

NORTHWAY SCHOOL CHILD PROTECTION POLICY

INTRODUCTION

AIMS AND OBJECTIVES

Northway School aims to safeguard and promote the welfare of all children in our care. In all situations, our paramount responsibility is **the Welfare of the Child** and ensuring **positive outcomes** for children. The school acts in accordance with the following legislation and guidance:

- Children Act 1989
- Children Act 2004
- Education Act 2002
- Education Act 2011
- Working together to Safeguard Children (2018)
- Keeping Children Safe in Education, (2018)

Safeguarding and promoting the welfare of children is defined as protecting children from ill treatment; preventing impairment of health and development; ensuring that children have safe and effective care; and taking action to enable all children to have the best outcomes. (Keeping Children Safe in Education, September 2018)

Action should be taken **to promote the welfare** of a child in need of additional support, even if they are not suffering harm or at immediate risk. (Section 17 of the Children Act, (1989.)

Where a child is **suffering significant harm or is likely to suffer harm** action should be taken to protect that child (section 47 of the Children Act,1989)

Northway School works with social care, the police, health services, and other services to promote the welfare of children and protect them from harm. (Working Together to Safeguard Children, DFES, 2018)

The Teachers Standards, 2012, state that **all teachers should safeguard children's well being and maintain public trust in the teaching profession as part of their professional duties.**

KEEPING CHILDREN SAFE

At Northway we promote a culture of safeguarding and keep our pupils safe in the following ways:

- Continuing to develop awareness in all staff, volunteers and governors of the need for safeguarding and their responsibilities in child protection.
- We embed safeguarding in the culture of the school and address the topic regularly at briefings.
- Training is given at 2 yearly intervals for the designated leads for safeguarding and refreshers are given annually for all staff.
- All new staff are required to do an on line course before they commence their posts and are given a highly structured induction in our Northway safeguarding procedures and school policies on arrival.
- Safer recruitment procedures are followed at Northway.
- Agency, students and volunteers are given induction when required.
- Ensuring that all staff are aware of referral procedures within the school.
- Training on “Keeping Safe in Education” is delivered to all staff at annual intervals
- Monitoring children who have been identified as ‘at risk’ and supporting parents to get early help
- Ensuring that outside agencies are involved where appropriate.
- Ensuring that key concepts of keeping children safe are integrated within the curriculum especially via PSHE.
- Creating an environment where children feel secure, have their emotional needs met, have their viewpoints valued, are encouraged to communicate and know they will be heard.
- Making parents aware of our safeguarding procedures.

THE SAFEGUARDING TEAM

The Head, **Danielle Barker** is the designated safeguarding lead, providing support to staff members to carry out their safeguarding duties and in her absence the Deputy Head teacher, **Carol Levy**. This relates to any allegations against staff and duties of monitoring to ensure that Northway fulfils all its safeguarding duties.

Helen Rossi is safeguarding co-ordinator and designated lead and the majority of daily safeguarding concerns are therefore dealt with by her, including all matters to do with early support and prevention.

Jill Smith is the Family Support Officer and CAF (common assessment Framework co-ordinator) and she works together with Helen to ensure that parents receive early help, support, assessment of needs and signposting to services.

Simon Metcalf, Deputy Head is the designated teacher with responsibility for Looked after Children.

Deidre Lewis, is the Safeguarding Governor. Their telephone numbers and emails are on the safeguarding board.

THE ROLE OF THE DESIGNATED SAFEGUARDING LEAD

- To ensure that all staff knows the designated lead is responsible for safeguarding issues.
- To refer promptly all cases of suspected child abuse to the local MASH team.
- To decide on appropriate level of response to specific concerns about a child e.g. discuss with parents, offer an assessment under the common assessment framework or refer to social care.
- To maintain and update as necessary the Child Protection Monitoring List.
- To organise regular training on Safeguarding within the School.
- To ensure that all staff know about and have access to child protection guidelines.
- To ensure Barnet's procedures are followed.
- To co-ordinate action where child abuse is suspected.
- To facilitate and support the development of a whole school culture on Safeguarding.
- To attend case conferences or nominate an appropriate member of staff to attend on her behalf.
- Maintain records of case conferences and other sensitive information in a secure confidential file and to disseminate information about the child only on a "need to know basis".
- To pass on records and inform the key worker when a child who is on the Child Protection register leaves the school. The custodian of the register must also be informed.
- To raise staff awareness and confidence on child protection procedures and to ensure new staff are aware of these procedures.
- To keep up to date with current practice by participating in training opportunities wherever possible.
- To work with the Parent support team and school behaviour support on preventative work and early support work with families.

THE ROLE OF THE GOVERNING BODY

The Governing Body has an overall responsibility for ensuring that there are sufficient measures in place to safeguard their pupils. The nominated governor for child protection is Deidre Lewis. She monitors accidents and incidents termly and the Single Central Record.

The Governing Body ensure that there are:

- Safeguarding policies and procedures in place which are reviewed annually
- Safer recruitment procedures
- Staff appointed to safeguarding responsibilities
- Opportunities for training for all staff, governors and volunteers to take place on safeguarding issues

SAFER RECRUITMENT

Northway follows the Governments recommendations for safer recruitment and employment of staff. All staff at Northway are recruited following safer recruitment procedures. Senior staff and some governors are trained in safer recruitment. All members of staff including part time, temporary or supply and all visitors are subject to statutory checks before starting work. Governors and volunteers are also vetted.

- We follow a safe recruitment practice- we scrutinise applicants, check qualifications and employment history, and follow up references and their health and physical capability for the job. No-one is allowed to take up their role until 2 satisfactory references are received. All staff have to complete an on line Safeguarding course before they start.

We make sure that:

- All staff have DBS checks. The Disclosure and Barring service has replaced the Criminal Records Bureau and Independent Safeguarding Authority.
- DBS checks are done on line and the head teacher checks and verifies all documents for proof of identity. A designated person checks certificates on line to ensure all done and correct and also keep the single central record data base record.
- Visiting teachers and volunteers are DBS checked
- We are committed to staff training and development. We provide regular training on Safeguarding and our Behaviour policy and have a regular item on pupils at staff meetings.

SCHOOL PROCEDURES

1. Any member of staff with an issue or concern relating to Child Protection should immediately discuss it with the designated lead person. However **any staff can refer a case directly to social services if this is not possible or if they are unhappy with how it has been dealt with. The Mash number is displayed on the safeguarding board.**
2. All staff have the opportunity to have supervision to reflect on practice on a weekly basis if required.
3. Allegations of child abuse must always be given the highest priority and referred **immediately** to the designated safeguarding lead. Staff are bound by confidentiality **not to talk to anyone else.**
4. The designated lead will then decide on an appropriate course of action to comply with local procedures and guidelines.
5. Information for parents/carers will be published on our website and new parents will receive information when they start.
6. It should be made clear to students who disclose that **confidentiality cannot be guaranteed.**
7. **Staff must keep the Designated lead informed of signs and symptoms of abuse:**
 - poor attendance & punctuality
 - concerns about appearance and dress
 - changed or unusual behaviour
 - concerns about health and emotional well being
 - deterioration in educational progress
 - concerns about female genital mutilation
 - concerns about sexual abuse or exploitation
 - discussions with parents about concerns relating to their child
 - concerns about home conditions or situations, including domestic violence
 - concerns about peer on peer abuse (including serious bullying)

- concerns about cyber bullying

CODE OF CONDUCT FOR STAFF

(Staff should refer also to Behaviour Policy and our General Code of Conduct in induction)

We expect staff to:

- Provide a safe environment for children and young people to learn
- Be familiar with Northway procedures and protocols
- Identify when a child needs early help
- Identify children who are suffering or who are likely to suffer significant harm and take action immediately
- Never cover up inappropriate behaviour of others.
- Contribute to effective partnerships working with all agencies to safeguard children
- Have regard to all aspects of child welfare e.g. health, safety, meeting medical needs, providing first aid, school security.

This means that staff will:

- Keep children safe
- Create trust and build relationships
- Listen to children and treat them with dignity on all occasions
- Have respect for their needs and feelings
- Take their confidences seriously
- Communicate with them in a way that is appropriate to their age, ability and understanding
- Provide all children with the means by which they can communicate their needs and feelings
- Never use inappropriate language or touch.
- Understand cultural needs and differences and respect these
- Follow school policies regarding behaviour and Team Teach
- Only use restraint as a last resort, and only if the pupil has a behaviour plan
- Avoid time alone with a child
- Not take a child on their own in a car
- Not take a child to their own home, except on parental request and accompanied by another staff member.
- Always do home visits with another member of staff, agency or outreach member of staff.
- Try to use same sex staff for use of toilet and changing.
- Above all promote safe practice and always challenge poor and unsafe practice.

DEALING WITH DISCLOSURES OF ABUSE

If a child chooses to tell a member of staff about possible abuse there are a number of things that should be done to support the child:

- stay calm and be available to listen
- listen with the utmost care to what the child is saying
- question normally without pressurising and don't ask leading questions
- don't put words into the child's mouth but note the main points carefully
- keep a full record – date, time, what the child did, said.
- reassure the child and let them know they were right to inform us
- inform the child that this information will now have to be passed on and immediately inform the designated lead

Any referral to Social Services is now done via the MASH team 0208 359 4066. When there is suspicion of significant harm to a child and a referral is made as much information as possible should be given about the nature of the suspicions, the child and the family. Use of previous records (if available) may prove to be particularly useful in this respect.

1. Allegations against school staff. Staff who witness abuse should report the matter immediately to the Head teacher so that the appropriate local procedures can be followed. The Head will refer to the Local Authority designated officer (LADO), telephone: 0208 359 4528

Northway is careful to keep a balance between the protection of children and the need to protect staff from unfounded accusations. Our behaviour policy includes clear guidance for staff on keeping safe. Please do refer to this and the Code of Conduct for staff.

2. If the allegation is against the Head teacher it should be taken directly to the Chair of Governors. The Chief Education Officer must be informed immediately if a member of staff is involved.

The NSPCC whistleblowing helpline is available for staff who do not feel able to raise concerns regarding child protection failures internally. Staff can call 0800 0280285 – line is available from 8:00 AM to 8:00 PM, Monday to Friday and email: help@nspcc.org.uk

MONITORING AND RECORD KEEPING

It is essential that accurate records be kept where there are concerns about the welfare of a child. These records should then be kept in secure, confidential files, which are separate from the child's school records. Records are kept locked in the Head's office. It is important to recognise that regulations published in 1989 do not authorise or require the disclosure to parents of any written information relating to Safeguarding although the preferred practice is for parents to be informed of and agree to any referral being made (unless this would put the child at risk.)

Reports may be needed for Child Protection Case conferences or the criminal/civil courts. Consequently records and reports should be:

- factual (no opinions)
- non-judgemental (no assumptions)
- clear
- accurate
- relevant
- signed and dated

DEALING WITH THE PRESS

Staff should not deal with the press under any circumstances. The Head will take advice from the LEA and Governors on any press release.

PARENTAL INVOLVEMENT

All parents need to understand that school have a duty to safeguard the children in their care and that they may share information with other agencies. This information is therefore included on our website.

Information for parents/carers published on the website.

CURRICULUM

We teach ways in which children can keep safe through Personal, Social and Health education.

How we teach safety issues depends on the pupil's learning abilities. We use drama, role play, alternative communication, videos and social stories. Our aim

is to teach children how to keep safe, and how to communicate if they are in need of help and how to say no if needed. The Governors are committed to making a stand against bullying. See Northway “Behaviour Policy”.

USING AND STORING IMAGES

Students have their photographs taken to provide evidence of their achievements for developmental records and also in relation to school events.

Parental permission is sought to use images of pupils on the website or around school to celebrate achievement. Children are not identified with their full names. Staff have to use school cameras to take any photos for evidence of school progress and attainment. Staff, visitors, volunteers and students are not permitted to use their own mobile phones to take or record any images of children for their own records.

USING MOBILE PHONES

Phones are only allowed to be used in the staff room or own office in a staff break time; otherwise mobiles are to be kept in a locker or bag. Phones are not to be used or viewed in classroom or other school areas. Keeping Children Safe in Education is discussed in all teams on an annual basis and updates are discussed at briefings.

TYPES of ABUSE

Child abuse can be categorised into four distinct types, i.e.

1. Physical Abuse:
2. Sexual Abuse:
3. Emotional Abuse:
4. Neglect:

These different types of abuse require different approaches. A child suffering from physical abuse may be in immediate and serious danger. Action should, therefore, be taken immediately. With other forms of abuse there is a need to ensure that adequate information is gathered. There is also a need to make sure that grounds for suspicion have been adequately investigated and recorded. The need to collate information must be balanced against the need for urgent action. If there are reasonable grounds for suspicion then a decision to monitor the situation should only be taken after consultation. A situation that should cause particular concern is that of a child who fails to thrive without any obvious reason. In such a situation a medical investigation will be required to consider the causes. Each of the categories will now be explored in more detail.

1. Physical Abuse:

This involves physical injury to a child, including deliberate poisoning, where there is definite knowledge or a reasonable suspicion, that the injury was inflicted or knowingly not prevented.

Typical signs of Physical Abuse are:

- bruises and abrasions - especially about the face, head, genitals or other parts of the body where they would not be expected to occur given the age of the child. Some types of bruising are particularly characteristic of non-accidental injury especially when the child's explanation does not match the nature of injury or when it appears frequently.
- slap marks — these may be visible on cheeks or buttocks.
- twin bruises on either side of the mouth or cheeks - can be caused by pinching or grabbing, sometimes to make a child eat or to stop a child from speaking.

- bruising on both sides of the ear — this is often caused by grabbing a child that is attempting to run away. It is very painful to be held by the ear, as well as humiliating and this is a common injury.
- grip marks on arms or trunk - gripping bruises on arm or trunk can be associated with shaking a child. Shaking can cause one of the most serious injuries to a child; i.e. a brain haemorrhage as the brain hits the inside of the skull. X-rays and other tests are required to fully diagnose the effects of shaking. Grip marks can also be indicative of sexual abuse.
 - black eyes – are mostly commonly caused by an object such as a fist coming into contact with the eye socket. NB. A heavy bang on the nose, however, can cause bruising to spread around the eye but a doctor will be able to tell if this has occurred.
 - damage to the mouth – e.g. bruised/cut lips or torn skin where the upper lip joins the mouth.
 - bite marks
 - fractures
 - poisoning or other misuse of drugs – e.g. overuse of sedatives.
 - burns and/or scalds – a round, red burn on tender, non-protruding parts like the mouth, inside arms and on the genitals will almost certainly have been deliberately inflicted. Any burns that appear to be cigarette burns should be cause for concern. Some types of scalds known as ‘dipping scalds’ are always cause for concern. An experienced person will notice skin splashes caused when a child accidentally knocks over a hot cup of tea. In contrast a child who has been deliberately ‘dipped’ in a hot bath will not have splash marks.
 - Female genital Mutilation is a form of physical abuse during female circumcision. It is extremely harmful. It causes long term emotional and physical suffering, difficulty in giving birth, infertility and even death. It cannot be justified as a cultural or religious practice. It is an offence in law and must be reported to the police immediately.
 - Domestic violence is also considered a form of abuse. Witnessing it or being the subject of it is extremely traumatic and is likely to adversely affect the child.

- Drug and alcohol abuse by parents have a serious effect on their children. 70% of children taken into care have parents who are suspected of substance abuse.

2. Sexual Abuse:

The involvement of dependent, developmentally immature children and adolescents in sexual activities they do not truly comprehend, to which they are unable to give informed consent or that violate the social taboos of family roles. We include children involved in prostitution, as they too are victims of abuse and exploitation.

Typical signs of Sexual Abuse are:

- a detailed sexual knowledge inappropriate to the age of the child.
- behaviour that is excessively affectionate or sexual towards other children or adults.
- attempts to inform by making a disclosure about the sexual abuse often begin by the initial sharing of limited information with an adult. It is also very characteristic of such children that they have an excessive pre-occupation with secrecy and try to bind the adults to secrecy or confidentiality.
- a fear of medical examinations.
- a fear of being alone — this applies to friends/family/neighbours/baby-sitters, etc
- a sudden loss of appetite, compulsive eating, anorexia nervosa or bulimia nervosa.
- excessive masturbation is especially worrying when it takes place in public.
- promiscuity
- sexual approaches or assaults - on other children or adults.
- urinary tract infections (UTI), sexually transmitted disease (STD) are all cause for immediate concern in young children, or in adolescents if his/her partner cannot be identified.

- bruising to the buttocks, lower abdomen, thighs and genital/rectal areas. Bruises may be confined to grip marks where a child has been held so that sexual abuse can take place.
- discomfort or pain particularly in the genital or anal areas.
- the drawing of pornographic or sexually explicit images.

3. Emotional Abuse:

The severe adverse effect on the behaviour and emotional development of a child caused by persistent or severe emotional ill treatment or rejection.

All abuse involves some emotional ill treatment - this category should be used where it is the main or sole form of abuse.

Emotional well being is considered to be an important part of curriculum at Northway.

4. Neglect:

The persistent or severe neglect of a child (for example, by exposure to any kind of danger, including cold and starvation) which results in serious impairment of the child's health or development, including non-organic failure to thrive. Persistent stomach aches, feeling unwell and apparent anorexia can be associated with Physical neglect.

However, typical signs of Physical Neglect are:

- Underweight — a child may be frequently hungry or pre-occupied with food or in the habit of stealing food or with the intention of procuring food. There is particular cause for concern where a persistently underweight child gains weight when away from home, for example, when in hospital or on a school trip. Some children also lose weight or fail to gain weight during school holidays when school lunches are not available and this is a cause for concern.
- Inadequately clothed- a distinction needs to be made between situations where children are inadequately clothed, dirty or smelly because they come from homes where neatness and cleanliness are unimportant and those where the lack of care is preventing the child' from thriving.

Physical Neglect is a difficult category because it involves the making of a judgement about the seriousness of the degree of neglect. Much parenting falls

short of the ideal but it may be appropriate to invoke child protection procedure in the case of neglect where the child's development is being adversely affected.

Grave Concern or child at risk:

This covers a number of situations where a child may be at risk. Children whose situations do not currently fit the above categories but where social and medical assessments indicate that they are at significant risk of abuse. Grave concern may be felt where a child shows symptoms of stress and distress (see below) and any of the following circumstances apply:

- there is a known child abuser in the family;
- another child in the family is known to have been abused;
- the parents are involved with pornographic material to an unusual degree;
- there is an adult in the family with a history of violent behaviour;
- the child is exposed to potential risk or exploitation via the Internet e.g. pornographic material or chat rooms.

The Symptoms of Stress and Distress:

When a child is suffering from any one or more of the previous four 'categories of abuse', or if the child is 'at risk', he/she will nearly always suffer from and display signs of stress and distress.

An abused child is likely to show signs of stress and distress as listed below:

- a lack of concentration and a fall-off in school performance;
- aggressive or hostile behaviour;
- moodiness, depression, irritability, listlessness, fearfulness, tiredness, temper tantrums, short concentration span, acting withdrawn or crying at minor occurrences;
- difficulties in relationships with peers;
- regression to more immature forms of behaviour, e.g. thumb sucking;
- self harming or suicidal behaviour;

- low self esteem;
- wariness, insecurity, running away or truancy - children who persistently run away from home may be escaping from sexual physical abuse;
- disturbed sleep;
- general personality changes such as unacceptable behaviour or severe attention seeking behaviour;
- a sudden change in school performance.

8. Parental Signs indicating possible Child Abuse:

- implausible explanations of injuries;
- unwillingness to seek appropriate medical treatment for injuries;
- injured child kept away from school until injuries have healed without adequate reason;
- a high level of expressed hostility to the child;
- grossly unrealistic assumptions about child development;
- general dislike of child-like behaviour;
- inappropriate labelling of child's behaviour as bad or naughty;
- leaving children unsupervised when they are too young to be left unattended

“The School is committed to promoting the health and welfare of all pupils and if staff see signs that suggest that one of the pupils may have been the victim of abuse (or is at risk of abuse) staff will follow the procedures laid down by the LSCP.(Local Children's' Safeguarding Partnership)

N.B. Such action in no way infers that any parent/carer or other individual is being accused of wrongdoing.

Female Genital Mutilation

FGM is a procedure where the female genital organs are injured or changed and there is no medical reason for this. It is frequently a very traumatic and violent act for the victim and can cause harm in many ways.

- FGM is illegal in the UK. For the purpose of the criminal law in England and Wales, FGM is mutilation of the labia majora, labia minor or clitoris.
- FGM is an unacceptable practice for which there is no justification. It is child abuse and a form of violence against women and girls.
in some countries in Asia.

FGM is a deeply embedded social norm, practised by families for a variety of complex reasons. It is often thought to be essential for a girl to become a proper woman, and to be marriageable. The practice is not required by any religion.

The practice can cause severe pain and there may be immediate and/or long-term health consequences, including mental health problems, difficulties in childbirth, causing danger to the child and mother; and/or death.

The age at which FGM is carried out varies enormously according to the community.

The procedure may be carried out shortly after birth, during childhood or adolescence, just before marriage or during a woman's first pregnancy.

Types of FGM

FGM has been classified by the World Health Organisation (WHO) into four types:

- Type 1 – Clitoridectomy: partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals) and, in very rare cases, only the prepuce (the fold of skin surrounding the clitoris);
- Type 2 – Excision: partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are the 'lips' that surround the vagina);
- Type 3 – Infibulation: narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, or outer, labia, with or without removal of the clitoris; and

- Type 4 – Other: all other harmful procedures to the female genitalia for nonmedical purposes, e.g. pricking, piercing, incising, scraping and cauterising the genital area.

2.3. International Prevalence of FGM

FGM is a deeply rooted practice, widely carried out mainly among specific ethnic populations in Africa and parts of the Middle East and Asia. It serves as a complex form of social control of women's sexual and reproductive rights. The exact number of girls and women alive today who have undergone FGM is unknown, however, UNICEF estimates that over 200 million girls and women worldwide have undergone FGM.

While FGM is concentrated in countries around the Atlantic coast to the Horn of Africa, and areas of the Middle East like Iraq and Yemen, it has also been documented in communities in:

- Colombia;
- Iran;
- Israel;
- Oman;
- The United Arab Emirates;
- The Occupied Palestinian Territories;
- India;
- Indonesia;
- Malaysia;
- Pakistan; and
- Saudi Arabia.

It has also been identified in parts of Europe, North America and Australia.

- It is estimated that approximately 103,000 women aged 15-49 and approximately 24,000 women aged 50 and over who have migrated to England and Wales are living with the consequences of FGM. In addition, approximately 10,000 girls aged under 15 who have migrated to England and Wales are likely to have undergone FGM.
- From, October 2015, all teachers who discover (either by disclosure by the victim or visual evidence) that FGM appears to have been carried out on a child under the age of 18 MUST immediately report this themselves to the police. They will consider discussing this with the DSL unless there is a specific reason to do so and involve CSC as appropriate. (Statutory duty to report from October 2015 – section 5B of the FGM Act 2003 (s74 as inserted – Serious Crime Act

RADICALISATION AND PREVENT

Radicalisation:

Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism. There is no single way of identifying an individual who is likely to be susceptible to an extremist ideology. It can happen in many different ways and settings. Specific background factors may contribute to vulnerability which are often combined with specific influences such as family, friends or online, and with specific needs for which an extremist or terrorist group may appear to provide an answer. The internet and the use of social media in particular has become a major factor in the radicalisation of young people.

Staff will be alert to changes in children's behaviour which could indicate that they may be in need of help or protection. School staff will use their professional judgement in identifying children who might be at risk of radicalisation. In practice Prevent aims for police and other organisations to build relations across the UK and requires faith leaders, teachers, doctors and others to refer any suspicions about people to a local Prevent body. An assessment is then made about whether further action is needed.

Social services departments have become increasingly involved in identifying Prevent cases because of their duty to counter radicalisation.

Staff may make referrals as appropriate.

CHILD SEXUAL EXPLOITATION

Sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive "something" (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, attention, gifts, money) as a result of them performing, or others performing on them, sexual act or activities.

Child sexual exploitation grooming can occur through the use of technology without the child's immediate recognition; for example being persuaded to post sexual images on the Internet/mobile phones without immediate payment or gain. In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's limited availability.

CHILDREN MISSING FROM EDUCATION

A child going missing from education is a potential indicator of abuse or neglect. It is essential that all staff are alert to signs to look out for and the individual triggers to be aware of when considering the risks of potential safeguarding concerns such as travelling to conflict zones, Female Genital mutilation and forced marriage.

PEER ON PEER ABUSE

All staff should be aware that safeguarding issues can manifest themselves via peer-on-peer abuse, according to paragraph 42 of the statutory safeguarding guidance Keeping Children Safe in Education, published by the Department for Education (DfE). This is most likely to include, but not limited to, bullying (including cyber-bullying), gender-based violence/sexual assaults and sexting. Staff must report their concerns at the earliest opportunity to the DSL using the anti bullying recording form.

HONOUR BASED VIOLENCE

Honour based violence is the term used to describe murders in the name of so-called honour, sometimes called 'honour killings'. These are murders in which predominantly women are killed for perceived immoral behaviour, which is deemed to have breached the honour code of a family or community, causing shame. A child who is at risk of honour based violence is at significant risk of physical harm (including being murdered) and/or neglect, and may also suffer significant emotional harm through the threat of violence or witnessing violence directed towards a sibling or other family member.

Reviewed September 2018.

Update September 2019.