

Doc. Ref. :

Date of Last Review: 2024

**Paradis International College** 

Date of Last Review: 2025

## **Safeguarding and Child Protection Policy & Procedure**

Disclaimer

The information contained in this document has been prepared exclusively for the internal use of Paradis International College. Since this document is confidential and proprietary to Paradis International College, third parties are not entitled to rely on it in any way. The present document has been issued in English.

	AUTHORS	APPROVED BY
Name	TINCU GEORGIANA	ALBU OANA
Title	Psychologist	Director of College



At Paradis International College we believe that it is the responsibility of all staff and other adults (Volunteers, security, cleaning) that come into contact with students to care for each and every student. Ensuring child protection concerns and referrals are handled sensitively, professionally and in ways which support the needs of the child.

1. Policy Aims:

- To recognise and support students and who are at risk of all forms of abuse;
- To ensure that all staff employed at the school understand and are trained to recognise and report signs of abuse and to refer any concerns to the Designated Safeguarding Lead (DSL) or their deputy;
- To ensure all records are kept securely, separate from the main pupil file, and in a locked location;

This document is taken account of: UK Keeping Children Safe in Education (2020) (see https://drive.google.com/drive/folders/1QaBYFhP1MyPNxiSNCOCatazbU-Bz5w8y ) BSO standards ( see https://docs.google.com/document/d/1RgiHK7\_qu70r0YInTOtoRbs5BHorSPImzhRV7rc19SY/edit) and Romanian guidance-LEGE Nr. 272 din 21 iunie 2004 (see http://www.dgaspc-sectorul1.ro/UPLOAD/2019/Legisla%C8%9Bie/LEGE%20%20%20Nr.272%20din%2 02004.pdf)

## 2. Key personnel in the school

The Designated Safeguarding Lead	The Deputy Designated Person for child protection		
(DSL)	(DDP)		
Georgiana Tincu, Psychologist	Florina Solcan, Psychologist		
Contact details: 0740/265/537	Contact details:		
georgiana.tincu@paradis-college.ro	florina.solcan@paradis-college.ro		





According to Romanian Law, we have a specialist Social Services Department to which we can refer any serious concerns:

Direcția generală de asistență socială și protecție a copilului Str. Vasile Lupu, nr.57A, CP 700309, Iași Telefon: +40 – 0232-477-731 Fax: +40 – 0232-279-972 E-mail: <u>office.dgaspcis@dasiasi.ro</u>

## 3. Roles and Responsibilities

The DSL:

- is appropriately trained to level 3 currently through CPD Group and level 2 through the UK's NSPCC;
- acts as a source of support and expertise to the school community;
- keeps written records of all concerns, ensuring that such records are stored securely and kept separate from, the pupil's general file;
- refers cases of suspected abuse to children's social care (Direcția generală de asistență socială și protecție a copilului of Iași), police, parents, extended family as appropriate;
- keeps a record of staff attendance at child protection training;
- ensure students know that there are adults in the school whom they can approach if they are worried;
- ensure every member of staff and other adults (including temporary, supply staff, volunteers) know the name and role of the DSL responsible for child protection;

The DDP:

• The deputy designated person is appropriately trained to level 3 currently through the CPD Group and level 2 through UK's NSPCC/;



- In the absence of the DSL, it carries out those functions necessary to ensure the ongoing safety and protection of pupils.
- In the event of the long-term absence of the designated person, the deputy will assume all of the DSL responsibilities.

The role of school and college staff:

- All staff have a responsibility to provide a safe environment in which children can learn;
- All staff should be prepared to identify children who may benefit from early help. Early help means providing support as soon as a problem emerges at any point in a child's life, from the foundation years through to the teenage years;
- All staff should be aware of their local early help process and understand their role in it;
- All staff should know what to do if a child tells them he/she is being abused or neglected. Staff should know how to manage the requirement to maintain an appropriate level of confidentiality;

## 4. Staff Training

It is important that all staff are trained. Annually all staff will be trained by the DSL,DDP – and new staff joining part way through the academic year will be trained individually by the DSL/DDP) to enable them to recognise the possible signs of abuse and neglect and to know what to do if they have a concern. Records of all those who have attended training on Child Protection are kept centrally. Every employee and volunteer is required to read the policy and ask questions to ensure their understanding. It is strongly recommended that all staff also read part one of Keeping Children Safe in Education (see Appendix 4).

## 5. Safer Recruitment

Recruitment policy takes full account of child protection and safeguarding (see <a href="https://drive.google.com/drive/folders/1n8Hi0C6OEu7JUe2YL8TdyJtOJgJz6RXJ">https://drive.google.com/drive/folders/1n8Hi0C6OEu7JUe2YL8TdyJtOJgJz6RXJ</a> )

## 6. Student Awareness

The safe use of Technology is also a focus in all areas of the curriculum and key safety messages are reinforced as part of assemblies and tutorial/pastoral activities, teaching students





about the risks associated with using the Technology and how to protect themselves and their peers from potential risks; (see Online Safety Policy). The PSHE programme makes a significant contribution to pupil spiritual, moral, social and cultural development, their behavior, and safety. (see PSHE Policy).

## 7. Support for those involved in a child protection issue

Child neglect and abuse is devastating for the child and can also result in distress and anxiety for staff who become involved. The College will support the children and their families and staff by:

- taking all suspicions and disclosures seriously
- nominating a link person (normally the Designated Safeguarding Lead or Deputy) who will keep all parties informed and be the central point of contact.
- Where a member of staff is the subject of an allegation made by a child, a separate link person, acceptable to both parties, will be nominated to avoid any conflict of interest
- responding sympathetically to any request from a child or member of staff for time out to deal with distress or anxiety
- maintaining confidentiality and sharing information on a need-to-know basis only with relevant individuals and agencies
- storing records securely
- offering details of help lines, counselling or other avenues of external support

## 8. Reporting

All concerns will be reported to the DSL within one working day or immediately if the child is at very high risk

The concerns may be raised in the following situations:

- A pupil discloses to them personally
- A pupil informs them that he/she knows or suspects that another pupil is being abused
- Another third party informs them that he/she knows or suspects that a pupil is being abused.
- Behavior changes of the pupil, physical injuries (e.g. bruises, welts, laceration, abrasion)





**NB:** If a child makes a disclosure of abuse of any kind to any teacher or other member of staff, they should be given support and reassurance, but must not be promised confidentiality. The member of staff should listen to what the child has to say, but avoid asking leading question about abuse, although they may ask question about the child's feelings and general welfare.

If the DSL is not in school, the concern should be raised to the DDP who can decide if immediate action is required.

It is recognised that children need protection from:

- Physical abuse is a form of abuse which may involve hitting, pinching, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent fabricates the symptoms of, or deliberately induces, illness in a child.
- Emotional abuse is the persistent emotional maltreatment of a child. It is sometimes called psychological abuse and it can have severe and persistent 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. Emotional abuse may also involve serious bullying by a child's peers (including online bullying through social networks online games or mobile phones. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.



• 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 can take place online, and technology can ce use to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children (peer-on-peer/child-on-child abuse). The sexual abuse of children by other children is a specific safeguarding issue .

- Neglect is the persistent failure to meet a child's basic physical and/or psychological needs. It is likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy e.g. as a result of maternal substance abuse. Once a child is born, neglect may involve a parent failing to: provide adequate food, clothing and shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate care-givers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs. Children who are neglected also suffer from other types of abuse.
- Cyberbullying and other online abuse is the use of information and communications technology particularly mobile phones, email, social websites, text messages, cameras and the internet, deliberately to upset someone else. It may occur in or outside school and can happen at all times of the day, with a potentially large audience and/or more accessories, since others are able to 'forward on' bullying content at a click.
- Peer-on-Peer/Child-on-Child Abuse is not just an adult crime. Children can pose a threat either physically or sexually to other children from within or outside their own





school community, and this should never be tolerated. Staff should know that children are capable of abusing other children as well as their peers, and whilst recognising the gendered nature of peer-on-peer/child-on-child abuse, it is important to note that all peer-on-peer/ child-on-child abuse is unacceptable and will be taken seriously; they should never dismiss abusive behaviour as a normal part of growing up or "banter", and should not develop high thresholds before taking action.

## All staff should be aware that:

• abuse, neglect and 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.

• Safeguarding incidents and/or behaviours can be associated with factors outside the School and/or can occur between children outside of these environments.

• Technology is a significant component in many safeguarding and wellbeing issues. Children are at risk of abuse online as well as in day to day life. In many cases abuse will take place concurrently via online channels and in daily life.

These signs are thoroughly discussed and explained during staff training. Further information can be found in Appendix 2, Appendix 3.

**8.a) Concern report forms** must be completed as soon as posible by the person who has any concern about a possible abuse and given to the DSL/DDP (see Appendix 1).Concern report forms can be found on the following link https://drive.google.com/drive/folders/1n8Hi0C6OEu7JUe2YL8TdyJtOJgJz6RXJ

## The requirements for completing the concern report forms must:

- Clearly identify which pupil the record refers to, leaving no room for mistaken identity.
- State the name, designation and signature of the person completing the record.
- Give the date the record was written.
- Show the date(s) and time(s) of any incidents or when a concern was observed.
- Provide details of any witnesses to an incident.
- Distinguish between fact, opinion and hearsay.
- Describe the concern in sufficient detail.
- Recount anything the pupil has said in their own words. Swear words, insults, or intimate vocabulary should be written down verbatim.



- Be written free of jargon, and in a professional manner without stereotyping or discrimination.
- Cross-reference any siblings or extended family members, if relevant.
- Include a completed body map if relevant to show any visible injuries.
- Indicate who the record has been given/sent to.

## 9. Taking action

- complete a form of concern
- report your concern to the DSL as soon as possible and certainly by the end of the day
- if the DSL or Deputy are not available, ensure the information is shared with the Principal of the school and the DSL will ensure action is taken to report the concern to children's social care without
- Do not start your own investigation;
- share information on a need-to-know basis only do not discuss the issue with colleagues, friends or family ;
- seek support for yourself if you are distressed;

## **10.** Notifying parents

The school will normally seek to discuss any concerns about a pupil with their parents. This must be handled sensitively and the DSL in agreement with the Principal will make contact with the parent in the event of a concern, suspicion or disclosure. However, in exceptional circumstances the DSL and school may feel that notifying parents could increase the risk to the child or exacerbate the problem. In such cases, advice may be sought from other local or overseas agencies, or a decision may be taken for school to contact an extended family member. Referral to children's social care The DSL will make a referral to local children's social care if it is believed that a pupil is suffering or is at risk of suffering significant harm. The pupil (subject to their age and understanding) and the parents will be told that a referral is being made, unless to do so would increase the risk to the child.

## **10.1 Contacting Social Service Department or other outside agencies**

Social services should be contacted in the following circumstances:

- If the efforts of the school to resolve an issue have not led to an improvement;
- If the parents refuse to cooperate with the school;



- If the school feels that it is has reached the limits of its capacity to help;
- If the child is considered in immediate or acute danger (see below).

The Social Service Department can, however, be contacted without the parents' agreement if the child is considered to be in immediate or acute danger.

## 11.Staff who are the subject of allegation

We must accept that some adults do pose a serious risk to children's welfare and safety and we must act on every allegation made. Staff who are the subject of an allegation have the right to have their case dealt with fairly, quickly and consistently and to be kept informed of its progress. Suspension is not mandatory nor is it automatic but, in some cases, staff may be suspended where this is deemed to be the best way to ensure that children are protected.

- If an allegation is made against a teacher, all unnecessary delays should be eradicated. The school must not undertake its own investigations of allegations without prior consultation with the local authority or, in the most serious cases, the police
- Any employee who becomes aware of an allegation or has concerns of a child protection nature must take immediate steps to ensure that the matter is reported directly to the DSL.
- Further action may be taken by the school in investigating the matter internally in line with the staff disciplinary procedures.

## 12. Useful sources of information (external)

Romanian guidance regarding child protection - LEGE Nr. 272 din 21 iunie 2004 (see <a href="http://www.dgaspcsectorul1.ro/UPLOAD/2019/Legisla%C8%9Bie/LEGE%20%20%20Nr.272%20din%2">http://www.dgaspcsectorul1.ro/UPLOAD/2019/Legisla%C8%9Bie/LEGE%20%20%20Nr.272%20din%2</a>
 02004.pdf

2. Save the children <u>https://resourcecentre.savethechildren.net/our-thematic-areas/child-protection</u>

3. Child protection about violence -

ttps://iite.unesco.org/files/news/639352/Protec%C5%A3ia-copilului-fa%C5%A3%C4%83-de-violen%C 8%9B%C4%83-Culegere-de-acte-normative-2017.pdf

4. Direcția generală de asistență socială și protecție a copilului of Iasi www.dasiasi.ro

5. Child abuse, neglect, trafficking and Exploitation Assistance Service (SASANTEC, Romania)-





https://www.protectiacopilului6.ro/directia-protectia-copilului\_doc\_11\_serviciul-asistenta-in-s ituatii-de-abuz-neglijare-trafic-si-exploatare-a-copilului\_pg\_0.htm

#### **Relevant college policies**

- 1. Recruitment Policy
- 2. Online Safety Policy
- 3. Anti-bullying Policy
- 4. Health and safety Policy
- 5. Teacher code of conduct
- 6. PSHE Policy

Appendix 1: Cause for Concern Form

These forms can be accessed here

[https://drive.google.com/drive/folders/1n8Hi0C6OEu7JUe2YL8TdyJtOJgJz6RXJ].

Once completed they should be sent directly to [DSL] as soon as possible and certainly by the end of the day]

Cause fo	r concern form		
Pupil's name:		Date of birth:	
Class/year group:		Ethnicity:	



<ol> <li>What action have you taken in Have you contacted anyone else</li> </ol>	
If the child has a physical injury, attention in relation to the injury?	have you sought medical advice? Has the child received any medical
Date and time of this record:	
Your name (please print):	
Your position or job title:	
Your signature:	
Now give this record to the nomin	nated child protection lead or their deputy if they are unavailable.
Date and time received by the n	ominated child protection lead:
	NSPCC
Child protection in sch Conversion & NSPCC 2019 / Al right	hools



2/2

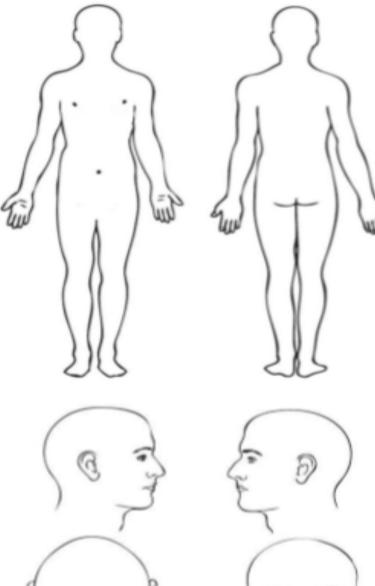
Cambridge International School





	Body map to be completed by the person who is trained to observe the injuries
	Name of the child:
	DaDa
	Name of person making this record:
	Role in school:
	Date recorded:
-	Observations:

Safeguarding Body Map







Do not take photos of any marks or injuries!



Appendix 2

## TYPES AND SIGNS OF ABUSE INCLUDING SPECIFIC SAFEGUARDING ISSUES

(from KCSIE)

#### 1. TYPES AND SIGNS OF ABUSE

Abuse neglect and safeguarding concerns are rarely standalone events. In most cases, multiple issues will coexist. Abuse is a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the intranet). Abuse can take place wholly online or technology may be used to facilitate offline abuse. They may be abused by an adult or adults or another child or children. A child may be subjected to a combination of different kinds of abuse. It is also possible that a child may show no outward signs and hide what is happening from everyone.

Recognising signs of child abuse:

Recognising child abuse is not easy, and it is not your responsibility to decide whether or not child abuse has taken place or if a child is at significant risk. You do, however, have a responsibility to act if you have a concern about a child's welfare or safety.

Abused children may be afraid to tell anybody about the abuse. They may struggle with feelings of guilt, shame or confusion, particularly if the abuser is a parent, caregiver or other close family member or friend. Anyone working with children or young people needs to be vigilant to the signs listed below.

Whether or not a child's behaviour or appearance is concerning depends on their age or stage of development. Children with learning difficulties, physical disabilities or health related issues may be at a different developmental stage to most of their peers. However, children who have experienced abuse or neglect from a young age may also display developmental delays compared to children their own age. In such cases, the lack of a clear medical explanation for these delays may be an indicator of abuse.

In addition to warning signs that may be specific to a particular category of abuse or neglect, there are a number of general warning signs/indicators which might suggest that a child is being abused or neglected as follows:

• Children whose behaviour changes – they may become aggressive, challenging, disruptive, withdrawn or clingy, or they might have difficulty sleeping or start wetting the bed;

- Children with clothes which are ill-fitting and/or dirty;
- Children with consistently poor hygiene;





• Children who make strong efforts to avoid specific family members or friends, without an obvious reason;

• Children who don't want to change clothes in front of others or participate in physical activities;

• Children who are having problems at school, for example, a sudden lack of concentration and learning or they appear to be tired and hungry;

• Children who talk about being left home alone, with inappropriate carers or with strangers;

• Children who reach developmental milestones late, such as learning to speak or walk, with no medical reason;

- Children who are regularly missing from school or education;
- Children who are reluctant to go home after school;

• Children with poor school attendance and punctuality, or who are consistently late being picked up;

- Parents who are dismissive and non-responsive to practitioners' concerns;
- Parents who collect their children from school when drunk/under the influence of drugs;
- Children who drink alcohol regularly from an early age;
- Children who are concerned for younger siblings without explaining why;
- Children who talk about running away; and
- Children who shy away from being touched or flinch at sudden movements.
- 2. PHYSICAL ABUSE

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

#### Signs of physical abuse:

Most children will collect cuts and bruises in their daily lives. These are likely to be in places where there are bony parts of the body, like elbows, knees and shins. Some children, however, will have bruising which can almost only have been caused non-accidentally. An important indicator of physical abuse is where bruises or injuries are unexplained or the explanation does not fit the injury or there are differing explanations. A delay in seeking medical treatment for a child when it is obviously necessary is also a cause for concern. Bruising may be more or less noticeable on children with different skin tones or from different racial groups and specialist advice may need to be taken.

Patterns of bruising that are suggestive of physical child abuse include:

• bruising in children who are not independently mobile





- bruises that are seen away from bony prominences
- bruises to the face, back, stomach, arms, buttocks, ears and hands
- multiple bruises in clusters
- multiple bruises of uniform shape
- bruises that carry the imprint of an implement used, hand marks or fingertips

Although bruising is the commonest injury in physical abuse, fatal non-accidental head injury and non-accidental fractures can occur without bruising. A doctor should see any child who has unexplained signs of pain or illness promptly.

Other physical signs of abuse may include:

- cigarette burns
- adult bite marks
- broken bones
- scalds

Changes in behaviour which can also indicate physical abuse:

- fear of parents being approached for an explanation
- aggressive behaviour or severe temper outbursts
- flinching when approached or touched
- reluctance to get changed, for example wearing long sleeves in hot weather.
- 3 EMOTIONAL ABUSE

Emotional abuse is the persistent emotional maltreatment of a child. It is sometimes called psychological abuse and it can have severe and persistent 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. Emotional abuse may also involve serious bullying by a child's peers (including online bullying through social networks online games or mobile phones. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

Signs of emotional abuse:



Emotional abuse can be difficult to measure, and often children who appear well cared for may be emotionally abused by being taunted, put down or belittled. They may receive little or no love, affection or attention from their parents. Children who live in households where there is domestic violence can often suffer emotional abuse. Emotional abuse can also take the form of children not being allowed to mix/play with other children.

The physical signs of emotional abuse may include:

• failure to thrive or grow, particularly if the child puts on weight in other circumstances, e.g. in hospital or away from parents' care

- sudden speech disorders
- developmental delay, either in terms of physical or emotional progress.

Changes in behaviour which can also indicate emotional abuse include:

- neurotic behaviour, e.g. sulking, hair twisting, rocking
- being unable to play
- fear of making mistakes
- self harm
- fear of parents being approached.
- 4 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 can take place online, and technology can ce use to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children (peer-on-peer/child-on-child abuse). The sexual abuse of children by other children is a specific safeguarding issue

#### Signs of sexual abuse:

Adults who use children to meet their own sexual needs abuse both girls and boys of all ages, including infants and toddlers.

Usually, in cases of sexual abuse it is the child's behaviour that may cause you to become concerned, although physical signs can also be present. In all cases, children who talk about sexual abuse do so because they want it to stop. It is important, therefore, that they are listened to and taken seriously.

The physical signs of sexual abuse may include:

• pain or itching in the genital areas





- bruising
- stomach pains
- discomfort when walking or sitting down

Changes in behaviour that can also indicate sexual abuse include:

- sudden or unexplained changes in behaviour, e.g. becoming aggressive or withdrawn
- fear of being left with a specific person or group of people
- having nightmares
- running away
- sexual knowledge which is beyond their age or developmental level
- sexual drawings or language
- bedwetting
- eating problems
- saying they have secrets they cannot tell anyone about
- 5 NEGLECT

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs. It is likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy e.g. as a result of maternal substance abuse. Once a child is born, neglect may involve a parent failing to: provide adequate food, clothing and shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate care-givers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs. Children who are neglected also suffer from other types of abuse.

#### Signs of neglect:

Neglect can be a difficult form of abuse to recognise, yet have some of the most lasting and damaging effects on children. The physical signs of neglect may include:

- constant hunger, sometimes stealing food from other children
- being constantly dirty or smelly
- loss of weight, or being constantly underweight
- inappropriate dress for the conditions.

Changes in behaviour which can also indicate neglect may include:

- complaining of being tired all the time
- not requesting medical assistance and/or failing to attend appointments





- having few friends
- mentioning being left alone or unsupervised

The above list is not meant to be definitive but should be used as a guide to assist you. It is important to remember that many children and young people will exhibit some of these indicators at some time, and the presence of one or more should not be taken as proof that abuse is occurring.

There may well be other reasons for changes in behaviour, such as a death or the birth of a new baby in the family, relationship problems between parents, undiagnosed medical conditions etc

#### Appendix 3

#### ALLEGATIONS AGAINST PUPILS (PEER-ON-PEER/CHILD-ON-CHILD ABUSE)

#### Peer-on-Peer/Child-on-Child Abuse

Abuse is not just an adult crime. Children can pose a threat either physically or sexually to other children from within or outside their own school community, and this should never be tolerated. Staff should know that children are capable of abusing other children as well as their peers, and whilst recognising the gendered nature of peer-on-peer/child-on-child abuse, it is important to note that all peer-on-peer/ child-on-child abuse is unacceptable and will be taken seriously; they should never dismiss abusive behaviour as a normal part of growing up or "banter", and should not develop high thresholds before taking action.

Although the starting point is that the School's response to peer-on-peer/child-on-child abuse should be the same for all pupils, regardless of age, there may be some additional considerations in relation to a pupil aged 18 or over in terms of how local agencies and/or partners respond.

Peer-on-peer/child-on-child abuse is most likely to include, but is not limited to:

- abuse in intimate personal relationships between peers;
- bullying (including cyber-bullying);

• physical abuse (including hitting, kicking, shaking, biting, hair pulling or otherwise causing physical harm);

• sexual violence such as rape, assault by penetration and sexual assault; (this may include an online element which facilitates, threatens and/or encourages sexual violence). See 10.2 below;

• sexual harassment, such as sexual comments, remarks, jokes and online sexual harassment, which may be stand-alone or part of a broader pattern of abuse.

• upskirting, which typically involves taking a picture under a person's clothing (not necessarily a skirt) without their permission or knowledge, with the intention of viewing their genitals or buttocks (with or without underwear) to obtain sexual gratification, or cause the victim humiliation, distress or alarm. Anyone of any gender, can be a victim.





• 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); and;

- Sharing self generated indecent images (or 'sexting'); and
- Serious violence.

If staff or volunteers have any concerns that bullying or any other negative behaviour, may give rise to safeguarding concerns, they should discuss this with the DSL as soon as possible.

The School has a clear Behaviour Policy and Anti-bullying Policy both of which set out clear expectations for pupil behaviour and aim to minimise the risk of peer-on-peer/child-on-child abuse at school. The PSHE programmes offer guidance to pupils on behaviour and also on keeping themselves safe online.

However, a distinction needs to be drawn between behaviour best dealt with by the School's relevant Anti-bullying Policy and more complex behaviour. A bullying incident should be treated as a safeguarding concern when there is 'reasonable cause to suspect that a child is suffering, or likely to suffer, significant harm.' In such cases, the DSL will seek advice from children's social services. Procedures will then be followed as for any other allegation of abuse and all appropriate action will be taken to ensure the safety and welfare of all pupils involved.

#### Sexual violence and sexual harrassment

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. Sexual violence and sexual harassment exist on a continuum and may overlap; they can occur online and face to face (both physically and verbally) and are never acceptable.

In the case of a report of sexual violence or sexual harassment any decisions will be made by the School on a case-by-case basis with the DSL, taking the lead role.

#### Sharing self generated indecent images (Sexting)

While professionals refer to the issue as 'sexting' there is no clear definition of 'sexting'. It is one of a number of 'risk-taking' behaviours associated with the use of digital devices, social media or the internet. This policy chooses to use the phrase 'youth involved sexual imagery' to ensure clarity about the issues.

Issues arising from youth involved sexual imagery have the potential to be complex and multifaceted, with no two cases the same, and must be approached as such. However, staff should know that children are capable of abusing other children including their peers ('peer-on-peer/child-on-child abuse') and they should never dismiss abusive behaviour as a normal part of growing up or "banter", and should not develop high thresholds before taking action.

Staff should inform the DSL of any incidents of youth involved sexual imagery, and complete a Safeguarding Concern Form



For the avoidance of doubt, the creation or sharing of sexual imagery of any children under the age of 18 by those over the age of 18 constitutes child sexual abuse and in these circumstances, in addition to following safeguarding procedures the School will also involve the police.

Appendix 4

1.KeepingChildrenSafeinEducation(2020)Guidancehttps://drive.google.com/drive/folders/1QaBYFhP1MyPNxiSNCOCatazbU-Bz5w8v

## Part one: Safeguarding information for all staff

## What school and college staff should know and do

A child centred and coordinated approach to safeguarding

1. Schools and colleges and their staff are an important part of the wider safeguarding system for children. This system is described in statutory guidance Working Together to Safeguard Children.

2. Safeguarding and promoting the welfare of children is everyone's responsibility. Everyone who comes into contact with children and their families has a role to play. In order to fulfil this responsibility effectively, all practitioners should make sure their approach is child-centred. This means that they should consider, at all times, what is in the best interests of the child.

3. No single practitioner can have a full picture of a child's needs and circumstances. If children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action.

4. Safeguarding and promoting the welfare of children is defined for the purposes of this guidance as:

- protecting children from maltreatment;
- preventing impairment of children's mental and physical health or development;
- ensuring that children grow up in circumstances consistent with the provision of

safe and effective care; and

• taking action to enable all children to have the best outcomes.

5. Children includes everyone under the age of 18.

#### The role of school and college staff

6. School and college staff are particularly important as they are in a position to

identify concerns early, provide help for children, and prevent concerns from escalating.

7. All staff have a responsibility to provide a safe environment in which children can

learn.





All staff should be prepared to identify children who may benefit from early help. Early help means providing support as soon as a problem emerges at any point in a child's life, from the foundation years through to the teenage years.

9. Any staff member who has a concern about a child's welfare should follow the referral processes set out in paragraphs 41-53. Staff should expect to support social workers and other agencies following any referral.

10. Every school and college should have a designated safeguarding lead who will provide support to staff to carry out their safeguarding duties and who will liaise closely with other services such as children's social care.

11. The designated safeguarding lead (and any deputies) are most likely to have a complete safeguarding picture and be the most appropriate person to advise on the response to safeguarding concerns.

12. The Teachers' Standards 2012 state that teachers (which includes headteachers) should safeguard children's wellbeing and maintain public trust in the teaching profession as part of their professional duties.

#### What school and college staff need to know

13. All staff should be aware of systems within their school or college which support safeguarding and these should be explained to them as part of staff induction. This should include the:

- child protection policy;
- behaviour policy;
- staff behaviour policy (sometimes called a code of conduct);
- safeguarding response to children who go missing from education; and
- role of the designated safeguarding lead (including the identity of the designated

safeguarding lead and any deputies).

Copies of policies and a copy of Part one of this document should be provided to staff at

induction.

All staff should receive appropriate safeguarding and child protection training which is regularly updated. In addition, all staff should receive safeguarding and child protection updates (for example, via email, e-bulletins and staff meetings), as required, and at least annually, to provide them with relevant skills and knowledge to safeguard children effectively.

15. All staff should be aware of their local early help process and understand their role in it.

16. All staff should be aware of the process for making referrals to children's social care and for statutory assessments under the Children Act 1989, especially section 17 (children in need) and section 47 (a child suffering, or likely to suffer, significant harm) that may follow a referral, along with the role they might be expected to play in such assessments.





17. All staff should know what to do if a child tells them he/she is being abused or neglected. Staff should know how to manage the requirement to maintain an appropriate level of confidentiality. This means only involving those who need to be involved, such as the designated safeguarding lead (or a deputy) and children's social care. Staff should never promise a child that they will not tell anyone about a report of abuse, as this may ultimately not be in the best interests of the child.

#### What school and college staff should look out for

#### Early help

18. Any child may benefit from early help, but all school and college staff should be particularly alert to the potential need for early help for a child who:

- is disabled and has specific additional needs;
- has special educational needs (whether or not they have a statutory Education, Health and Care Plan);
- is a young carer;

• is showing signs of being drawn in to anti-social or criminal behaviour, including gang involvement and association with organised crime groups;

- is frequently missing/goes missing from care or from home;
- is at risk of modern slavery, trafficking or exploitation;
- is at risk of being radicalised or exploited;

• is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse;

is misusing drugs or alcohol themselves;

- has returned home to their family from care; and
- is a privately fostered child.

#### Abuse and neglect

19. 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 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).

20. All school and college staff should be aware that abuse, neglect and safeguarding issues are rarely stand-alone events that can be covered by one definition or label. In most cases, multiple issues will overlap with one another.

21. All staff should be aware that safeguarding incidents and/or behaviours can be associated with factors outside the school or college and/or can occur between children outside of these environments. All staff, but especially the designated safeguarding lead (and deputies) should consider whether children are at risk of abuse or exploitation in situations outside their families. Extra-familial harms





take a variety of different forms and children can be vulnerable to multiple harms including (but not limited to) sexual exploitation, criminal exploitation, and serious youth violence.

Indicators of abuse and neglect

22. 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 in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults or by another child or children.

23. Physical abuse: 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.

24. 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. 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 from 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.

25. 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. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children. The sexual abuse of children by other children is a specific safeguarding issue in education (see paragraph 29).

26. 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, for example, as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: provide adequate food, clothing and shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate care-givers); or ensure





access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

#### Safeguarding issues

27. All staff should have an awareness of safeguarding issues that can put children at risk of harm. Behaviours linked to issues such as drug taking, alcohol abuse, deliberately missing education and sexting (also known as youth produced sexual imagery) put children in danger.

Child Sexual Exploitation (CSE) and Child Criminal Exploitation (CCE)

28. Both CSE and CCE are forms of abuse and both occur where an individual or group takes advantage of an imbalance in power to coerce, manipulate or deceive a child into sexual or criminal activity. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, sexual identity, cognitive ability, physical strength, status, and access to economic or other resources. In some cases, the abuse will be in exchange for something the victim needs or wants and/or will be to the financial benefit or other advantage (such as increased status) of the perpetrator or facilitator. The abuse can be perpetrated by individuals or groups, males or females, and children or adults. The abuse can be a one-off occurrence or a series of incidents over time, and range from opportunistic to complex organised abuse. It can involve force and/or enticement-based methods of compliance and may, or may not, be accompanied by violence or threats of violence. Victims can be exploited even when activity appears consensual and it should be noted exploitation as well as being physical can be facilitated and/or take place online. More information include definitions and indicators are included in Annex A.

Peer on peer abuse

29. All staff should be aware that children can abuse other children (often referred to as peer on peer abuse). This is most likely to include, but may not be limited to:

- bullying (including cyberbullying);
- physical abuse such as 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, which may be stand-alone or part of a broader pattern of abuse;

• upskirting, which typically involves taking a picture under a person's clothing without them knowing, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm;

- sexting (also known as youth produced sexual imagery); and
- initiation/hazing type violence and rituals.
- 30. All staff should be clear as to the school's or college's policy and procedures with

regards to peer on peer abuse.





## Serious violence

31. All staff should be aware of indicators, which may signal that children are at risk from, or are involved with serious violent crime. These may include increased absence from school, a change in friendships or relationships with older individuals or groups, a significant decline in performance, signs of self-harm or a significant change in wellbeing, or signs of assault or unexplained injuries. Unexplained gifts or new possessions could also indicate that children have been approached by, or are involved with, individuals associated with criminal networks or gangs.

32. All staff should be aware of the associated risks and understand the measures in place to manage these. Advice for schools and colleges is provided in the Home Office's Preventing youth violence and gang involvement and its Criminal exploitation of children and vulnerable adults: county lines guidance.

#### Female Genital Mutilation

33. Whilst all staff should speak to the designated safeguarding lead (or deputy) with

regard to any concerns about female genital mutilation (FGM), there is a specific legal duty on teachers.

12 If a teacher, in the course of their work in the profession, discovers that an act of FGM appears to have been carried out on a girl under the age of 18, the teacher must report this to the police. See Annex A for further details.

#### Mental Health

34. All staff should also be aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation.

35. Only appropriately trained professionals should attempt to make a diagnosis of a mental health problem. Staff however, are well placed to observe children day-to-day and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one.

36. Where children have suffered abuse and neglect, or other potentially traumatic adverse childhood experiences, this can have a lasting impact throughout childhood, adolescence and into adulthood. It is key that staff are aware of how these children's experiences, can impact on their mental health, behaviour and education.

37. If staff have a mental health concern about a child that is also a safeguarding concern, immediate action should be taken, following their child protection policy and speaking to the designated safeguarding lead or a deputy.

38. The department has published advice and guidance on Preventing and Tackling Bullying, and Mental Health and Behaviour in Schools (which may also be useful for

colleges). In addition, Public Health England has produced a range of resources to support secondary school teachers to promote positive health, wellbeing and resilience among young people including its guidance Promoting children and young people's emotional health and wellbeing. Its resources include





social media, forming positiverelationships, smoking and alcohol. See Rise Above for links to all materials and lesson plans.

For further information about county lines see Annex A. 12 Under Section 5B(11) (a) of the Female Genital Mutilation Act 2003, "teacher" means, in relation to England,

#### What school and college staff should do if they have concerns about a child

41. Staff working with children are advised to maintain an attitude of 'it could happen here' where safeguarding is concerned. When concerned about the welfare of a child, staff should always act in the best interests of the child.

42. If staff have any concerns about a child's welfare, they should act on them immediately. See page 17 for a flow chart setting out the process for staff when they have concerns about a child.

43. If staff have a concern, they should follow their own organisation's child protection policy and speak to the designated safeguarding lead (or deputy).

44. Options will then include:

• managing any support for the child internally via the school's or college's own

pastoral support processes;

• an early help assessment;13 or

• a referral for statutory services, for example as the child might be in need, is in need or suffering or likely to suffer harm.

The designated safeguarding lead or a deputy should always be available to discuss safeguarding concerns. If in exceptional circumstances, the designated safeguarding lead (or deputy) is not available, this should not delay appropriate action being taken. Staff should consider speaking to a member of the senior leadership team and/or take advice from local children's social care. In these circumstances, any action taken should be shared with the designated safeguarding lead (or deputy) as soon as is practically possible.

46. Staff should not assume a colleague or another professional will take action and share information that might be critical in keeping children safe. They should be mindful that early information sharing is vital for effective identification, assessment and allocation of appropriate service provision. Information Sharing: Advice for Practitioners

Providing Safeguarding Services to Children, Young People, Parents and Carers supports staff who have to make decisions about sharing information. This advice includes the seven golden rules for sharing information and considerations with regard to the Data Protection Act 2018 and General Data Protection Regulation (GDPR). If in any doubt about sharing information, staff should speak to the designated safeguarding lead or a deputy. Fears about sharing information must not be allowed to stand in the way of the need to promote the welfare, and protect the safety of children.

## Early help

47. If early help is appropriate, the designated safeguarding lead (or deputy) will





generally lead on liaising with other agencies and setting up an inter-agency assessment as appropriate. Staff may be required to support other agencies and professionals in an early help assessment, in some cases acting as the lead practitioner. Any such cases should be kept under constant review and consideration given to a referral to children's social care for assessment for statutory services, if the child's situation does not appear to be improving or is getting worse.

#### Statutory assessments

48. Where a child is suffering, or is likely to suffer from harm, it is important that a referral to children's social care (and if appropriate the police) is made immediately. Referrals should follow the local referral process.

#### Children in need

A child in need is defined under the Children Act 1989 as a child who is unlikely to achieve or maintain a reasonable level of health or development, or whose health and development is likely to be significantly or further impaired, without the provision of services; or a child who is disabled. Local authorities are required to provide services for children in need for the purposes of safeguarding and promoting their welfare. Children in need may be assessed under section 17 of the Children Act 1989.

Children suffering or likely to suffer significant harm

Local authorities, with the help of other organisations as appropriate, have a duty to make enquiries under section 47 of the Children Act 1989 if they have reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm. Such enquiries enable them to decide whether they should take any action to safeguard and promote the child's welfare and must be initiated where there are concerns about maltreatment, including all forms of abuse and neglect, female genital mutilation or other so-called honour based violence, and extra-familial threats like radicalisation and sexual exploitation.

# **49.** The online tool Report Child Abuse to Your Local Council directs to the relevant local children's social care contact number.

What will the local authority do?

50. Within one working day of a referral being made, a local authority social worker should acknowledge receipt to the referrer and make a decision about the next steps and the type of response that is required. This will include determining whether:

• the child requires immediate protection and urgent action is required;

• the child is in need, and should be assessed under section 17 of the Children Act 1989;

• there is reasonable cause to suspect the child is suffering or likely to suffer significant harm, and whether enquiries must be made and the child assessed under section 47 of the Children Act 1989;

• any services are required by the child and family and what type of services;





• further specialist assessments are required to help the local authority to decide what further action to take; and

• to see the child as soon as possible if the decision is taken that the referral requires further assessment.

51. The referrer should follow up if this information is not forthcoming.

52. If social workers decide to carry out a statutory assessment, staff should do everything they can to support that assessment (supported by the designated safeguarding lead (or deputy) as required).

53. If, after a referral, the child's situation does not appear to be improving, the referrer should consider following local escalation procedures to ensure their concerns have been addressed and, most importantly, that the child's situation improves.

#### Record keeping

54. All concerns, discussions and decisions made, and the reasons for those decisions, should be recorded in writing. If in doubt about recording requirements, staff should discuss with the designated safeguarding lead (or deputy).

Why is all of this important?

55. 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 action.

Examples of poor practice include:

- failing to act on and refer the early signs of abuse and neglect;
- poor record keeping;
- failing to listen to the views of the child;
- failing to re-assess concerns when situations do not improve;
- not sharing information;
- sharing information too slowly; and
- a lack of challenge to those who appear not to be taking action.

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

56. If staff have safeguarding concerns, or an allegation is made about another member of staff (including supply staff and volunteers) posing a risk of harm to children, then:

• this should be referred to the headteacher or principal;

• where there are concerns/allegations about the headteacher or principal, this should be referred to the chair of governors, chair of the management committee or proprietor of an independent school; and





• in the event of concerns/allegations about the headteacher, where the headteacher is also the sole proprietor of an independent school, this should be reported directly to the designated officer(s) at the local authority. Further details can be found in Part four of this guidance.

# What school or college staff should do if they have concerns about safeguarding practices within the school or college

57. 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.

58. Appropriate whistleblowing procedures should be put in place for such concerns to be raised with the school's or college's senior leadership team.

59. Where a staff member feels unable to raise an issue with their employer, or feels that their genuine concerns are not being addressed, other whistleblowing channels may be open to them:

• general guidance on whistleblowing can be found via: Advice on Whistleblowing; and

• The NSPCC's What you can do to report abuse dedicated helpline is available as an alternative route for staff who do not feel able to raise concerns regarding child protection failures internally or have concerns about the way a concern is being handled by their school or college. Staff can call 0800 028 0285 – line is available from 8:00 AM to 8:00 PM, Monday to Friday and email: help@nspcc.org.uk.



