern and advise on appropriate action to be taken.

Parents can obtain a copy of the school Safeguarding Policy and other related policies via the school website.

Recognition and Categories of Abuse

All staff in school should be aware of the definitions and signs and symptoms of abuse. There are four categories of abuse:

- Physical abuse
- Sexual abuse
- Emotional abuse
- Neglect

The most up to date definitions are found in Appendix 1 of this document. Staff need to remember that child abuse can occur within all social groups regardless of religion, culture, social class or financial position. Children who have a disability are statistically subject to greater risk of abuse and are particularly vulnerable. It is also 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.

Induction and Training

All school-based staff will be offered an appropriate level of safeguarding training. This will include internal school responsibilities, child protection processes, how to recognise and respond to signs and symptoms of concern and abuse and safe working practice. Training is organised by the DSL/CPO, Head of School or Health and Wellbeing Manager in line with government guidance that currently requires this to be updated every three years.

The DSL/CPO, Head of School or Health and Wellbeing Manager will ensure that all new staff are appropriately inducted as regards the school's internal safeguarding procedures and communication lines. This policy and all associated school policies will be provided to new members of the school team.

Record Keeping - Wellbeing Concerns in iSAMS

Staff must record any welfare concern that they have about a child on the school's management information system (MIS) - iSAMS and via the 'raise a wellbeing concern' link within. This should be completed without delay and any information submitted will be sent to the Wellbeing Manager module, accessed by the DSL/CPO, Head of School or Health and Wellbeing Manager. Records must be completed as soon as possible after the incident/event. The date, time, details and staff member submitting the concern must be detailed when submitting the concern.

a. Why is recording important?

Staff have a duty to promote the wellbeing and safety of every child who attends our school. This is a whole-school task. Since staff have differing roles in our school, we observe pupils in a range of classes and activities throughout the school day. Pupils may show or tell us that something is wrong in a variety of ways. We all have an important role to play in helping to identify welfare concerns for pupils, and possible indicators of abuse or neglect at an early stage. For some pupils a 'one-off' serious incident or concern will come to your attention and you will have no doubt that you must immediately record and report this. Most often, however, it is the accumulation of a number of small incidents, events or observations – the 'jigsaw' – that provide the evidence that a child is being harmed or in danger. It is vital, therefore, that any concern a member of our community has for a pupil's welfare, however small, is recorded and passed to DSL/CPO, Head of School or Health and Wellbeing Manager, via the Wellbeing Manager in iSAMS.

b. What is a welfare concern?

As a general rule, anything that you consider unusual or out of the ordinary for the pupil constitutes a concern. Mostly, these will arise in one or more of the following areas:

- the pupil's behaviour changes or a particular behaviour is observed
- the pupil has a physical injury
- the pupil tells you something has happened to them (a Disclosure)
- the pupil's physical presentation
- you receive information from or about a parent

c. Why must staff members pass on their concerns in writing?

It is important that any person who has the concern gives a first-hand account of this so that there is a clear and accurate record of what has been seen, heard etc.

A record written by the member of staff will ensure that there is no misinterpretation of the concern, or that it can be overlooked or forgotten. By keeping a standardised system of reporting concerns, the DSL/CPO, Head of School or Health and Wellbeing Manager can handle these at the earliest opportunity.

d. How and what do staff members record?

Through iSAMS, staff members have the ability to submit concerns via the Wellbeing Manager ('Raise a concern' via the wizard bar). Staff will be asked to add the name of the pupil, the date, the time and the nature of the concern, providing as much detail as possible. The level of detail is highly important, particularly where a child discloses information to a member of staff. Where a child discloses information, a referral should be submitted as soon as possible so the details are clear in the reporting staff member's mind.

e. What happens to the record once it has been submitted?

One of the main purposes of recording is to make sure that the DSL/CPO, Head of School or Health and Wellbeing Manager are able to respond properly to concerns about pupils. They will take what action is necessary in response to concerns raised.

Actions they will take will of course depend on how serious and urgent the concern is. These can range from a decision to monitor the pupil while attending lessons, to referring the issue to social services, so that they can undertake an assessment of the child's safety. The completed concern will be via iSAMS in a confidential and secure way, so that limited members of the school staff have access to this information. Staff should submit the concerns, via iSAMS, at the earliest opportunity.

f. Who will see the concerns raised? Will parents see a pupil's record?

Information to a pupil's welfare will be shared on a strict 'need to know' basis.

Neither parent nor pupil has an automatic right of access to Child Protection records, and in most cases the actual record will not be shared with parents. However, all staff should ensure that they write in a way that, if they were asked to release School records (perhaps by a court), the record is **a fair and factual account** of an incident or event. One of the most common responses by the DSL/CPO, Head of School or Health and Wellbeing Manager, to concerns raised by staff for pupils, will be to share these with parents/carers, with the purpose of working with them to understand and address the issue of concern. The details of staff referrals therefore may be presented verbally to parents. Sometimes the concern will be one of many. If the DSL/CPO, Head of School or Health and

Wellbeing Manager are worried that talking to parents might create a risk to any staff member's safety they will not do this, but will seek advice.

All safeguarding records will be forwarded to a child's subsequent school, where known, confidentially to the new CPO/DSL or Head of School.

School Counselling Service - Confidentiality Policy

In order to provide a counselling service where our pupils feel safe to express themselves it is necessary to offer a high level of confidentiality. This policy is designed to clarify the nature of that confidentiality and make clear the circumstances in which information brought to counselling may need to be shared with other parties.

a. Aims

- To set out the rights of our pupils to attend confidential counselling
- To make clear what the limits of confidentiality are
- To refer to legislation and case law (but may be different in devolved areas) that informs the policy
- To set out how information will be passed on under safeguarding procedures

b. Relevant Legislation

This policy is drawn up with regard to the following:

- Human Rights Act 1998 (Article 8) which affords young people the right to privacy
- The UN Convention on the Rights of the Child 1989
- The Children Act 1989
- The Education Act 2002

c. Child or Young Person's Right to Confidentiality

At HeadG Online School, the counselling service offered is paid and requires subscription to the service, almost always at the request of the parent/carer. However, under the 'Gillick Principle', parental consent for counselling is not required for a young person under the age of 16 who is considered Gillick competent. (*The Gillick principle was established in 1985 when Lord Scarman ruled that ...parental right yields to the child's right to make his own decisions when he reaches a sufficient understanding and intelligence to be capable of making up his own mind on the matter requiring decision.*) In addition,

“promoting and maintaining the young person’s entitlement to confidentiality could be seen to be consistent with the statutory duty ‘to safeguard and promote the welfare of the child’ under s.175 Education Act 2002.” The policy document ‘Every Child Matters’ emphasises, ‘the needs, interests and welfare of children’ as well as the need to develop pastoral care for all children.

d. Limits to Confidentiality

To ‘safeguard and promote the welfare of the child’ also extends to protecting young people from harm. The school counsellor will follow procedures laid out in this policy, and associated school policies, and will refer a concern about a child to the DSL/CPO, Head of School or Health and Wellbeing Manager - where there are strong grounds for thinking that a pupil might be at risk of significant harm to themselves, to others or at risk from others. The same will apply where they have concerns for the welfare of a third party.

It is recognised that at times this will be a difficult judgement which will require the counsellor to balance the promotion of the pupil’s welfare and avoidance of harm against the pupil’s autonomy and trust in the integrity of the counselling relationship.

Our school counsellor will seek guidance from the DSL/CPO, Head of School or Health and Wellbeing Manager, whilst maintaining confidentiality, until a decision can be made about what is in the best interest of the pupil. This is particularly important in instances where the pupil does not consent to any breach in confidentiality. They will also pass on information, as required by law, in the event of a disclosure about acts of terrorism or serious crime or if required to do so by a court order.

e. Responsibilities of the Counsellor

The counsellor will keep all details of counselling sessions confidential. No other information will be shared without the consent of the young person, unless it is necessary under safeguarding procedures. They will explain to the pupils attending counselling that not all information shared can automatically be kept confidential, but that any information that it is necessary to pass on will be kept to an absolute minimum. Wherever possible they will gain the consent of the pupil before sharing any information. In the first instance the counsellor will discuss ethical issues around whether or not to break confidentiality in supervision.

f. Record Keeping and Recording

All notes from counselling sessions will be kept securely by the school counsellor in accordance with the General Data Protection Regulations (GDPR). If a pupil is signed up by a parent/carer of a pupil and the pupil refuses to attend or engage with the counselling session/s, the parent will be informed by the DSL/CPO, Head of School or Health and Wellbeing Manager. If a pupil in KS4 or above self-refers for counselling, the school has no obligation to inform the parents or carers if, the pupil falls under the 'Gillick Principle', because 'parental consent for counselling is not required for a young person under the age of 16 who is considered Gillick competent'. (Due to the nature of our school and the process of enrolments, it likely that this will be a highly infrequent occurrence.)

Allegations Against Staff Members and Contractors

HeadG Online School recognises that it is possible for staff and contractors to behave in a way that might cause harm to the pupils and takes seriously any allegation received. Such allegations should be referred immediately to the Head of School, who will contact the DSL/CPO or Health and Wellbeing Manager to agree further action to be taken in respect of the pupil and staff member.

All school staff should take care not to place themselves in a vulnerable position with a child. All lessons and face-to-face interactions with pupils must be recorded and the recording will be stored via cloud storage on the video conferencing platform.

We understand that a pupil may make an allegation against a member of staff. If such an allegation is made, or information is received which suggests that a person may be unsuitable to work with children, the member of staff receiving the allegation or aware of the information, will immediately inform the Head of School (or the Director where an allegation is against the Head of School). If the allegation made to a member of staff concerns the Head of School, the person receiving the allegation will immediately inform the Director who will consult as identified above, without notifying the Head of School first.

Suspension of the member of staff, excluding the Head of School, against whom an allegation has been made, needs careful consideration, and the Head of School will seek the advice of the DSL/CPO or Health and Wellbeing Manager, and any necessary external agencies/bodies in making this decision.

In the event of an allegation against the Head of School, the decision to suspend will be made by the Director with advice as above.

Anti-Bullying Policy

Our school policy on anti-bullying is set out in a separate document and acknowledges that to allow or condone bullying may lead to consideration under child protection procedures. This includes all forms e.g. cyber, racist, homophobic and gender-related bullying. We keep a record of known bullying incidents.

Racist Incidents

HeadG Online School acknowledges that repeated racist incidents or a single serious incident may lead to consideration under child protection procedures. We keep a record of racist incidents.

Prevention

We recognise that the school plays a significant part in the prevention of harm to our children by providing children with good lines of communication with trusted adults, supportive friends and an ethos of protection. The school community will therefore:

- Work to establish and maintain an ethos where pupils feel secure and are encouraged to talk and are always listened to.
- Include regular consultation with children e.g. through questionnaires, participation in anti-bullying week, asking children to report whether they have had positive/negative school experiences
- Ensure that all children know there is an adult in the school whom they can approach if they are worried or in difficulty
- Include safeguarding across the curriculum, including PSHE, assemblies and house meetings, opportunities which equip children with the skills they need to stay safe from harm and to know to whom they should turn for help. In particular this will include anti-bullying work and e-safety. Also focused work in Year 6 to prepare for transition to the Secondary school and how this differs from the Junior School
- Ensure all HeadG Online School staff are aware of school guidance for the use of mobile technology and have discussed safeguarding issues around the use of mobile technologies and their associated risks

Working with Other Agencies

HeadG Online School recognises and is committed to working with other professionals and agencies, where necessary, both to ensure pupils' needs are met and to protect them from harm. Where identified, we will work with pupils and families who may benefit from the intervention and support of external professionals.

Schools are not the investigating agency when there are child protection concerns and the school will therefore pass all relevant cases to the statutory agencies. We will contribute to the investigation and assessment processes, as required, and recognise a crucial part of this may be in supporting the pupil while these take place.

HeadG Online School recognises the importance of multi-agency working and will ensure that staff are enabled to attend relevant safeguarding meetings, including Child Protection Conferences, Core Groups, Strategy Meetings, Child in Need meetings and Meetings around the Child/Family, where requested.

The DSL/CPO, Head of School or Health and Wellbeing Manager will work to establish strong and co-operative relationships with relevant professionals in other agencies.

Confidentiality and Information Sharing

We recognise that all matters relating to child protection are confidential. The DSL/CPO, Head of School or Health and Wellbeing Manager will disclose any information about a pupil to other members of staff on a 'need to know' basis.

All staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard our pupils. All staff must be aware that they cannot promise a pupil to keep secrets which might compromise the pupil's safety or wellbeing.

Curriculum and Staying Safe

We recognise that schools play an essential role in helping children to understand and identify the parameters of what is appropriate child and adult behaviour; what is 'safe'; to recognise when they and others close to them are not safe; and how to seek advice and support when they are concerned.

HeadG Online School will use the curriculum to provide opportunities for increasing self awareness, self esteem, social and emotional understanding, assertiveness and decision making so that pupils have a range of contacts and strategies to ensure their own protection and understand the importance of protecting others.

Systems have been established to support the empowerment of children to talk to a range of staff. Pupils at HeadG Online School will be listened to and heard and their concerns will be taken seriously and acted upon, as appropriate.

Specific systems outside of expected day to day classroom interaction and support include:

- Anti-Bullying Policy
- Childline Counsellor Chat:
<https://www.childline.org.uk/get-support/1-2-1-counsellor-chat/>
- CEOP (Child Exploitation and Online Protection Centre):
www.ceop.police.uk
- Childline: www.childline.org.uk
- Childnet: www.childnet.com
- Click Clever Click Safe Campaign: <http://clickcleverclicksafe.direct.gov.uk>
- Digizen: www.digizen.org.uk
- Internet Watch Foundation: www.iwf.org.uk
- Kidsmart: www.kidsmart.org.uk
- Regular interaction and feedback with groups of pupils
- Think U Know website: <https://www.thinkuknow.co.uk/>
- Virtual Global Taskforce: <http://virtualglobaltaskforce.com/>

E-Safety

It is recognised that the use of new technologies presents particular challenges and risks to children both inside and outside of school. HeadG Online School will work to ensure that e-Safety is embedded in the curriculum and that pupils manage the associated risks effectively and will support parents and the school community (including all members of staff) to become aware and alert to the needs of keeping children safe online. Detailed information can be found in the school's e-Safety policy which can be found on the school's website.

Supervision and Support

Any member of staff affected by issues arising from concerns for children's welfare or safety can seek support from the DSL/CPO, Head of School or Health and Wellbeing Manager. The DSL/CPO, Head of School or Health and Wellbeing Manager can put staff and parents in touch with outside agencies for professional support if they so wish.

Complaints

The school has a Complaints Procedure available to parents, pupils and staff who wish to report concerns. This document can be found on the school's website. All reported concerns will be taken seriously and considered within the relevant and appropriate process. Anything that constitutes an allegation against a member of staff or volunteer will be dealt with in accordance with the school's procedures.

Safer Recruitment

HeadG Online School is committed to ensure that all steps are taken to recruit staff, contractors and volunteers who are safe to work with our pupils and have their welfare and protection as the highest priority. The Director is responsible for ensuring that the school follows safe recruitment processes outlined within the school's Safer Recruitment procedures, including accurate maintenance of the Single Central Record; and an application, vetting and recruitment process which places safeguarding at its centre, regardless of staff or voluntary role.

Security

All staff have a responsibility for maintaining awareness of security surrounding the online platforms used by the school community, and for reporting concerns that may come to light. We operate within a whole-school community ethos and welcome comments from pupils, parents and others about areas that may need improvement as well as what we are doing well.

Prior to usage of our school platforms, pupils are required to provide the email address they will use to log in and this will be added to the list of 'authorised' email addresses.

Any 'unauthorised' email address will be indicated as 'guest' on our video conferencing platform.

Teachers **MUST not** allow 'guests' into their online classrooms as the user is not using an 'authorised' email address, supplied by the pupil/parent/carer. Pupils will require unique login details to access the

school's learning management system. Staff require unique login details to access all school platforms.

The school will not accept the behaviour of any individual (parent or other) that threatens school security or leads others (child or adult) to feel unsafe. Such behaviour will be treated as a serious concern and may result in a decision to refuse access for that individual to the school platforms. The presence of 'unauthorised' users/guests and any suspicious activity may be reported to the police, particularly where a criminal offence has taken place.

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Appendix 1 - Indicators of Harm

To ensure any relevant information is not missed, the following is a fuller complement of indicators of harm that a child may have but may not necessarily be apparent in an online setting given that pupils choose not to use their webcam and may not be seen, or will only be seen from the shoulders upwards while on their webcam. For fullness of clarity, examples of harm in all settings, for all ages, are detailed below.

Physical Harm

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.

a. 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
- Petechial 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 diffuse 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 out 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/behaviour 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

b. Indicators in the parent/carer

- May have injuries on 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
- Past 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

c. 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

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.

a. 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
- 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

b. Indicators in the parent/carer

- 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

c. Indicators 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

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)
- ensure access to appropriate medical care or treatment

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

a. Indicators in the child

Physical representation:

- 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

b. Indicators in the parent/carer

- 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

c. 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 pupil 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.

a. 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

- Emotional/behavioural presentation:

- ### **b. Indicators in the parent/carer**

- ### c. Indicators in the family/environment

- END OF POLICY -**

