

# CHILD PROTECTION



- The University of Chichester Academy Trust Board has agreed that all Trust schools should have a common Child Protection Policy
- Our intention is that by working within the same policy across our schools we can strengthen the already outstanding work we do to ensure our children are safe

# SUE SAMSON, CEO



- “This Policy reaffirms the intent of the Trust and its Board to do everything in our power to ensure all the children in our care are protected from harm. It sets out the responsibilities of different people in each academy, but makes clear our philosophy that every adult in our academies is responsible for ensuring our children and young people are safeguarded to the highest standards possible. I ask every one of you to think constantly about how you can improve your day-to-day practice to make sure our children are kept safe from harm. Please give the Policy your total and active support.”

# IN OUR TRUST...

...we make every effort to provide a safe and welcoming environment underpinned by a culture of openness where both children and adults feel secure, able to talk and believe that they are being listened to. We maintain an attitude of “it could happen here” where safeguarding is concerned.

- Safe
- Welcoming
- Open
- Secure
- Listening

# OUR VALUES



- Children have a right to feel secure and cannot learn effectively unless they do so.
- All children regardless of age, gender including trans gender, race, disability, sexuality, religion and non-religion, culture or language have a right to be protected from harm.
- All staff have a key role in prevention of harm and an equal responsibility to act on any suspicion or disclosure that may indicate a child is at risk of harm, either in the academy or in the community.
- We acknowledge that working in partnership with other agencies protects children and reduces risk and so we will engage in partnership working throughout the child protection process to safeguard children.
- Whilst the Trust and its academies will work openly with parents as far as possible, we have the responsibility and the right to contact children's social care or the police, without notifying parents if this is believed to be in the child's best interests.

# OUR RESPONSIBILITIES



- Staff
- Volunteers
- Parents
- Pupils
- Visitors

- Act Safely
- Co-operate
- Be Responsible
- Actively Protect
- Educate
- Comply

# LEGAL FRAMEWORK



- Education Act 2002, Section 175
- Keeping Children Safe in Education (2016/2019)
- Children Act 2004 & 1989
- Working Together to Safeguard Children (July 2015/2018)

“Academies must have regard to this when carrying out their duties to safeguard and promote the welfare of children. This means that you should comply with it unless exceptional circumstances arise.”

# OTHER LEGISLATION



- Disqualification under the Childcare Act 2006 (2015)
- Female Genital Mutilation Act 2003 Mandatory Reporting Guidance (2016)
- Statutory Guidance on the Prevent duty under the Counter-Terrorism and Security Act 2015

In this academy we work to the procedures set and overseen by our Local Safeguarding Children Board (LSCB)

# DEFINITIONS



Child Protection	An aspect of safeguarding focused on how we respond to children who have been significantly harmed or at risk of significant harm
Staff	All those working for or on behalf of the academy, full time or part time in either paid or voluntary capacity. This includes parents and governors.
Child	All young people who have not yet reached their 18 <sup>th</sup> birthday. This includes children not on the academy's roll – eg: visitors on site, siblings of pupils.
Parent	Refers to birth parents and other adults in a parenting role, for example adoptive parents, step parents, guardians and foster carers



# DSL



- Each academy has a Designated Safeguarding Lead
- This person is trained to a high standard which is regularly updated
- Their role is to oversee safeguarding and child protection in the academy

DSL IN THIS ACADEMY IS:

You can contact them in the following ways:

If they are not available you should contact:

# ABUSE

- Neglect
- Physical
- Emotional
- Sexual

Adults and other children can harm children either by direct acts and/or failure to provide proper care.

# ABUSE AND NEGLECT



Abuse and neglect are forms 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 a stranger. They may be abused by an adult or adults, or another child or children.

# 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 carer fabricates the symptoms of, or deliberately induces, illness in a child.

# EMOTIONAL ABUSE

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 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 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 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 is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

# NEGLECT

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

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

# INDICATORS OF NEGLECT

## Physical indicators of neglect

- Constant hunger and stealing food
- Poor personal hygiene - unkempt, dirty or smelly
- Underweight
- Dress unsuitable for weather
- Poor state of clothing
- Illness or injury untreated



# INDICATORS OF NEGLECT

## Behavioural indicators of neglect

- Constant tiredness
- Frequent absence from school or lateness
- Missing medical appointments
- Isolated among peers
- Frequently unsupervised
- Stealing or scavenging, especially food
- Destructive tendencies

# EMOTIONAL ABUSE

- **The nature of emotional abuse**
- Most harm is produced in *low warmth, high criticism* homes, not from single incidents.
- Emotional abuse is difficult to define, identify/recognise and/or prove.
- Emotional abuse is chronic and cumulative and has a long-term impact.
- All kinds of abuse and neglect have emotional effects although emotional abuse can occur by itself.
- Children can be harmed by witnessing someone harming another person – as in domestic violence.
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- It is sometimes possible to spot emotionally abusive behavior from parents and carers to their children, by the way that the adults are speaking to, or behaving towards children. An appropriate challenge or intervention could affect positive change and prevent more intensive work being carried out later on.

# EMOTIONAL ABUSE

## Indicators of emotional abuse

### Developmental issues

- Delays in physical, mental and emotional development
- Poor school performance
- Speech disorders, particularly sudden disorders or changes.

# EMOTIONAL ABUSE

## Indicators of emotional abuse

### Behaviour

- Acceptance of punishment which appears excessive
- Over-reaction to mistakes
- Continual self-deprecation (I'm stupid, ugly, worthless etc)
- Neurotic behaviour (such as rocking, hair-twisting, thumb-sucking)
- Self-mutilation
- Suicide attempts
- Drug/solvent abuse
- Running away

# EMOTIONAL ABUSE

## Indicators of emotional abuse

### Behaviour

- Compulsive stealing, scavenging
- Acting out
- Poor trust in significant adults
- Regressive behaviour – e.g., wetting
- Eating disorders
- Destructive tendencies
- Neurotic behaviour
- Arriving early at school, leaving late

# EMOTIONAL ABUSE

## Indicators of emotional abuse

### Social issues

- Withdrawal from physical contact
- Withdrawal from social interaction
- Over-compliant behaviour
- Insecure, clinging behaviour
- Poor social relationships

# EMOTIONAL ABUSE

## Indicators of emotional abuse

- Extreme fear of new situations
- Inappropriate emotional responses to painful situations (“I deserve this”)
- Fear of parents being contacted
- Self-disgust
- Low self-esteem
- Unusually fearful with adults
- Lack of concentration, restlessness, aimlessness
- Extremes of passivity or aggression

# PHYSICAL ABUSE

## The nature of physical abuse

- Most children collect cuts and bruises quite routinely as part of the rough and tumble of daily life. Clearly, it is not necessary to be concerned about most of these minor injuries. But accidental injuries normally occur on the *bony prominences* – e.g., shins. Injuries on the *soft* areas of the body are more likely to be inflicted intentionally and should therefore make us more alert to other concerning factors that may be present.
- A body map (Annex 4) can assist in the clear recording and reporting of physical abuse. The body map should only be used to record observed injuries and no child should be asked to remove clothing by a member of staff of the school.



# PHYSICAL ABUSE

## Indicators of physical abuse / factors that should increase concern

- Multiple bruising or bruises and scratches (especially on the head and face)
- Clusters of bruises – e.g., fingertip bruising (caused by being grasped)
- Bruises around the neck and behind the ears – the most common abusive injuries are to the head
- Bruises on the back, chest, buttocks, or on the inside of the thighs
- Marks indicating injury by an instrument – e.g., linear bruising (stick), parallel bruising (belt), marks of a buckle

## Indicators of physical abuse / factors that should increase concern

- Bite marks
- Deliberate burning may also be indicated by the pattern of an instrument or object – e.g., electric fire, cooker, cigarette
- Scalds with upward splash marks or *tide marks*
- Untreated injuries
- Recurrent injuries or burns
- Bald patches.

# PHYSICAL ABUSE

## **You should be concerned if the child or young person:**

- is reluctant to have parents/carers contacted
- runs away or shows fear of going home
- is aggressive towards themselves or others
- flinches when approached or touched
- is reluctant to undress to change clothing for sport
- wears long sleeves during hot weather
- is unnaturally compliant in the presence of parents/carers.
- has a fear of medical help or attention
- admits to a punishment that appears excessive.

# SEXUAL ABUSE

## The nature of sexual abuse

- Sexual abuse is often perpetrated by people who are known and trusted by the child – e.g., relatives, family friends, neighbours, babysitters, people working with the child in school, faith settings, clubs or activities. Children can also be subject to child sexual exploitation.
- Sexual exploitation is seen as a separate category of sexual abuse

# SEXUAL ABUSE

## Characteristics of child sexual abuse:

- it is often planned and systematic – people do not sexually abuse children by accident, though sexual abuse can be opportunistic
- grooming the child – people who abuse children take care to choose a vulnerable child and often spend time making them dependent
- grooming the child's environment – abusers try to ensure that potential adult protectors (parents and other carers especially) are not suspicious of their motives.

Most people who sexually abuse children are men, but some women sexually abuse too.

# SEXUAL ABUSE

## Physical observations

- Damage to genitalia, anus or mouth
- Sexually transmitted diseases
- Unexpected pregnancy, especially in very young girls
- Soreness in genital area, anus or mouth and other medical problems such as chronic
- itching
- Unexplained recurrent urinary tract infections and discharges or abdominal pain

# SEXUAL ABUSE

## Behavioural observations

- Sexual knowledge inappropriate for age
- Sexualised behaviour or affection inappropriate for age
- Sexually provocative behaviour/promiscuity
- Hinting at sexual activity Inexplicable decline in school performance
- Depression or other sudden apparent changes in personality as becoming insecure or clinging
- Lack of concentration, restlessness, aimlessness
- Socially isolated or withdrawn
- Overly-compliant behaviour

# SEXUAL ABUSE

## Behavioural observations

- Acting out, aggressive behaviour
- Poor trust or fear concerning significant adults
- Regressive behaviour, Onset of wetting, by day or night; nightmares
- Onset of insecure, clinging behaviour
- Arriving early at school, leaving late, running away from home
- Suicide attempts, self-mutilation, self-disgust
- Suddenly drawing sexually explicit pictures
- Eating disorders or sudden loss of appetite or compulsive eating
- Regressing to younger behaviour patterns such as thumb sucking or bringing out discarded cuddly toys
- Become worried about clothing being removed
- Trying to be 'ultra-good' or perfect; overreacting to criticism.



# IF YOU SUSPECT ABUSE

- Your prime concern is for the interests and safety of the child
- The child's interest is paramount and above any adult's

## YOU MUST:

- Make an initial record of your concern and any evidence
- Report to the DSL or deputy **WITHOUT DELAY**

Do not attempt to investigate.

That is not your role.

Your role is to ensure the child is safe.

You do this best by recording your concern and alerting the DSL.

# N ACADEMY REPORTING



- In this academy you should report concerns in the following way:



# REASONS TO REPORT

- Any signs of abuse or neglect
- Any disclosure a child or adult makes indicating abuse or neglect may have taken place
- Suspicion that abuse or harm is possibly going to happen
- Signs that a child is being radicalised or drawn into terrorism
- Indicators that a girl is at risk of or has undergone female genital mutilation (FGM) – note separate procedure for FGM.

**If you think something's wrong, it probably is.**

# CONTEXTUAL SAFEGUARDING



- Children can face harm from beyond their families
- Abuse and violence can come from a child's
  - Neighbourhood
  - School
  - Online activity
- Parents and carers can have little influence over these contexts

You should report to your DSL any concerns about a child's situation beyond the family, online and within the academy which lead you to believe they are at risk of harm, abuse, exploitation or neglect.

# DEALING WITH DISCLOSURES



If a child chooses to tell you:

- Listen positively
- Reassure
- Don't promise to keep secrets
- Explain you'll need to tell someone else who can help

Additional consideration needs to be given to children with communication difficulties and those whose preferred language is not English.

Communicate with the child in a way that is appropriate to their age, understanding and preference.

# SUSPECTED FGM



If you suspect a child may have been a victim of female genital mutilation, YOU must report this to the police yourself.

You should consult with your DSL as for any other concern, but you will be asked to inform the police.

It is a requirement by law that you do this.

# THE SEVEN R's

- The Seven R's provide a set of principles for receiving disclosures:
  - Receive
  - Reassure
  - Respond
  - Report
  - Record
  - Remember
  - Review



# THE SEVEN R's

- **Receive**
- Listen to what is being said, without displaying shock or disbelief
- Accept what is said and take it seriously
- Make a note of what has been said as soon as practicable

# THE SEVEN R's

- **Reassure**
- Reassure the pupil, but only so far as is honest and reliable
- Don't make promises you may not be able to keep e.g. 'I'll stay with you' or 'everything will be alright now' or 'I'll keep this confidential'
- Do reassure e.g. you could say: 'I believe you', 'I am glad you came to me', 'I am sorry this has happened', 'We are going to do something together to get help'

# THE SEVEN R's

- **Respond**
- Respond to the pupil only as far as is necessary for you to establish whether or not you need to refer this matter, but do not interrogate for full details
- Do not ask 'leading' questions i.e. 'did he touch your private parts?' or 'did she hurt you?' Such questions may invalidate your evidence (and the child's) in any later prosecution in court
- Do not ask the child why something has happened.
- Do not criticise the alleged perpetrator; the pupil may care about him/her, and reconciliation may be possible
- Do not ask the pupil to repeat it all for another member of staff. Explain what you have to do next and whom you have to talk to. Reassure the pupil that it will be a senior member of staff

# THE SEVEN R's

- **Report**
- Share concerns with the designated safeguarding lead as soon as possible
- If you are not able to contact your designated safeguarding lead, and the child is at risk of immediate harm, contact MASH (see contacts slide below)
- If you are dissatisfied with the level of response you receive following your concerns, you should press for re-consideration

# THE SEVEN R's

- **Record**
- If possible make some very brief notes at the time, and write them up as soon as possible
- Keep your original notes on file
- Record the date, time, place, persons present and noticeable nonverbal behaviour, and the words used by the child. If the child uses sexual 'pet' words, record the actual words used, rather than translating them into 'proper' words
- Complete a body map to indicate the position of any noticeable bruising
- Record facts and observable things, rather than your 'interpretations' or 'assumptions'
- Sign and date records or equivalent on electronic based records.

# THE SEVEN R's

- **Remember**
- Support the child: listen, reassure, and be available
- Complete confidentiality is essential. Share your knowledge only with appropriate professional colleagues
- Try to get some support for yourself if you need it

# THE SEVEN R's

- **Review (led by DSL)**
- Has the action taken provided good outcomes for the child?
- Did the procedure work?
- Were any deficiencies or weaknesses identified in the procedure? Have these been remedied?
- Is further training required?

# INJURIES

In the context of a school, it is normal to ask about injuries. Normally responses are light-hearted and detailed. You should be concerned if:

- the explanation given does not match the injury
- the explanation uses words or phrases that do not match the vocabulary of the child (adult's words)
- no explanation is forthcoming
- the child (or the parent/carer) is secretive or evasive
- the injury is accompanied by allegations of abuse or assault



# ALLEGATIONS AGAINST STAFF



- If you see an event or a child alleges a member of staff or volunteer, or another adult working with children has
  - behaved in a way that has harmed a child, or may have harmed a child;
  - possibly committed a criminal offence against or related to a child; or
  - behaved towards a child or children in a way that indicates he or she would pose a risk of harm to children

You must inform your DSL or Headteacher as soon as possible.

# PEER-ON-PEER ABUSE

Most issues of conduct between pupils is dealt with by the behaviour policy. If an incident or allegation includes one or more of these features, the DSL should be informed:

- Allegation against an older pupil and the victim is younger OR more vulnerable
- Is of a serious nature, possible including a criminal offence
- Raises risk factors for other pupils in the school
- Indicates that other pupils may have been affected
- Indicates that young people outside the school may be affected

# PEER-ON-PEER ABUSE

Examples of safeguarding issues against a student could include, but are not limited to:

- **Bullying (including cyberbullying)**
- **Physical Abuse:** violence, particularly pre-planned; forcing others to use drugs or alcohol
- **Emotional Abuse:** blackmail or extortion; threats and intimidation
- **Sexual Abuse:** indecent exposure, indecent touching or serious sexual assaults; forcing others to watch pornography or take part in sexting (specific advice about how to approach incidents of sexting is contained in (Annex 11); other behaviours outlined in the Brook traffic light tool (Annex 6)
- **Sexual Exploitation:** encouraging other children to engage in inappropriate sexual behaviour (For example - having an older boyfriend/girlfriend, associating with unknown adults or other sexually exploited children, staying out overnight); photographing or videoing other children performing indecent acts
- **Sexual violence:** rape; assault by penetration and sexual assault
- **Sexual harassment:** sexual comments, remarks, jokes; online sexual harassment which may be stand alone or part of a broader pattern of abuse
- **Upskirting:** 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** – youth produced sexual imagery
- **Initiation/hazing type violence and rituals**

# SEXUAL BEHAVIOUR

- A child under the age of 13 cannot consent to sexual activity
- The legal age of consent is 16 and is intended to protect children from abuse and exploitation
- The law is not used to punish consensual sexual activity between young people of a similar age
- If you become aware that a child is engaging in sexual activity you should discuss this with the DSL

The Brook Sexual Behaviours Traffic Light Tool helps you assess what is a healthy part of growing up, or is a safeguarding concern. These change as children grow up.

# SEXTING

Sexting is the production and/or sharing of sexual photos and videos of and by young people who are under the age of 18. It includes nude or nearly nude images and/or sexual acts. It is also referred to as 'youth produced sexual imagery'

'Sexting' does not include the sharing of sexual photos and videos of under-18 year olds with or by adults. This is a form of child sexual abuse and must be referred to the police.

# RESPONDING TO SEXTING



- **Report it to your Designated Safeguarding Lead (DSL) or Deputy DSL immediately.**
- **Never** view, download or share the imagery yourself, or ask a child to share or download – **this is illegal.**
- If you have already viewed the imagery by accident (e.g. if a young person has showed it to you before you could ask them not to), report this to the DSL.
- **Do not** delete the imagery or ask the young person to delete it.
- **Do not** ask the young person(s) who are involved in the incident to disclose information regarding the imagery. This is the responsibility of the DSL.
- **Do not** share information about the incident to other members of staff, the young person(s) it involves or their, or other, parents and/or carers.
- **Do not** say or do anything to blame or shame any young people involved.
- **Do** explain to them that you need to report it and reassure them that they will receive support and help from the DSL.

# FGM

Female Genital Mutilation is a form of child abuse and is an act of violence against women and girls. It is sometimes also known as female circumcision.

- The term FGM is used to refer to the removal of part or all of the female genitalia for cultural or other non-therapeutic reasons. This is extremely painful and has serious consequences for physical and mental health. It can also result in death.
- It is illegal to practice FGM in the UK. It is also illegal to take a child abroad for FGM even if legal in that country.
- FGM is sometimes incorrectly believed to be an Islamic practice. This is not the case and the Islamic Shari'a Council, the Muslim College and the Muslim Council of Britain (MCB) have condemned the practice of FGM.

# FGM

The age at which girls undergo FGM varies enormously according to the community. The procedure may be carried out when the girl is newborn, during childhood or adolescence, just before marriage or during the first pregnancy. However, the majority of cases of FGM are thought to take place between the ages of 5 and 8 and therefore girls within that age bracket are at a higher risk.

If you are concerned a girl has undergone or is being taken abroad with the intention of having FGM, you should inform your DSL, but you will have to inform the police yourself.



# FGM

A girl at immediate risk of FGM may not know what is going to happen. She might talk about or you may become aware of:

A long holiday abroad or going 'home' to visit family

Relative or cutter visiting from abroad

A special occasion or ceremony to 'become a woman' or get ready for marriage

A female relative being cut – a sister, cousin, or an older female such as a mother or aunt

# FGM

Signs to raise concern that FGM has taken place:

- Difficulty walking, standing or sitting
- Spending longer in the toilet
- Appearing withdrawn, anxious or depressed
- Unusual behaviour after an absence from school
- Be reluctant to undergo normal medical examinations
- Ask for help but not be able to be explicit about what's happened

Unlike other forms of abuse, if you have suspicions or evidence that a girls has undergone FGM you should inform the DSL but you will have to report the incident to the police yourself with your DSL's support.

# RADICALISATION

Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism. Extremism is vocal or active opposition to fundamental British values, such as democracy, the rule of law, individual liberty, and mutual respect and tolerance of different faiths and beliefs.

Schools have a duty to prevent children from being drawn into terrorism. This is known as the Prevent duty.

Remember radicalisation can be associated with a wide range of belief systems to do with race, political or lifestyle views.

# RADICALISATION

There is no single way of identifying an individual who is likely to be susceptible to an extremist ideology. Radicalisation can occur quickly or over a long period.

- Refusal to engage with, or becoming abusive to, peers who are different from themselves
- Becoming susceptible to conspiracy theories and feelings of persecution
- Changes in friendship groups and appearance
- Rejecting activities they used to enjoy
- Converting to a new religion
- Isolating themselves from family and friends
- Talking as if from a scripted speech
- An unwillingness or inability to discuss their views

# RADICALISATION

- A sudden disrespectful attitude towards others
- Increased levels of anger
- Increased secretiveness, especially around internet use
- Expressions of sympathy for extremist ideologies and groups, or justification of their actions
- Accessing extremist material online, including on Facebook or Twitter
- Possessing extremist literature
- Being in contact with extremist recruiters and joining, or seeking to join, extremist organisations
- Children who are at risk of radicalisation may have low self-esteem, or be victims of bullying or discrimination. It is important to note that these signs can also be part of normal teenage behaviour – staff should have confidence in their instincts and seek advice if something feels wrong.

# SERIOUS VIOLENCE, GANGS AND CRIMINAL EXPLOITATION



- Child criminal exploitation occurs where there is an imbalance of power which is used to coerce, control, manipulate or deceive a young person into any criminal activity in exchange for something the child wants or needs.
- Victims' involvement in criminal activity may appear consensual because they do not disclose the exploitation or see themselves as victims.
- County Lines is a form of this exploitation which involves criminal networks engaging young people in exporting illegal drugs
- Use the procedure for reporting concerns about abuse

# SERIOUS VIOLENCE, GANGS AND CRIMINAL EXPLOITATION



Indicators of risk may include, but are not limited to:

- Persistently missing from home or school
- Unexplained acquisition of money, clothes or mobile phones
- Excessive receipt of texts or phone calls
- Relationships with controlling and/or older individuals or groups
- Leaving home/care without explanation
- Suspicion of physical assault or unexplained injuries
- Parental concerns
- Carrying weapons
- Significant decline in school results/performance
- Gang association or isolation from peers or social networks
- Self-harm or significant changes in emotional well-being

# VISITORS

The Trust has a visitor management process which allows you to feel confident when a stranger is on the premises:

- Green lanyard means the visitor has had a DBS check and is known to the school. Typically they will be a member of the central Trust staff.
- Red lanyard means the visitor has not been checked and should not be unsupervised around the academy.
- You should politely challenge anyone wearing a red lanyard or a stranger you do not know without identification.



# CONFIDENTIALITY



- All matters relating to child protection are confidential
- Statutory guidance (Working Together to Safeguard Children 2019) sets out how information should be shared
- Therefore information gathered through the procedures in the policy may be shared on a lawful basis

**You cannot promise a child to keep information confidential. Information is shared within the academy on a 'need to know' basis**

# CONTACT



- In normal circumstances your DSL will make referrals.
- If a child is in imminent danger of suffering significant harm and you are not able to inform DSL, anyone can call the Multi Agency Safeguarding Hub:
  - Portsmouth: 0845 671 0271
  - Hampshire: 0300 555 1384
  - West Sussex: 01403 229900 (0330 222 6664 out of office hours)

**If a child is in immediate danger and urgent protective action is required, the police must be called.**

