



# **SAFEGUARDING GUIDANCE FOR STAFF 2023-2024**

**Last Reviewed: April 2023**

**Reviewed by: Miss K Hayward**

**Next Review Date: April 2024**



## Safeguarding and Child Protection

At Moggerhanger Primary School, the health, safety and well-being of every child is our top priority. We listen to our students and take seriously what they tell us. Our aim is to ensure that children will enjoy their time as pupils in this school, and feel safe and secure. **If you are concerned about the safety or wellbeing of any child at Moggerhanger Primary School, in their home, at school or anywhere else in the community, please speak to a member of staff.**

***Designated  
Safeguarding Lead  
Mr C Macinnes  
Head of School***

***Deputy Designated  
Safeguarding Lead  
Mrs L Robbins  
Deputy Headteacher***

***Senior Safeguarding  
Officer  
Mrs J Devereux  
Behaviour and  
Attendance Officer***

All staff, volunteers and visitors have a responsibility to take prompt action if they are concerned about the safety and welfare of a child.

## What is safeguarding?

It might be difficult to accept, but every child can be hurt, put at risk of harm, or abused, regardless of their age, gender, religion or ethnicity.

Safeguarding legislation and government guidance say that safeguarding means:

- protecting children from maltreatment
- preventing impairment of children's health or development ensuring that children are growing up in circumstances consistent with the provision of safe and effective care.
- taking action to enable all children and young people to have the best outcomes

*"For children who need additional help, every day matters... The actions taken by professionals to meet the needs of these children as early as possible can be critical to their future"*

*Working together to safeguard children (HM Government 2018)*

**Whilst working with children we are aware that there are many situations we all need to be aware of. These include:**

- Neglect
- Physical abuse
- Sexual abuse
- Emotional abuse
- Bullying
- E-safety
- Attendance issues
- Family problems
- Problems contacting parents
- Child Sexual Exploitation (CSE)
- Behaviour changes
- Female Genital Mutilation (FGM)
- Radicalisation and extremism (Prevent)
- Drugs and alcohol
- Forced marriage

### Definitions and indicators of abuse

#### 1. Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result maternal substance abuse. Once a child is born, neglect may involve a parent or guardian 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.

The following may be indicators of neglect (this is not designed to be used as a checklist):

- constant hunger
- stealing, scavenging and/or hoarding food
- frequent tiredness or listlessness
- frequently dirty or unkempt
- often poorly or inappropriately clad for the weather
- poor school attendance or often late for school
- poor concentration
- affection or attention seeking behaviour
- illnesses or injuries that are left untreated
- failure to achieve developmental milestones, for example growth, weight
- failure to develop intellectually or socially
- responsibility for activity that is not age appropriate such as cooking, ironing, caring for siblings
- the child is regularly not collected or received from school; or
- the child is left at home alone or with inappropriate guardian
- the child is struggling with poor mental health.

## **2. Physical Abuse**

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

The following may be indicators of physical abuse (this is not designed to be used as a checklist):

- multiple bruises in clusters, or of uniform shape
- bruises that carry an imprint, such as a hand or a belt
- bite marks
- round burn marks
- multiple burn marks and burns on unusual areas of the body such as the back, shoulders or buttocks
- an injury that is not consistent with the account given
- changing or different accounts of how an injury occurred
- bald patches
- symptoms of drug or alcohol intoxication or poisoning
- unaccountable covering of limbs, even in hot weather
- fear of going home or parents being contacted
- fear of medical help
- fear of changing for PE
- inexplicable fear of adults or over-compliance
- violence or aggression towards others including bullying; or
- isolation from peers.
- the child is struggling with poor mental health

## **3. Sexual Abuse**

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images,

watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males; women can also commit act of sexual abuse, as can other children.

The following may be indicators of sexual abuse (this is not designed to be used as a checklist):

- sexually explicit play or behaviour or age-inappropriate knowledge
- anal or vaginal discharge, soreness or scratching
- reluctance to go home
- inability to concentrate, tiredness
- refusal to communicate
- thrush, persistent complaints of stomach disorders or pains
- eating disorders, for example anorexia nervosa and bulimia
- attention seeking behaviour, self-mutilation, substance abuse
- aggressive behaviour including sexual harassment or molestation
- unusual compliance
- regressive behaviour, enuresis, soiling
- frequent or open masturbation, touching others inappropriately
- depression, withdrawal, isolation from peer group
- reluctance to undress for PE or swimming; or
- bruises or scratches in the genital area
- the child is struggling with poor mental health

#### **4. Sexual Exploitation**

Child sexual exploitation occurs when a child or young person, or another person, receives 'something' (for example food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of the child/young person performing sexual activities, or another person performing sexual activities on the child/young person.

The presence of any significant indicator for sexual exploitation should trigger a referral to children's social care. The significant indicators are:

- having a relationship of concern with a controlling adult or young person (this may involve physical and/or emotional abuse and/or gang activity)
- entering and/or leaving vehicles driven by unknown adult
- possessing unexplained amounts of money, expensive clothes or other items
- frequenting areas known for risky activities
- being groomed or abused via the Internet and mobile technology; and
- having unexplained contact with hotels, taxi companies or fast food outlets.

The intelligence reporting form on the LSCB website will be used to share information with Bedfordshire Police and Children's Social Care that raises a concern around CSE.

#### **5. Emotional Abuse**

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing

the child participating in normal social interaction. It may also involve seeing or hearing the ill-treatment of another person. It may involve serious bullying (including cyber bullying), 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.

The following may be indicators of emotional abuse (this is not designed to be used as a checklist):

- the child consistently describes him/herself in very negative ways – as stupid, naughty, hopeless, ugly
- over-reaction to mistakes
- delayed physical, mental or emotional development
- sudden speech or sensory disorders
- inappropriate emotional responses, fantasies
- behaviours such as rocking, banging head, regression, tics and twitches
- self-harming, drug or solvent abuse
- fear of parents being contacted
- running away
- compulsive stealing
- appetite disorders - anorexia nervosa, bulimia; or
- soiling, smearing faeces, enuresis
- the child is struggling with poor mental health

N.B: Some situations where children stop communication suddenly (known as “traumatic mutism”) can indicate maltreatment.

### **Female Genital Mutilation (FGM)**

The FGM mandatory reporting duty is a legal duty provided for in the FGM Act 2003 (as amended by the Serious Crime Act 2015). The legislation requires teachers in England and Wales to make a report to the police where, in the course of their professional duties, they either:

- are informed by a girl under 18 that an act of FGM has been carried out on her; or
- observe physical signs which appear to show that an act of FGM has been carried out on a girl under 18.

Complying with the duty does not breach any confidentiality requirement or other restriction on disclosure, which might otherwise apply. The duty is a personal duty, which requires the individual professional who becomes aware of the case to make a report. The only exception to this is if you know that another individual from your profession has already made a report; there is no requirement to make a second.

### **Safeguarding children who are vulnerable to extremism**

Moggerhanger Primary Schools seeks to protect children and young people against the messages of all violent extremism including, but not restricted to, those linked to Islamist ideology or too Far Right/Neo Nazi /White Supremacist ideology, Irish Nationalist and Loyalist paramilitary groups, and extremist Animal Rights movements.

Our school, like all others, is required to identify a Prevent Single Point of Contact (SPOC) who is the lead within the organisation for safeguarding in relation to protecting individuals from radicalisation and involvement in terrorism. The SPOC for Greensand Federation is Andrew Rutter.

When any member of staff has concerns that a child may be at risk of radicalisation or involvement in terrorism, they should speak with the Designated Safeguarding Lead/SPOC.

### **Safeguarding children who are vulnerable to gang involvement**

There are particular risk factors and triggers that young people experience in their lives that can lead to them becoming involved in gangs. Many of these risk factors are similar to involvement in other harmful activities such as youth offending or violent extremism. When any member of staff has concerns that a child may be involved in gangs or be at risk of external gang activity they should record on safeguarding referral form. If it is felt that a child is in more immediate danger they should speak with the Designated Safeguarding lead or deputies.

### **Child Sexual Exploitation**

Child sexual exploitation takes different forms - from a seemingly 'consensual' relationship where sex is exchanged for attention, affection, accommodation or gifts, to serious organised crime and child trafficking. Child sexual exploitation involves differing degrees of abusive activities, including coercion, intimidation or enticement, unwanted pressure from peers to have sex, sexual bullying (including cyber bullying), and grooming for sexual activity. There is increasing concern about the role of technology in Sexual Abuse, including via social networking and other internet sites and mobile phones. The key issue in relation to child sexual exploitation is the imbalance of power within the 'relationship'. The perpetrator always has power over the victim, increasing the dependence of the victim as the exploitative relationship develops.

If any member of staff has concerns that a child may be at risk of being groomed or shows signs in relation to this, they should record on a safeguarding referral form. If it is felt that a child is in more immediate danger they should speak with the Designated Safeguarding lead or deputies.

### **Peer on Peer Abuse**

All staff should recognise that children are capable of abusing their peers and ensure that reporting procedures are followed to minimise the risk of peer on peer abuse.

All allegations of peer on peer abuse will be investigated and dealt with appropriately. If any member of staff notices behaviour that may relate to this, they should record on a safeguarding referral form. If it is felt that a child is in more immediate danger, they should speak with the Designated Safeguarding lead or deputies.

## **Child Abuse – Signs and Symptoms**

<b>Signs of Physical Abuse</b>	
Unexpected injuries or burns, particularly if they are recurrent	Arms and legs kept covered in hot weather
Improbable excuses given to explain injuries	Fear of returning home
Refusal to discuss injuries	Fear of medical help
Admission of punishment which appears excessive	Self-destructive tendencies
Bald patches	Aggression towards others
Withdrawal from physical contact	
<b>Signs of Sexual Abuse</b>	
Sudden change in behaviour or school performance	Wetting day or night
Displays of affection in a sexual way inappropriate to age	Chronic illness, especially throat infections and venereal diseases
Tendency to cling or need reassurance	Anorexia or bulimia
Depression or withdrawal	Sleep disturbance or nightmares
Apparent secrecy	
<b>Signs of Emotional Abuse</b>	
Unexplained pregnancy	Fear of new situations
Physical, mental or emotional development lags	Drug/solvent abuse
Fear of undressing (e.g. for sport)	Self-mutilation
Phobias or panic attacks	Extremes of passivity or aggression
Regression to younger behaviour, such as thumb sucking, playing with discarded toys, acting like a baby	Inappropriate emotional responses to painful situations
Complaints of genital itching or pain	Running away
Distrust of a familiar adult or anxiety about being left with a relative, babysitter or lodger	Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)
Admission of punishment which appears excessive	Tendency to cling or need constant reassurance
Continual self-deprecation	Compulsive stealing or scavenging
Sudden speech disorders	
<b>Signs of Neglect</b>	
Constant hunger	Destructive tendencies
Poor personal hygiene	Low self esteem
Constant tiredness	Neurotic behaviour
Poor state of clothing	No social relationships
Emaciation	Running away
Frequent lateness or non-attendance at school	Compulsive stealing or scavenging
Untreated medical problems	



### Causes for Concern

- Disclosure
- Information from a third party
- Significant changes in appearance and/or behaviour
- Extreme or unusual behaviours
- Sudden mood changes/anxiety/stress
- Inappropriate internet or social media activity.

### Confidentiality

- Never promise confidentiality to the child. This should be made clear to the child early on in a disclosure
- Information must be shared of all issues involving
  - Child protection
  - Drug misuse
  - Assault
  - Arson
  - Any other illegal activity.

Information should be shared with the Designated Safeguarding Lead or Deputy Safeguarding Lead.

### How to respond to disclosure

- Do listen carefully to what the child is saying
- Do take the child's statement seriously
- Do write down, as soon as you can, exactly what the child said
- Do discuss with a designated adult as soon as possible
- Do tell the child that you are going to pass on information and who to
- Do tell the child they were right to tell you
- Do tell the child it is not their fault.

### How not to respond to disclosure

- Do not panic
- Do not rush off and find someone else to listen
- Do not promise to keep things secret
- Do not lie to the child or say everything will be fine now they have told
- Do not make judgements of any kind about the abuser especially if a parent
- Do not ask lots of detailed questions
- Do not press a child for answers
- Do not make assumptions of how the child feels about their experience.

### Guidelines for self-protection

- Avoid any social contact with students including internet contact
- One to one meetings should be held in an open/visible venue as far as possible
- Inform another member of staff if holding an essentially private one to one meeting
- Be aware of personal discussions
- Do not share email address or personal phone numbers with students or parents
- Email exchange with a student should always be via a school email address.

### Physical restraint

Section 93 of the Education and Inspectors Act 2006 enable staff to use such force as is reasonable in the circumstances to prevent a student from doing, or continuing to do, any of the following:

- Committing an offense
- Causing personal injury to or damage to the property, of any person (including the student)
- Prejudicing the maintenance of good order and discipline at the school;
- Hurting themselves or others
- Preventing a student from attacking a member of staff or another student, or to stop a fight.

Using physical restraint should be avoided as far as possible with all other strategies having been exhausted first. Staff must then use discretion as to whether their intervening physically will diffuse the situation or prevent the situation escalating.

The decision on whether or not to physically intervene is down to the professional judgement of the staff member concerned and should always depend on the individual circumstances.

### Power to search students without consent

The Executive Principal has given authority to certain staff to conduct searches of students for the following prohibited items.

- knives and weapons
- alcohol
- illegal drugs
- stolen items
- tobacco and cigarette papers
- fireworks
- pornographic images
- any article that has been or is likely to be used to commit an offence, cause personal injury or damage to property.

## **Force cannot be used to search for items banned under the school rules**

### **Duty of Care**

- The welfare of the child is paramount
- All staff have a duty to keep young people safe and protect them from physical and emotional harm
- All staff must take responsibility for their own actions and behaviour
- Staff must not use their position and power for their own advantage and to a child's detriment.

This booklet should be read in conjunction with the following school policies.

- Safeguarding Children
- Behaviour
- Curriculum
- Equality Duty
- PSHE and Citizenship
- SEND
- Anti-bullying
- Attendance
- Student Leave of Absence
- ICT and E-Safety
- Staff Code of Conduct
- Acceptable use.

Part 1 of Keeping Children Safe in Education [September 2022].