

# Safeguarding Induction information for those who do not work directly with pupils, for volunteers, supply staff and work experience students (referred to as 'school staff' throughout the document)



We recognise our moral and statutory responsibility to safeguard and promote the welfare of all children. We make every effort to provide an environment in which children and adults feel safe, secure, valued and respected, and feel confident to talk if they are worried, believing they will be effectively listened to.

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

- protecting children from maltreatment;
- preventing impairment of children's health or development;
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care;
- taking action to enable all children to have the best outcomes.
- Preventing impairment of children's mental or physical health or development.

## **Policy Principles & Values**

- The welfare of the child is paramount
- Children have a right to feel safe and secure, they cannot learn effectively unless they do so.
- All children have a right to be protected from harm and abuse.
- All staff have a role in the prevention of harm and abuse and an equal responsibility to act immediately on any suspicion or disclosure that may indicate a child is at risk of harm, either in the school or in the community, taking into account contextual safeguarding, in accordance with statutory guidance.
- We acknowledge that working in partnership with other agencies protects children and reduces risk and so we will engage in partnership working to protect and safeguard children.
- Whilst the school will work openly with parents as far as possible, it reserves the right to contact Social Care or the police, without notifying parents if this is believed to be in the child's best interests.
- Maintain an attitude of **"It could happen here"**

## **Supporting Children**

- We recognise that school may provide a safe place and the only stability in the lives of children who have been abused or who are at risk of harm.
- We are aware that mental health problems can, in some cases, be an indicator that a child had suffered or is at risk of suffering abuse, neglect or exploitation.
- We recognise that a child who is abused or witnesses abuse and/or violence may feel helpless and humiliated, may blame themselves, and find it difficult to develop and maintain a sense of self-worth.
- We accept that research shows that the behaviour of a child in these circumstances may range from that which is perceived to be normal to aggressive or withdrawn.
- Some children are more vulnerable than others e.g. those with communication difficulties (including limited use of the English language), special educational needs, children in care.

## **The role of school staff**

Safeguarding and promoting the welfare of children is everyone's responsibility. Everyone who comes into contact with children has an important role to play.

School staff are particularly important as they are in a position to identify concerns early, provide help for children, promote children's welfare and prevent concerns from escalating. It is important all staff (including those who do not work directly with children) recognise the important role they play in protecting children.

It is important for children to receive the right help at the right time to address risks and prevent issues escalating. Research and serious case reviews have repeatedly shown the dangers of failing to take effective and immediate action. Examples of poor practice includes failing to act on and refer the early signs of abuse and neglect.

## **What school staff need to know and actions to take**

For the purposes of safeguarding, a child is anyone under the age of 18.

All staff should know who the DSL is and who to approach if the DSL is unavailable (see below).

Staff should not assume a colleague or another professional will take action and share information that might be critical in keeping children safe.

If staff have any concerns about a child's welfare, they should act on them immediately. They should follow their school's child protection policy and speak to the designated safeguarding lead (or deputy). In the absence of the designated safeguarding lead staff should speak to a member of the school's senior leadership team.

The designated safeguarding lead (or deputy) will generally lead on next steps, including who else, if anyone, in the school or college should be informed and whether to pass a concern to children's social care and/or the police. In some instances, staff may be expected to support the children social care assessment process. If this is the case, the designated safeguarding lead (or deputy) will support them.

## **Dealing with disclosures (What to do if a child discloses...)**

A member of staff who is approached by a child should listen positively and try to reassure them. They cannot promise complete confidentiality and should explain that they may need to pass information to other professionals to help keep the child or other children safe. The degree of confidentiality should always be governed by the need to protect the child.

Additional consideration needs to be given to children with communication difficulties and for those whose preferred language is not English. It is important to communicate with them in a way that is appropriate to their age, understanding and preference.

Staff should be able to reassure all victims that they are being taken seriously and that they will be supported and kept safe. A victim should never be given the impression that they are creating a problem by reporting abuse, sexual violence or sexual harassment. Nor should a victim ever be made to feel ashamed for making a report.

All staff have the right to make a referral to the C-SPA or Police directly and should do this if, for whatever reason, there are difficulties following the agreed protocol, for example, they are the only adult on the school premises at the time and have concerns about sending a child home.

Requests for support should be made securely by email to [csmash@surreycc.gov.uk](mailto:csmash@surreycc.gov.uk) using the [Request for Support Form](#) urgent referrals should be made by telephone 0300 470 9100 (and ask for the priority line).

**If a member of staff suspects abuse, spots signs or indicators of abuse, or they have a disclosure of abuse made to them they must:**

1. Make an initial record of the information related to the concern
2. Report it to the DSL immediately (or the class teacher to be discussed with the DSL)
3. The DSL will consider if there is a requirement for immediate medical intervention, however urgent medical attention should not be delayed if the DSL is not immediately available.
4. Make an accurate record using a Cause for Concern sheet available from the office (which may be used in any subsequent court proceedings) as soon as possible and within 24 hours of the occurrence, of all that has happened, including details of:
  - Dates and times of their observations
  - Dates and times of any discussions in which they were involved.
  - Any injuries
  - Explanations given by the child / adult
  - Rationale for decision making and action taken
  - Any actual words or phrases used by the child
5. Any handwritten notes must be signed, dated and handed to the DSL and stored and scanned onto CPOMS. Any paper copies of Cause for Concern sheets used must be signed and dated by the author and handed to the DSL.
6. In the absence of the DSL or their Deputy, staff must be prepared to refer directly to C-SPA (and the police if appropriate) if there is the potential for immediate significant harm.

**What school staff should do if they have safeguarding concerns about another staff member who may pose a risk of harm to children**

If staff have safeguarding concerns about another member of staff (including volunteers, supply staff, tradespersons and visitors) they should speak to the Headteacher or to another member of the school's senior leadership team.

Once an allegation has been received by the Headteacher or Chair of Governors they will contact the LADO (Local Authority Designated Officer), as part of their mandatory duty. In liaison with the LADO, the school will determine how to proceed and if necessary the LADO will refer the matter to Children's Social Care and/or the police.

**What school staff should do if they have concerns about safeguarding practices within the school**

All staff and volunteers should feel able to raise concerns about poor or unsafe practice and potential failures in the school's or college's safeguarding regime, and know that such concerns will be taken seriously by the senior leadership team.

Appropriate whistleblowing procedures should be in place for concerns to be raised with the school's senior leadership team. Where staff feel unable to raise an issue with their employer or feel that their genuine safeguarding concerns are not being addressed NSPCC whistleblowing advice line

is available. Staff can call 0800028 0285 – 8:00 AM to 8:00 PM, Monday to Friday and email:help@nspcc.org.uk. Alternatively, staff can write to: National Society for the Prevention of Cruelty to Children (NSPCC), Weston House, 42 Curtain Road, London EC2A 3NH.

**All staff should be aware of the systems in school which support safeguarding and sign to say that they have read, understand and abide by the guidance in this document**

### **What school staff should look out for (to be read in own time)**

Knowing what to look for is vital to the early identification of abuse and neglect. All staff should be aware of indicators of abuse and neglect, including exploitation, so that they are able to identify cases of children who may be in need of help or protection. If staff are unsure, they should always speak to the designated safeguarding lead(or deputy).

### **Forms of abuse and neglect**

**Abuse:** a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children may be abused by other children or adults, in a family or in an institutional or community setting by those known to them or, more rarely, by others.

It is important to recognise that indicators alone cannot confirm whether a child is being abused. Each child should be seen in the context of their family and wider community and a proper assessment carried out by appropriate persons. What is important to keep in mind is that if you feel unsure or concerned, do something about it. Don't keep it to yourself.

**Physical abuse:** a form of abuse that may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child.

Indicators of possible physical abuse include:

- Multiple bruising or bruises and scratches (especially on the head and face)
- Clusters of bruises – e.g., fingertip bruising (caused by being grasped)
- Bruises around the neck and behind the ears – the most common abusive injuries are to the head
- Bruises on the back, chest, buttocks, or on the inside of the thighs
- Marks indicating injury by an instrument – e.g., linear bruising (stick), parallel bruising (belt), marks of a buckle
- Bite marks
- Deliberate burning may also be indicated by the pattern of an instrument or object – e.g., electric fire, cooker, cigarette
- Scalds with upward splash marks or *tide marks*
- Untreated injuries
- Recurrent injuries or burns
- Bald patches.

**Emotional abuse:** the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

Indicators of possible emotional abuse include:

Developmental issues	Behaviour	Social issues	Emotional responses
Delays in physical, mental and emotional development Poor school performance Speech disorders, particularly sudden disorders or changes.	Acceptance of punishment which appears excessive Over-reaction to mistakes Continual self-deprecation (I'm stupid, ugly, worthless etc) Neurotic behaviour (such as rocking, hair-twisting, thumb-sucking) Self-mutilation Suicide attempts Drug/solvent abuse Running away Compulsive stealing, scavenging Acting out Poor trust in significant adults Regressive behaviour – e.g., wetting Eating disorders Destructive tendencies Neurotic behaviour Arriving early at school, leaving late	Withdrawal from physical contact Withdrawal from social interaction Over-compliant behaviour Insecure, clinging behaviour Poor social relationships	Extreme fear of new situations Inappropriate emotional responses to painful situations (“I deserve this”) Fear of parents being contacted Self-disgust Low self-esteem Unusually fearful with adults Lack of concentration, restlessness, aimlessness Extremes of passivity or aggression

**Sexual abuse:** involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Females can also be abusers as can other children.

Indicators of possible sexual abuse include:

Physical observations:	Behavioural observations:
Damage to genitalia, anus or mouth Sexually transmitted diseases Unexpected pregnancy, especially in very young girls Soreness in genital area, anus or mouth and other medical problems such as chronic itching Unexplained recurrent urinary tract infections and discharges or abdominal pain	Sexualised behaviour or affection inappropriate for age Sexually inappropriate behaviour Hinting at sexual activity Inexplicable decline in education progress Depression or other sudden apparent changes in personality as becoming insecure Lack of concentration, restlessness, aimlessness Socially isolated or withdrawn Overly-compliant behaviour Acting out, aggressive behaviour Poor trust or fear concerning significant adults Regressive behaviour,

	Onset of wetting, by day or night; nightmares Arriving early at school, leaving late, running away from home Suicide attempts, self-mutilation, Suddenly drawing sexually explicit pictures Eating disorders or sudden loss of appetite or compulsive eating Regressing to younger behaviour patterns such as thumb sucking or bringing out discarded cuddly toys Become worried about clothing being removed Trying to be 'ultra-good' or perfect; overreacting to criticism Sexual knowledge inappropriate for age
--	--

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

Possible indicators of neglect include:

Physical	Behavioural
Constant hunger and stealing food Poor personal hygiene - unkempt, dirty or smelly Underweight Dress unsuitable for weather Poor state of clothing Illness or injury untreated	Constant tiredness Frequent absence from school or lateness Missing medical appointments Isolated among peers Frequently unsupervised Stealing or scavenging, especially food Destructive tendencies

### Other Safeguarding issues

All staff should be aware that **child sexual (CSE) and child criminal exploitation (CCE)** are forms of child abuse.

Child exploitation 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 school is aware that a child often is not able to recognise the coercive nature of the abuse and does not see themselves as a victim. As a consequence the child may resent what they perceive as interference by staff. However, staff must act on their concerns as they would for any other type of abuse.

Child Criminal Exploitation is when young people are put at risk by gang activity, both through participation in, and as victims of, gang violence which can be in relation to their peers or to a gang-involved adult in their household. A child who is affected by gang activity or serious youth violence may have suffered, or may be likely to suffer, significant harm through physical, sexual and emotional abuse or neglect.

## **Female Genital Mutilation**

Female Genital Mutilation (FGM) is illegal in England and Wales under the FGM Act (2003). It is a form of child abuse and violence against women.

## **Forced Marriage**

A forced marriage is a marriage in which one or both people do not (or in cases of people with learning disabilities cannot) consent to the marriage but are coerced into it. Coercion may include physical, psychological, financial, sexual and emotional pressure. It may also involve physical or sexual violence and abuse. Forced marriage is recognised in the UK as a form of violence against women and men, domestic/child abuse and a serious abuse of human rights

## **Honour-based Abuse**

Honour based abuse (HBA) can be described as a collection of practices, which are used to control behaviour within families or other social groups to protect perceived cultural and religious beliefs and/or honour. Such violence can occur when perpetrators perceive that a relative has shamed the family and/or community by breaking their honour code. It is considered a violation of human rights and may be a form of domestic and/or sexual abuse.

## **Peer on peer/ Child on Child abuse**

All staff should be aware that children can abuse other children. It can happen both inside and outside of school/college and online. It is important that all staff recognise the indicators and signs of peer on peer abuse and know how to identify it and respond to reports.

**Sexual violence and sexual harassment** can occur between two children of any age and sex. It can also occur through a group of children sexually assaulting or sexually harassing a single child or group of children. It is important that all victims are taken seriously and offered appropriate support.

Consensual image sharing, especially between older children of the same age, may require a different response. It might not be abusive – but children still need to know it is illegal- whilst non-consensual is illegal and abusive. UKCIS provides detailed advice about sharing of nudes and semi-nude images and videos.

All staff should be clear as to the school or college's policy and procedures with regards to peer on peer abuse. Peer on peer abuse is most likely to include, but may not be limited to:

- bullying (including cyberbullying, prejudice-based and discriminatory bullying);
- abuse in intimate personal relationships between peers;
- physical abuse which can include hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm;
- sexual violence, such as rape, assault by penetration and sexual assault;
- sexual harassment, such as sexual comments, remarks, jokes and online sexual harassment;
- non-consensual sharing of nudes and semi nudes images and/or videos;
- causing someone to engage in sexual activity without consent, such as forcing someone to strip, touch themselves sexually, or to engage in sexual activity with a third party;
- upskirting, which typically involves taking a picture under a person's clothing without their permission, with the intention of viewing their genitals or buttocks to obtain sexual gratification or cause the victim humiliation, distress or alarm; and

- initiation/hazing type violence and rituals (this could include activities involving harassment, abuse or humiliation used as a way of initiating a person into a group and may also include an online element.

### **On-line Safety**

The school has an online safety policy which explains how we try to keep pupils safe in school and how we respond to online safety incidents. The school online safety co-ordinator is Miss Elise Baird.

Pupils may also be distressed or harmed by accessing inappropriate material such as pornographic websites or those which promote extremist behaviour, criminal activity, suicide or eating disorders. Reassure the child they are right to tell an adult and report the incident to the class teacher for further support. If a child uses an inappropriate website intentionally report it to the class teacher immediately.

### **Radicalisation, Extremism and Terrorism**

Some children are at risk of being radicalised; adopting beliefs and engaging in activities which are harmful, criminal or dangerous. This can happen both online and offline.

The school is clear that exploitation of vulnerable children and radicalisation should be viewed as a safeguarding concern and follows the Department for Education guidance for schools and childcare providers on preventing children and young people from being drawn into terrorism.

When any member of staff has concerns that a pupil may be at risk of radicalisation or involvement in terrorism, they should speak with the DSL in the first instance.

### **Domestic Abuse**

Living in a home where domestic abuse takes place is harmful to children and can have a serious impact on their behaviour, wellbeing and understanding of healthy, positive relationships. Children who witness domestic abuse are at risk of significant harm and staff are alert to the signs and symptoms of a child suffering or witnessing domestic abuse.

### **Key Personnel**

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

Emma Knight

#### **The deputy DSL(s) are:**

Georgie Samuel

Elise Baird

Jo Foley

Jo Williams

#### **The nominated child protection governor is:**

Emily Berge