



Safeguarding Policy & Procedures

September 2023 – September 2024

Reviewed by: Howard Payne and Emma Hibberd
Agreed by (Governor):
Next review date: September 2024

CONTENTS

- 1 The legal framework within which this policy stands**
- 2 Equality Statement**
- 3 Definitions**
- 4 The Policy**
 - 4.1 Aims, principles and values**
 - 4.2 Leadership and management**
- 5 What is child abuse?**
- 6 Indicators of Abuse**
- 7 Specific Safeguarding issues (in alphabetical order)**
 - **Child abduction**
 - **Child Absent from Education**
 - **Children missing from Home/Care**
 - **Child Sexual Exploitation (CSE)**
 - **Children with family members in prison and parental criminality**
 - **Contextual Safeguarding**
 - **Criminal Exploitation of Children (including County Lines/Gangs)**
 - **Domestic Abuse**
 - **Fabricated Illness**
 - **Female Genital Mutilation (FGM)**
 - **Homelessness**
 - **Honor-based Violence**
 - **Looked After and Previously Looked after**
 - **Privately Fostered**
 - **Mental Health**
 - **Parental Mental Health**
 - **Online Safety**
 - **Cyberbullying**
 - **Sexting**
 - **Online Sexual Abuse**
 - **Gaming online**
 - **Online reputation**
 - **Grooming**
 - **Parental Substance misuse**
 - **Peer-on-peer abuse**
 - **Serious Violence (inc gang violence and hazing)**
 - **Special Educational Needs and Difficulties (SEND)**
 - **Suicide and Self-harm**
 - **Up-skirting**
 - **Young Carers**
- 8 Annex 1: Brooks Sexual Behaviours Traffic Light Tool**
- 9 Useful Websites**

This policy should be read in conjunction with:

- Child Protection Policy
- Staff Code of Conduct
- Health and Safety Policy – including off site visits and transporting children
- Inclusion/SEND policy
- Intimate Care Policy
- First Aid Policy
- Behaviour Policy

Safeguarding Statement

Medina Primary recognises its moral and statutory responsibility to safeguard and promote the welfare of all children. 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 does happen here” where safeguarding is concerned. The purpose of this policy is to provide staff, volunteers and governors with the framework they need in order to keep children safe and secure in our school and to inform parents and guardians how we will safeguard their children whilst they are in our care. Specific guidance is available to staff within the procedure documents contained in this policy.

All staff, children, parents and visitors are required to act safely and to co-operate in meeting these obligations. Medina believes that child protection is the responsibility of all adults. The school will encourage employees to take an active role in ensuring that the highest standard of child protection is extended to all our children.

The process that must be followed at Medina Primary is as follows:

If you suspect a child is being harmed and/or there is evidence of a child being harmed you must inform the Headteacher and the Designated Safeguarding Lead (Mr Payne) or in the event of Mr Payne being unavailable you must inform the Designated Safeguarding Deputy (Miss Hammerton or Mrs Hibberd).

If the Designated Safeguarding Lead or Designated Safeguarding Deputies are not in school at least one of these will always be contactable by telephone – mobile numbers are available from the school office.

You must complete an incident report on CPOMS.

The Designated Safeguarding Lead will consider the concern raised and if appropriate make a referral to MASH and/or Police.

If staff feel as though the DSL has not taken the concern seriously enough then staff should inform the LADO (Rebecca Paradise 02392 841974 lado@portsmouthcc.gov.uk)

When talking to children following a concern and/or incident, staff should be mindful of the following:

Do

- Ask neutral questions which encourage the pupil to talk such as ‘can you tell me what happened?’
- Accept what the pupil says
- Acknowledge how hard it was for them to tell you
- Reassure the pupil that they have done the right thing
- Explain whom you will have to tell (the DSL) and why

Don't

- Interrogate or pressure the pupil to provide information
- Burden the pupil with guilt by asking questions such as 'why didn't you tell me before?'
- Ask any questions that start with the word 'why'
- Undress the child or examine clothed parts of the child's body
- Criticise the perpetrator
- Promise confidentiality or make promises that you cannot keep such as 'it will be alright now'

Remember it is an individual staff's responsibility to ensure serious concerns/incidents have been followed through appropriately.

This policy will be reviewed annually by the Designated Safeguarding Lead and the associated Governor and shared with the Governors in Summer Term or Autumn Term at the latest.

We will educate and encourage children to keep safe through the content of the curriculum (including Relationship Education statutory from 2020) and an ethos which helps children to feel safe and able to talk freely about their concerns, secure in the knowledge that they will be listened to and valued.

This Policy must be read alongside Child Protection Policy and Procedures.

1. The legal framework within which this policy stands

This policy is based on the Department for Education's statutory guidance Keeping Children Safe in Education 2023 and [Working Together to Safeguard Children](#)(2015/2018), and the [Governance Handbook](#). We comply with this guidance and the procedures set out by our local safeguarding children board.

This policy is also based on the following legislation:

- Section 175 of the [Education Act 2002](#), which places a duty on schools and authorities to safeguard and promote the welfare of children
- [The School Staffing \(England\) Regulations 2009](#), which set out what must be recorded on the single central record and the requirement for at least one person on a school interview/appointment panel to be trained in safer recruitment techniques
- [The Children Act 1989](#) (and [2004 amendment](#)), which provides a framework for the care and protection of children
- The [Childcare \(Disqualification\) Regulations 2009](#) (and [2018 amendment](#)) and [Childcare Act 2006](#), which set out who is disqualified from working with children

This policy also meets requirements relating to safeguarding and welfare in the [statutory framework for the Early Years Foundation Stage](#).

This policy is in line with locally agreed inter-agency procedures that have been put in place by the Portsmouth Safeguarding Children Board (PSCB). The PSCB is governed by and adheres to different policies and procedures, developed in accordance with the 'Working Together to Safeguard Children' National Guidance.

The 4LSCB Policies and procedures provide standards for agencies and a framework to promote children's welfare and protect them from abuse and neglect. See [4LCSCB Procedures](#)

Local Safeguarding Children Board protocols and guidance can be found using this link:
Portsmouth Safeguarding Children Board [PSCB procedures](#)

2. Equality statement

Some children have an increased risk of abuse, and additional barriers can exist for some children with respect to recognising or disclosing it. We are committed to anti-discriminatory practice and recognise children's diverse circumstances. We ensure that all children have the same protection, regardless of any barriers they may face.

We give special consideration to children who:

- Have special educational needs or disabilities
- Are young carers
- May experience discrimination due to their race, ethnicity, religion, gender identification or sexuality
- Have English as an additional language
- Are known to be living in difficult situations – for example, temporary accommodation or where there are issues such as substance abuse or domestic violence
- Are at risk of FGM, sexual exploitation, forced marriage, or radicalisation
- Are asylum seekers
- Are privately fostered.

3. Definitions

Safeguarding refers to how we protect the children in our schools from harm.

Child Protection is an aspect of safeguarding, but is focused on how we respond to children who have been significantly harmed or are at risk of significant harm.

The term **Staff** applies to all those working for or on behalf of the Primary, full time or part time, in either a paid or voluntary capacity. This also includes parents and governors.

Child refers to all young people who have not yet reached their 18 birthday. On the whole, this will apply to children in our school; however, the policy will extend to visiting children and students from other establishments.

Parent refers to birth parents and other adults in a parenting role for example adoptive parents, step parents, guardians and foster carers.

Abuse could mean neglect, physical, emotional or sexual abuse or any combination of these. Parents, carers and other people can harm children either by direct acts and / or failure to provide proper care.

4. The Policy

4.1 Aims, principles and values

- To provide staff with the framework to promote and safeguard the wellbeing of children and in so doing ensure they meet their statutory responsibilities.
- To demonstrate our commitment to protecting children.

Principles and Values

- Children have a right to feel secure and cannot learn effectively unless they do so.
- All children regardless of age, gender including transgender, 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 school 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 school 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.

4.2 Leadership and management

We recognise that staff anxiety around child protection can undermine good practice and so have established clear lines of accountability, training and advice to support the process and individual staff within that process.

In this school, any individual can contact the Designated Safeguarding Lead (DSL) if they have concerns about a young person. There is a nominated safeguarding governor, who will take leadership responsibility for safeguarding. The Chair of Governors will receive reports of allegations against the headteacher.

In this Primary roles are allocated as follows:

Role	Name	Contact
Designated Safeguarding Lead:	Howard Payne	02392 375475 hpayne@medina.portsmouth.sch.uk
Deputy Designated Safeguarding Lead(s):	Ros Hammerton	02392 375475 rhammerton@medina.portsmouth.sch.uk
	Emma Hibberd	ehibberd@medina.portsmouth.sch.uk
Safeguarding Governor	Jacqueline Coonie	jcoonie@medina.portsmouth.sch.uk
Chair of Governors	Jacqueline Coonie	jcoonie@medina.portsmouth.sch.uk

Detailed descriptions of the roles and responsibilities of leadership are set out in the Child Protection Policy.

Important contacts:

Contact for Portsmouth MASH:

During Office Hours (Monday to Friday): 0845 671 0271/02392 688793
Out of Office Hours: 0300 555 1373
MASH guidance, Inter Agency Contact Form and the PSCB Threshold Document can be found at the following webpage:
<https://www.portsmouthscb.org.uk/worried-about-a-child-suffering-from-harm/>
Portsmouth LADO: 02392 882500

Annual review

This policy is to be reviewed at least annually in line with DfE, Portsmouth Safeguarding Children Board and other relevant statutory guidance.

Last Review	September 2023
Reviewed by	Howard Payne Emma Hibberd
Review Date	September 2024

5. What is child abuse?

The following definitions are taken from *Working Together to Safeguard Children*. In addition to these definitions, it should be understood that children can also be abused by being sexually exploited, honour based violence, forced marriage or female genital mutilation.

Children who are particularly vulnerable are:

- Disabled/SEN including children with medical conditions and mental health concerns
- Young carers
- Signs of being drawn into criminal behaviour (gangs/organised crime)
- Frequently going missing from home
- Misusing drugs/alcohol
- At risk of modern slavery/trafficking/exploitation
- Family circumstance – adult mental health, DV, substance abuse
- Parental criminality and exposure to criminal behaviours
- Has returned from care
- Early signs of neglect/abuse
- At risk of radicalisation or exploitation
- Privately fostered (defined as when a child under the age of 16 (under 18 if disabled) is cared for by someone who is not their parent or a 'close relative'. This is a **private** arrangement made between a parent and a carer for 28 days or more. Schools have a duty to inform the local authority as soon as such arrangement has been made.

What is 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(s) or another child(ren).

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

Emotional abuse is defined as: 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.

Sexual Violence and Sexual Harassment between Children

Sexual violence and sexual harassment (SVSH) can occur between two children of any age and sex from primary to secondary stage and into colleges. It can also occur through a group of children sexually assaulting or sexually harassing a single child or group of children. Within our school all staff receive training about sexual violence and sexual harassment and what to do if they have a concern or receive a report. Whilst any report of sexual violence or sexual harassment should be taken seriously, staff are aware it is more likely that girls will be the victims of sexual violence and sexual harassment and more likely it will be perpetrated by boys. This pattern of prevalence will not, however, be an obstacle to ALL concerns being treated seriously. This school has a zero-tolerance approach to sexual violence and harassment. We are clear that sexual violence and sexual harassment is not acceptable, will never be tolerated and is not an inevitable part of growing up. It cannot be described as 'banter', 'having a laugh' or 'boys being boys'. We will also take seriously any sharing of sexual images (photos, pictures or drawings) and videos; sexual jokes, comments or taunting either in person or on social media; or on-line sexual harassment.

The intervention of child protection agencies in situations involving sexual activity between children can require difficult professional judgments. Some situations are statutorily clear – for example, a child under the age of 13 cannot consent to sexual activity. But it will not necessarily be appropriate to initiate safeguarding procedures where sexual activity involving children and young people below the age of legal consent (16 years) comes to notice. It is important to distinguish between consensual sexual activity between children of a similar age (where at least one is below the age of consent), and sexual activity involving a power imbalance, or some form of coercion or exploitation. It may also be difficult to be sure that what has or has been alleged to have taken place definitely does have a sexual component.

As usual, important decisions should be made on a case by case basis, on the basis of an assessment of the children's best interests. Referral under safeguarding arrangements may be necessary, guided by an assessment of the extent to which a child is suffering, or is likely to suffer, significant harm.

Key specific considerations will include:

- The age, maturity and understanding of the children;
- Any disability or special needs of the children;
- Their social and family circumstance;
- Any evidence in the behaviour or presentation of the children that might suggest they have been harmed;
- Any evidence of pressure to engage in sexual activity;
- Any indication of sexual exploitation;

There are also contextual factors. Gender, sexuality, race and levels of sexual knowledge can all be used to exert power. A perpetrator of sexual abuse may sometimes be a woman or girl and the victim a boy. The Brook traffic light tool (Annex 1) can be useful in making these considerations.

A risk assessment should be completed and kept electronically. This should consider:

- The victim, especially their protection and support
- The alleged perpetrator: and
- All the other children (and, if appropriate, adult students and staff) at the school, especially any actions that are appropriate to protect them.

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.

6. Indicators of abuse

Neglect

The nature of neglect

Neglect is a lack of parental care but poverty and lack of information or adequate services can be contributory factors.

Far more children are registered to the category of neglect on child protection plans than to the other categories. As with abuse, the number of children experiencing neglect is likely to be much higher than the numbers on the plans.

Neglect can include parents or carers failing to:

- provide adequate food, clothing and shelter
- protect a child from physical and emotional harm or danger
- ensure adequate supervision or stimulation
- ensure access to appropriate medical care or treatment.

NSPCC has highlighted the following examples of the neglect of children under 12:

- frequently going hungry
- frequently having to go to school in dirty clothes
- regularly having to look after themselves because of parents being away or having problems such as drug or alcohol misuse
- being abandoned or deserted
- living at home in dangerous physical conditions
- not being taken to the doctor when ill
- not receiving dental care.

Neglect is a difficult form of abuse to recognise and is often seen as less serious than other categories. It is, however, very damaging: children who are neglected often develop more slowly than others and may find it hard to make friends and fit in with their peer group.

Neglect is often noticed at a stage when it does not pose a risk to the child. The duty to safeguard and promote the welfare of children (*What to do if your worried a child is being abused* 2015) would suggest that an appropriate intervention or conversation at this early stage can address the issue and prevent a child continuing to suffer until it reaches a point when they are at risk of harm or in significant need.

Neglect is often linked to other forms of abuse, so any concerns school staff have should at least be discussed with the designated safeguarding lead.

Indicators of neglect

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

Physical 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

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.

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.

Indicators of emotional abuse

Developmental issues

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

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
- 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

Social issues

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

Emotional responses

- 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.

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
- 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.

In the social context of the school, it is normal to ask about a noticeable injury. The response to such an enquiry is generally light-hearted and detailed. So, most of all, concern should be increased when:

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

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.

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.

Indicators of 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

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
- 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.

7. Specific safeguarding issues

These are presented in alphabetical order.

Child abduction

Child abduction is the unauthorised removal or retention of a minor from a parent or anyone with legal responsibility for the child. Child abduction can be committed by parents or other family members, by people known but not related to the victim (such as neighbours, friends and acquaintances) and, less commonly but most publicised, by strangers.

Further information is available at: www.actionagainstabduction.org

- Nearly three-quarters of children abducted abroad by a parent are aged between 0 and 6 years-old
- Roughly equal numbers are boys and girls
- Two-thirds of children are from minority ethnic groups.
- 70% of abductors are mothers.
- The vast majority have primary care or joint primary care for the child abducted.
- Many abductions occur during school holidays when a child is not returned following a visit to the parent's home country (so-called 'wrongful retentions')

If the school becomes aware of an abduction, we will follow the HIPS procedure and contact the police and children's social care (if they are not already aware). If school are made aware of a potential risk of abduction we will seek advice and support from police and children's social care to confirm that they are aware and seek clarity on what actions we are able to take.

Children Absent from Education

A child being absent from education is a potential indicator of abuse or neglect, and such children are at risk of being victims of harm, exploitation or radicalisation. School are well placed to identify that a child is absent from education for a long period of time. If a member of school staff becomes aware that a child may have run away/gone missing, they will try to establish with the parents/carers, what has happened. Parents and the school ensure that the school has at least two emergency contacts for each child. If this is not possible, or the child is absent, the designated safeguarding lead should assess the child's vulnerability by making reasonable enquiries, and refer any concerns about the child to Children's Services.

There are many circumstances where a child may become absent from education, but some children are particularly at risk.

These include children who:

- Are at risk of harm or neglect
- Come from Gypsy, Roma, or Traveller families
- Come from the families of service personnel
- Go missing or run away from home or care
- Are supervised by the youth justice system
- Cease to attend a school
- Come from new migrant families
- Present with anti-social/criminal behaviour

The school will follow procedures for unauthorised absence and for dealing with children who are absent from education, particularly on repeat occasions, to help identify the risk of abuse and neglect, including sexual exploitation, and to help prevent the risks of being absent in the future. This includes informing the local authority if a child leaves the school without a new school being named, and adhering to requirements with respect to sharing information with the local authority, when applicable, when removing a child's name from the admission register at non-standard transition points.

Staff will be trained in signs to look out for and the individual triggers to be aware of when considering the risks of potential safeguarding concerns which may be related to being absent, such as travelling to conflict zones, FGM and forced marriage.

Further information about attendance and absence procedures, refer to the attendance policy.

Children absent from Home or Care

It is known that children who go missing are at risk of suffering significant harm, and there are specific risks around children running away and the risk of sexual exploitation.

An absent/missing child incident would be prioritised as 'high risk' where:

- the risk posed is immediate and there are substantial grounds for believing that the child is in danger through their own vulnerability; or
- the child may have been the victim of a serious crime; or
- the risk posed is immediate and there are substantial grounds for believing that the public is in danger.

If the parent is unaware of the location of their child, and the definition of missing is met, school will either support the parent to contact the police to inform them or do so ourselves with urgency.

Child Sexual Exploitation

Child sexual exploitation (CSE) is a form of sexual abuse where children are sexually exploited for money, power or status.

This can involve violent, humiliating and degrading sexual assaults, but does not always involve physical contact and can happen online. For example, young people may be persuaded or forced to share sexually explicit images of themselves, have sexual conversations by text, or take part in sexual activities using a webcam.

Children or young people who are being sexually exploited may not understand that they are being abused. They often trust their abuser and may be tricked into believing they are in a loving, consensual relationship.

If a member of staff suspects CSE, they will discuss this with the DSL. The DSL will trigger the local safeguarding procedures, including a referral to the local authority's children's social care team and the police, if appropriate.

Indicators of sexual exploitation can include a child:

- Appearing with unexplained gifts or new possessions
- Associating with other young people involved in exploitation
- Having older boyfriends or girlfriends
- Suffering from sexually transmitted infections or becoming pregnant
- Displaying inappropriate sexualised behaviour
- Suffering from changes in emotional wellbeing
- Misusing drugs and/or alcohol
- Going missing for periods of time, or regularly coming home late
- Regularly missing school or education, or not taking part in education

The School uses the CSE assessment tool to help make judgements

www.proceduresonline.com/4lscb/portsmouth/files/risk_assess_toolkit.doc

Children with family members in Prison and Parental Criminality

These children are at risk of poor outcomes including poverty, stigma, isolation and poor mental health. DSL and pastoral leads will ensure these children receive support in school and through professional involvement where needed.

Consideration should be made where a child may have been affected by a parent or family member's involvement in criminal behaviours and the child's exposure to this.

Contextual Safeguarding

All staff should be aware that safeguarding incidents and/or behaviours can be associated with factors outside the school and/or can occur between children outside of our school. All staff, but especially the designated and deputy safeguarding leads, should consider whether children are at risk of abuse or exploitation in situations outside their families.

Risk and harm outside of the family can take a variety of different forms and children can be vulnerable to sexual exploitation, criminal exploitation, and serious youth violence in addition to other risks. As a school, we will consider the various factors that can impact the life of any pupil about whom we have concerns. We will consider the level of influence that these factors have on their ability to be protected and remain free from harm, particularly around child exploitation or criminal activity. What life is like for a child outside the school gates, within the home, within the family and within the community are key considerations when the DSL is looking at any concerns.

Other community safety incidents in the vicinity of a school can raise concerns amongst children and parents, for example, people loitering nearby or unknown adults engaging children in conversation, or gang related activity. As children get older and are granted more independence (for example, as they start walking to school on their own) they are given practical advice on how to keep themselves safe.

Criminal Exploitation of Children (Including County Lines)

This can affect any child under the age of 18, can involve force or enticement accompanied by violence or threats of violence, can be perpetrated by groups or individuals, males or females, young people or adults. It is typified as a form of power imbalance. Criminal Exploitation is a typical feature of county lines criminal activity. Children are vulnerable to drug networks to exploit them to carry drugs and money from urban areas to suburban.

Indicators that a child may be criminally exploited include:

- Increase in missing episodes – particular key as children can be missing for days and drug run in other counties
- Having unexplained amounts of money, new high cost items and multiple mobile phones
- Increased social media and phone/text use, almost always secretly
- Older males in particular seen to be hanging around and driving
- Having injuries that are unexplained and being unwilling to have them looked at
- Increase in aggression, violence and fighting
- Carrying weapons – knives, baseball bats, hammers, acid
- Travel receipts that are unexplained
- Significant missing from education and disengaging from previous positive peer groups
- Association with other young people involved in exploitation
- Children who misuse drugs and alcohol
- Parent concerns and significant changes in behaviour that affect emotional wellbeing

Domestic Abuse

The definition of domestic violence and abuse is: any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can include, but is not limited to: psychological; physical; sexual; financial; and emotional.

All children can witness and be adversely affected by domestic abuse in the context of their home life where domestic abuse occurs between family members. Exposure to domestic abuse and/or violence can have a serious, long lasting emotional and psychological impact on children. In some cases, a child may blame themselves for the abuse or may have had to leave the family home as a result.

Schools will work alongside police through Operation Encompass.

<https://www.operationencompass.org/>

Additional advice on identifying children who are affected by domestic abuse and how they can be helped is available at:

- NSPCC- <https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/domestic-abuse/signs-symptoms-effects/>
- Refuge <http://www.refuge.org.uk/get-help-now/what-is-domestic-violence/effects-of-domestic-violence-on-children/>
- SafeLives: <http://www.safelives.org.uk/knowledge-hub/spotlights/spotlight-3-young-people-and-domestic-abuse>

Fabricated or Induced Illness (FI) (including Perplexing Presentations)

There are three main ways that a parent/carer could fabricate or induce illness in a child. These are not mutually exclusive and include:

- Fabrication of signs and symptoms. This may include fabrication of past medical history
- Fabrication of signs and symptoms and falsification of hospital charts and records, and specimens of bodily fluids. This may also include falsification of letters and documents
- Induction of illness by a variety of means.

The Royal College of Paediatrics and Child Health have added the term “Perplexing presentations” to the guidance around FII. Perplexing Presentations (PP) describes those situations where there are indicators of possible FII which have not caused or brought on any actual significant harm. It is important to highlight any potential discrepancies between reports, presentations of the child and independent observations of the child. What is key to note are implausible descriptions and/or unexplained findings and/or parental behaviour.

School follow the HIPS protocol and informs children’s social care if we are concerned that a child may be suffering from fabricated or induced illness.

Female Genital Mutilation

FGM is a form of child abuse that can lead to extreme and lifelong physical and psychological suffering to women and girls. It is an act of violence against women and girls. The term FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for nonmedical reasons. This is extremely painful and has serious consequences for physical and mental health. It can also result in death. 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.

There are factors that may indicate a child may be at risk of FGM. As with all other aspects of safeguarding they may form part of a collective picture of concern.

For example if:

- the family originates from a community known to practice FGM and/or information is shared of intention to travel to their country of origin;
- a parent requests permission for a child to travel overseas for an extended period during the academic year;
- a parent seeks to withdraw their child from learning about FGM in school;
- a child expresses anxiety about a special ceremony or traditional custom
- another family member is known to have previously undergone FGM.

FGM is sometimes also known as female circumcision. Other local terms are:

- Tahoor, Absum, Halalays, Khitan, Ibi, Sunna, Gudnii, Bondo, Kutairi

FGM is illegal in the UK and The Serious Crime Act 2015 amended the 2003 Female Genital Mutilation Act to extend to prohibited acts done outside the UK by a UK national or a person who is resident in the UK.

FGM is classified into four categories:

- **Clitoridectomy:** partial or total removal of the clitoris and, in very rare cases, only the prepuce
- **Excision:** partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora
- **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
- **Other:** all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area

Free on-line training in FGM awareness is available at: www.fgmelearning.co.uk

The Serious Crime Act 2015 in England and Wales introduced a requirement for all regulated health and social care professionals (registrants) to report FGM found in girls under the age of 18 years.

If you are concerned that a child may be at risk of FGM:

- In an emergency contact the Police
- Or contact MASH

All staff received training in FGM Spring 2020

From October 2015 it has been mandatory to report to the police if you know of a girl under the age of 18 who has undergone FGM. This requires the INDIVIDUAL who becomes aware of the case to make a report. Unlike other safeguarding or child welfare concerns the reporting responsibility cannot be transferred, eg to a designated named person for safeguarding.

Forced marriage

Forcing a person into marriage is a crime. A forced marriage is one entered into without the full and free consent of one or both parties and where violence, threats, or any other form of coercion is used to cause a person to enter into a marriage. Threats can be physical or emotional and psychological.

Staff will receive training around forced marriage and the presenting symptoms. We are aware of the 'one chance' rule, i.e. we may only have one chance to speak to the potential victim and only one chance to save them.

If a member of staff suspects that a pupil is being forced into marriage, they will speak to the pupil about their concerns in a secure and private place. They will then report this to the DSL.

The DSL will:

- Speak to the pupil about the concerns in a secure and private place
- Activate the local safeguarding procedures
- Seek advice from the Forced Marriage Unit on 020 7008 0151 or fm@fco.gov.uk

Homelessness

Being homeless or being at risk of becoming homeless presents a real risk to a child's welfare. The DSL (and any deputies) will be aware of contact details and referral routes in to the Local Housing Authority so they can raise/progress concerns at the earliest opportunity.

Indicators that a family may be at risk of homelessness include household debt, rent arrears, domestic abuse and anti-social behaviour, as well as the family being asked to leave a property. A referral into children's social care should take place where a child has been harmed or is at risk of harm regardless of the progress of housing support application.

Honour- based violence

This involves incidents/crimes which have been committed to protect/defend the honour of a family/community including FGM/forced Marriage/Breast Ironing. Abuse involves a wider community and can include multiple perpetrators.

The DSL will:

- Activate local safeguarding procedures
- Involve both social care and police in line with multi-agency working in the local area
- Where FGM has taken place the duty is on all adults to report

Looked After Children and previously Looked After

Children who are LAC or previously LAC are particularly vulnerable to abuse. DSL's will ensure accurate information about the child's contact arrangements are known by key staff. That contact information for all family and LAC family involved with the child are known. The DSL will ensure they have contact details for the Social Worker and the Virtual School Head in the authority that looks after the child. Where a child has returned home from a period in care, school will ensure parents and children are aware of the support available for them to ensure a successful transition. Staff will be vigilant to the safety and well-being of children who have returned home.

Private fostering is an arrangement by a child's parents for their child (under 16 or 18 if disabled) to be cared for by another adult who is not closely related and is not a legal guardian with parental responsibility, for 28 days or more. It is not private fostering if the carer is a close relative to the child such as grandparent, brother, sister, uncle or aunt. The Law requires that the carers and parents must notify the Children's Services Department of any private fostering arrangement.

If the school becomes aware that a pupil is being privately fostered, we will inform the Children's Services Department and inform both the parents and carers that we have done so.

Medina Primary has a designated Teacher for LAC.

Mental Health

Staff are trained to spot changes in behaviour that might indicate an emerging mental health problem and issues affecting the emotional wellbeing of pupils. All staff are 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.

Significant life events can impact on a child's mental health. These include (but are not restricted to):

- loss or separation – resulting from death, parental separation, divorce, hospitalisation, loss of friendships (especially in adolescence), family conflict or breakdown that results in the child having to live elsewhere, being taken into care or adopted
- life changes – such as the birth of a sibling, moving house or changing schools or during transition from primary to secondary school, or secondary school to sixth form
- traumatic events such as abuse, domestic violence, bullying, violence, accidents, injuries or natural disaster.

When concerns are identified, school staff will provide opportunities for the child to talk or receive support within the school environment e.g. from an ELSA. Parents will be informed of the concerns and involved in supporting the child. Where needed additional professional support referrals e.g. to CAMHS or MHST.

If staff have a mental health concern about a child that is also a safeguarding concern, they will take immediate action, raising the issue with the designated safeguarding lead or a deputy

Parental mental health

Parental mental illness does not necessarily have an adverse impact on a child's developmental, but it is essential to always assess its implications for each child in the family. It is essential that the diagnosis of a parent's/carer's mental health is not seen as defining the level of risk. Similarly, the absence of a diagnosis does not equate to there being little or no risk.

For children, the impact of poor parental mental health can include:

- The parent's/carer's needs or illnesses taking precedence over the child's needs
- The child's physical and emotional needs being neglected
- The child acting as a young carer for a parent or a sibling
- The child having restricted social and recreational activities
- The child finding it difficult to concentrate, potentially having an impact on educational achievement
- The child missing school regularly as (s)he is being kept home as a companion for a parent/carer
- The child adopting paranoid or suspicious behaviour as they believe their parent's delusions
- Witnessing self-harming behaviour and suicide attempts (including attempts that involve the child)
- Obsessional compulsive behaviours involving the child.

If staff become aware of any of the above indicators, or others that suggest a child is suffering due to parental mental health, the information will be shared with the DSL to consider a referral to children's social care.

Online safety

Technology has allowed children to communicate freely with others on a local, national and worldwide level. This means the children are at greater risk of:

- being exposed to illegal, inappropriate or harmful content, for example: pornography, fake news, racism, misogyny, self-harm, suicide, anti-Semitism, radicalisation and extremism.
- being subjected to harmful online interaction with other users; for example: peer to peer pressure, commercial advertising and adults posing as children or young adults with the intention to groom or exploit them for sexual, criminal, financial or other purposes'.
- personal online behaviour that increases the likelihood of, or causes, harm; for example, making, sending and receiving explicit images (e.g consensual and non-consensual sharing of nudes and semi-nudes and/or pornography, sharing other explicit images and online bullying;
- risks such as online gambling, inappropriate advertising, phishing and or financial scams

The school will seek to provide information and awareness to both pupils and their parents through:

- Acceptable use agreements for children, teachers, parents/carers and governors
- Curriculum activities involving raising awareness around staying safe online
- Information included in letters, newsletters, web site, VLE
- Parents evenings / sessions
- High profile events / campaigns e.g. Safer Internet Day
- Building awareness around information that is held on relevant web sites and or publications

Cyberbullying

Cyber-bullying is defined as 'an aggressive, intentional act carried out by a group or individual using electronic forms of contact repeatedly over time against a victim who cannot easily defend himself/herself.'

Cyberbullying can be perpetrated by:

- Bullying by texts or messages or calls on mobile 'phones
- The use of mobile 'phone cameras to cause distress, fear or humiliation
- Posting threatening, abusive, defamatory or humiliating material on websites, to include blogs, personal websites, social networking sites
- Using e-mail to message others
- Hijacking/cloning e-mail accounts
- Making threatening, abusive, defamatory or humiliating remarks in on-line forums

Refer to the school Esafety Policy for more information about the school's response to cyber-bullying and curriculum

Filtering and Monitoring

The school will ensure we have robust filtering and monitoring systems in place to limit children's exposure to the 4 key categories of risk from the school's IT systems. This will cover all technology including, moveable technology, as well as online. These systems will be audited annually with our IT support provider, Rocket and PCC.

We will equip our pupils to stay safe online at school and at home.

Sexting

'Sexting' often refers to the sharing of naked or 'nude' pictures or video through mobile phones and/or the internet. It also includes underwear shots, sexual poses and explicit text messaging is it sometimes referred to as 'youth produced sexual imagery'. In the latest advice for schools and colleges (UKCCIS, 2016), sexting is defined as **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.

While sexting often takes place in a consensual relationship between two young people, the use of sexted images in revenge following a relationship breakdown is becoming more commonplace. Sexting can also be used as a form of sexual exploitation and take place between strangers. As the average age of first smartphone or camera enabled tablet usage for a child is 6 years old, sexting is an issue that requires awareness raising across all ages.

'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.

On-line sexual abuse

This could include sending abusive, harassing and misogynistic messages; sharing nude and semi-nude images and videos; and coercing others to make and share sexual imagery. This also can include the dissemination of images taken initially with consent but later shared without the victim's knowledge.

As a school we will:

- Report to the police, CEOP or any other relevant body any on-line sexual abuse or harmful content we are made aware of.
- We will seek guidance from the NPCC 'when to call the police' document and the internet watch foundations 'report harmful content' website

- Educate to raise awareness of what on-line sexual abuse is, how it can happen, how to limit the impact and what to do if you become aware of it.
- Support victims of on-line abuse within the school community

Gaming Online

Gaming is an activity in which the majority of children and many adults get involved. It can put children at risk when there are open methods of communication e.g. through messaging or live chat functions. Children may also play games with age-inappropriate content that can cause distress.

The school will raise awareness:

- By talking to parents and carers about the games their children play and help them identify whether they are appropriate
- By supporting parents in identifying the most effective way to safeguard their children by using parental controls and child safety mode
- By talking to parents about setting boundaries and time limits when games are played

Online reputation

Online reputation is the opinion others get of a person when they encounter them on-line. It is formed by posts, photos that have been uploaded and comments made by others on people's profiles. It is important that children and staff are aware that anything that is posted could influence their future professional reputation. The majority of organisations and work establishments now check digital footprint before considering applications for positions or places on courses.

Grooming

On-line grooming is the process by which a person will approach a child on-line, with the intention of developing an inappropriate relationship with them. Additional to being targeted for sexual motivations, some children are groomed online for exploitation or radicalisation.

The school's Computing and PSHE curriculum teaches children about how to meet others safely online and what they can do if they feel that they are at harm from someone they are talking to.

Signs of grooming can include:

- isolating themselves from family and friends;
- becoming secretive and not wanting to talk or discuss their views;
- closing computers down when others are around;
- refusing to say who they are talking to;
- using technology such as anonymous browsing to hide their activity; and
- sudden changes in mood, such as becoming angry or disrespectful.

Parental Substance misuse

Substance misuse applies to the misuse of alcohol as well as 'problem drug use', defined by the Advisory Council on the Misuse of Drugs as drug use which has: 'serious negative consequences of a physical, psychological, social and interpersonal, financial or legal nature for users and those around them.

Parental substance misuse of drugs or alcohol becomes relevant to safeguarding a child when substance misuse and personal circumstances indicate that their parenting capacity is likely to be

seriously impaired or that undue caring responsibilities are likely to be falling on a child in the family.

If staff believe that a child is living with parental substance misuse, this will be reported to the designated safeguarding lead for referral to children's social care to be considered.

Child on Child abuse

Child on child abuse is any abuse/harm caused by one child or group of children on another child. It can be emotional/physical and/or sexual abuse caused in person or online. Child on child abuse can manifest itself in many ways. This may include bullying (including cyber bullying), physical abuse, sexual violence / sexual harassment, 'up-skirting', 'sexting' or initiation / hazing type violence and rituals. We do not tolerate any harmful behaviour in school and will take swift action to intervene where this occurs, challenging inappropriate behaviours when they occur – we do not normalise abuse, nor allow a culture where it is tolerated.

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.

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.

Staff will be alert to changes in children' behaviour.

The government website [Educate Against Hate](#) and charity [NSPCC](#) say that signs that a child is being radicalised can include:

- 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
- 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.

All staff have received PREVENT training (2019)
(See Child Protection Policy for procedures relating to radicalisation)

Serious Violence

Serious violence is becoming a factor for those who are involved in criminal exploitation. It can also be an indication of gang involvement and criminal activity.

All staff will be made aware of indicators, which may signal that pupils, or members of their families, are at risk from or involved with serious violent crime. These indications can include but are not limited to:

- increased absence from school;
- a change in friendships or relationships with older individuals or groups;
- a significant decline in performance;
- signs of self-harm;
- significant change in wellbeing;
- signs of assault;
- unexplained injuries;
- unexplained gifts and/or new possessions;
- Possession of weapons.

Staff should be aware of the range of risk factors which increase the likelihood of involvement in serious violence, such as being male, having been frequently absent or permanently excluded from school, having experienced child maltreatment and having been involved in offending, such as theft or robbery. Advice for staff can be found in the [Preventing youth violence and gang involvement.pdf](#)

We have a duty to not only prevent the individual from engaging in criminal activity, but also to safeguard others who may be harmed by their actions. We will report concerns of serious violence to police and social care.

Trafficked Children and modern slavery

Modern slavery encompasses human trafficking and slavery, servitude and forced or compulsory labour. Exploitation can take many forms, including: sexual exploitation, forced labour, slavery, servitude, forced criminality and the removal of organs.

Human trafficking is defined as a process that is a combination of:

- Movement (including within the UK)
- Control, through harm / threat of harm or fraud
- For the purpose of exploitation

Any child transported for exploitative reasons is considered to be a trafficking victim. There is significant evidence that children (both of UK and other citizenship) are being trafficked internally within the UK and this is regarded as a more common form of trafficking in the UK.

There are a number of indicators which suggest that a child may have been trafficked into the UK, and may still be controlled by the traffickers or receiving adults.

These are as follows:

- Shows signs of physical or sexual abuse, and/or has contracted a sexually transmitted infection or has an unwanted pregnancy
- Has a history of going missing and unexplained moves
- Is required to earn a minimum amount of money every day
- Works in various locations

- Has limited freedom of movement
- Appears to be missing for periods
- Is known to beg for money
- Is being cared for by adult/s who are not their parents and the quality of the relationship between the child and their adult carers is not good
- Is one among a number of unrelated children found at one address
- Has not been registered with or attended a GP practice
- Is excessively afraid of being deported.

For those children who are internally trafficked within the UK indicators include:

- Physical symptoms (bruising indicating either physical or sexual assault)
- Prevalence of a sexually transmitted infection or unwanted pregnancy
- Reports from reliable sources suggesting the likelihood of involvement in sexual exploitation/the child has been seen in places known to be used for sexual exploitation
- Evidence of drug, alcohol or substance misuse
- Being in the community in clothing unusual for a child i.e. inappropriate for age, or borrowing clothing from older people
- Relationship with a significantly older partner
- Accounts of social activities, expensive clothes, mobile phones or other possessions with no plausible explanation of the source of necessary funding
- Persistently missing, staying out overnight or returning late with no plausible explanation
- Returning after having been missing, looking well cared for despite having not been at home
- Having keys to premises other than those known about
- Low self- image, low self-esteem, self-harming behaviour including cutting, overdosing, eating disorder, promiscuity
- Truancy / disengagement with education
- Entering or leaving vehicles driven by unknown adults
- Going missing and being found in areas where the child or young person has no known links
- Inappropriate use of the internet and forming on-line relationships, particularly with adults.

These behaviours themselves do not indicate that a child is being trafficked but should be considered as indicators that this may be the case. When considering modern slavery, there is a perception that this is taking place overseas. Young people being forced to work in restaurants, nail bars, car washes and harvesting fruit, vegetables or other foods may have all been slaves 'hiding in plain sight' within the U.K and rescued from slavery. Other forms of slavery such as sex slaves or household slaves are more hidden but have also been rescued within the UK. If staff believe that a child is being trafficked or is a slave, this will be reported to the designated safeguarding lead for referral to be considered to children's social care. The government estimates that tens of thousands of slaves are in the UK today.

Sexual Violence and/or sexual harassment

Schools should take all reports of sexual violence/harassment seriously.

Important considerations include:

- The wishes of the victims of how they want to proceed. Victims to be given as much control as possible over the investigation and support offered;
- The nature of the incident including whether a crime has been committed
- The ages of the children involved
- Developmental stages of the children involved
- Any power imbalance between the children

- If the alleged incident is a one off or sustained pattern of abuse
- Are there ongoing risks to the victim, other children, or school staff.
- Other related issues/wider context.

All adults should act in the best interests of the child. School will follow general safeguarding procedures set out in this policy. Immediate consideration will be given as to how to best support and protect the victim and alleged perpetrator. Sexual violence and harassment should be highlighted as not acceptable and will not be tolerated. Especially important is not to pass off sexual violence/harassment as 'banter' or 'part of growing up'.

Where there has been a serious sexual assault, the alleged perpetrator should be removed from any classes they share with the victim. Including consideration as to how they travel between school and home. This is to reduce the distress for the child.

School will decide whether to manage the allegation internally (keeping written record of discussions and decisions), to refer for Early Help, refer to Social Care or report to the police depending on the severity of the incident (s). DSL's will contact MASH to discuss these options so that a joint decision is made.

Special Educational Needs and Disabilities

Children with SEND are particularly vulnerable to abuse, especially online. Therefore, it is essential that staff are given training on how to support these children by recognising this vulnerability and providing additional online safety support for the children.

Barriers can exist when recognising abuse and neglect in this group of children.

These can include:

- Assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability, without further exploration
- That they may be more prone to peer group isolation than others
- The potential to be disproportionately impacted by things like bullying, without outwardly showing signs
- Communication difficulties in overcoming these barriers

Staff have an understanding that the child may find it more challenging to communicate when abuse has taken place and therefore should make particular note of non-verbal indicators of abuse previously mentioned.

Suicide and self-harm

Suicide: an act of deliberate self-harm which results in death.

Self-harm: self-poisoning or self-injury, irrespective of the apparent purpose of the act.

Self-harm is a coping mechanism which enables a person to express difficult emotions. Young people who hurt themselves often feel that physical pain is easier to deal with than the emotional pain they are experiencing. The behaviour only provides temporary relief and fails to deal with the underlying issues that a young person is facing. For some people, self-harm may last for a short time. For others, it can become a long-term problem. Some people self-harm, stop for a while, and return to it months, even years, later, in times of distress. Many young people self-harm where there is no suicidal intent. However, research shows that young people who self-harm can be at a higher risk of suicide.

Risk factors that indicate a child or young person may be at risk of taking actions to harm themselves or attempt suicide can cover a wide range of life events such as: bereavement, bullying, cyber bullying, mental health problems including eating disorders, family problems such as domestic violence, any form of abuse or conflict between the child and parents.

The most common forms of self-harm are:

- cutting
- biting self
- burning, scalding, branding
- picking at skin, reopening old wounds
- breaking bones, punching
- hair pulling
- head banging
- ingesting objects or toxic substances
- overdosing with a medicine

Self-harm is usually a secretive behaviour but signs may include:

- wearing long sleeves at inappropriate times
- spending more time in the bathroom
- unexplained cuts or bruises, burns or other injuries
- unexplained smell of Dettol, TCP, etc.
- low mood - seems to be depressed or unhappy, low self-esteem, feelings of worthlessness
- any mood changes - anger, sadness
- changes in eating or sleeping patterns
- losing friendships, spending more time by themselves and becoming more private or defensive
- withdrawal from activities that used to be enjoyed
- abuse of alcohol and or drugs

Medina Primary recognises that any pupil who self-harms or expresses thoughts about self-harm and/or suicide, must be taken seriously and appropriate help and intervention will be offered at the earliest point. Any member of staff who is made aware that a pupil has self-harmed, or is contemplating self-harm or suicide will record and report the matter to the DSL as soon as possible as with any other safeguarding concern.

Up-skirting

Medina Primary will ensure that all staff and pupils are aware of the changes to the Voyeurism (Offences) Act 2019, which criminalise the act of 'up-skirting'. Criminal Prosecution Service (CPS) defines 'up skirting' as: *“the action of placing equipment such as a camera or mobile phone beneath a person’s clothing to take a voyeuristic photograph without their permission. It is not only confined to victims wearing skirts or dresses and equally applies when men or women are wearing kilts, cassocks, shorts or trousers. It is often performed in crowded public places, for example on public transport or at music festivals, which can make it difficult to notice offenders.”*

Incidents of up skirting in the school will not be tolerated. Medina Primary will make decisions on a case-by-case basis, with the DSL (or a deputy) taking a leading role and using their professional judgment, supported by other agencies, such as children’s social care and the police as required.

Young Carers

As many as 1 in 12 children and young people provide care for another person. This could be a parent, a relative or a sibling and for different reasons such as disability, chronic illness, mental health needs, or adults who are misusing drugs or alcohol. Pupils who provide care for another are Young Carers. These young people can miss out on opportunities, and the requirement to provide care can impact on school attendance or punctuality, limit time for homework, leisure activities and social time with friends. As a school we may refer a young carer to children’s social care for a carers assessment to be carried out. We will consider support that can be offered via the Portsmouth Young Carers service.

Brook sexual behaviours traffic light tool

Behaviours: age 0 to 5

All green, amber and red behaviours require some form of attention and response. It is the level of intervention that will vary.

What is a green behaviour?

Green behaviours reflect safe and healthy sexual development. They are displayed between children or young people of similar age or developmental ability. They are reflective of natural curiosity, experimentation, consensual activities and positive choices

What can you do?

Green behaviours provide opportunities to give positive feedback and additional information.

Green behaviours

- holding or playing with own genitals
- attempting to touch or curiosity about other children's genitals
- attempting to touch or curiosity about breasts, bottoms or genitals of adults
- games e.g. mummies and daddies, doctors and nurses
- enjoying nakedness
- interest in body parts and what they do
- curiosity about the differences between boys and girl

What is an amber behaviour?

Amber behaviours have the potential to be outside of safe and healthy behaviour. They may be of potential concern due to age, or developmental differences. A potential concern due to the activity type, frequency, duration or context in which they occur.

What can you do?

Amber behaviours signal the need to take notice and gather information to assess the appropriate action.

Amber behaviours

- preoccupation with adult sexual behaviour
- pulling other children's pants down/skirts up/trousers down against their will
- talking about recruit,using adult slang
- preoccupation with touching the genitals of other people
- following others into toilets or changing rooms to look at them or touch them
- talking about sexual activities seen on TV/online

What is a red behaviour?

Red behaviours are outside of safe and healthy behaviour. They may be excessive, secretive, compulsive, coercive, degrading or threatening and involving significant age, developmental, or power differences. They may pose a concern due to the activity type, frequency, duration or the context in which they occur

What can you do?

Red behaviours indicate a need for immediate intervention and action.

Red behaviours

- persistently touching the genitals of other children
- persistent attempts to touch the genitals of adults
- simulation of sexual activity in play
- sexual behaviour between young children involving penetration with objects
- forcing other children to engage in sexual play

Behaviours: age 5 to 9 and 9 to 13

All green, amber and red behaviours require some form of attention and response. It is the level of intervention that will vary.

What is a green behaviour?

Green behaviours reflect safe and healthy sexual development. They are displayed between children or young people of similar age or developmental ability and reflective of natural curiosity, experimentation, consensual activities and positive choices

What can you do?

Green behaviours provide opportunities to give positive feedback and additional information.

Green behaviours 5-9

- feeling and touching own genitals
- curiosity about other children's genitals
- curiosity about sex and relationships, e.g. differences between boys and girls, how sex happens, where babies come from, same-sex relationships
- sense of privacy about bodies
- telling stories or asking questions using swear and slang words for parts of the body

Green behaviours 9-13

- solitary masturbation
- use of sexual language including swear and slang words
- having girl/boyfriends who are of the same, opposite or any gender
- interest in popular culture, e.g. fashion, music, media, online games, chatting online
- need for privacy
- consensual kissing, hugging, holding hands with peers

What is an amber behaviour?

Amber behaviours have the potential to be outside of safe and healthy behaviour. They may be of potential concern due to age, or developmental differences. A potential concern due to the activity type, frequency, duration or context in which they occur.

What can you do?

Amber behaviours signal the need to take notice and gather information to assess the appropriate action.

Amber behaviours 5-9

- questions about sexual activity which persist or are repeated frequently, despite an answer having been given
- sexual bullying face to face or through texts or online messaging
- engaging in mutual masturbation
- persistent sexual images and ideas in talk, play and art
- use of adult slang language to discuss sex

Amber behaviours 9-13

- uncharacteristic and risk-related behaviour, e.g. sudden and/or provocative changes in dress, withdrawal from friends, mixing with new or older people, having more or less money than usual, going missing
- verbal, physical or cyber/virtual sexual bullying involving sexual aggression
- LGBT (lesbian, gay, bisexual, transgender) targeted bullying
- exhibitionism, e.g. flashing or mooning
- giving out contact details online
- viewing pornographic material

- worrying about being pregnant or having STIs

What is a red behaviour?

Red behaviours are outside of safe and healthy behaviour. They may be excessive, secretive, compulsive, coercive, degrading or threatening and involving significant age, developmental, or power differences. They may pose a concern due to the activity type, frequency, duration or the context in which they occur

What can you do?

Red behaviours indicate a need for immediate intervention and action.

Red behaviours 5-9

- sexual activities
- frequent masturbation in front of others
- sexual behaviour engaging significantly younger or less able children
- forcing other children to take part in sexual activities.
- simulation of oral or penetrative sex
- sourcing pornographic material online

Red behaviours 9-13

- exposing genitals or masturbating in public
- distributing naked or sexually provocative images of self or others
- sexually explicit talk with younger children
- sexual harassment
- arranging to meet with an online acquaintance in secret
- genital injury to self or others
- forcing other children of same age, younger or less able to take part in sexual activities
- sexual activity e.g. oral sex or intercourse

- presence of sexually transmitted infection (STI)
- evidence of pregnancy

Useful Websites

Abuse

<https://www.gov.uk/government/publications/what-to-do-if-youre-worried-a-child-is-being-abused--2>

<https://www.gov.uk/domestic-violence-and-abuse>

<https://www.gov.uk/government/publications/national-action-plan-to-tackle-child-abuse-linked-to-faith-or-belief>

Bullying

<https://www.gov.uk/government/publications/preventing-and-tackling-bullying>

Children missing from education, home or care

<https://www.gov.uk/government/publications/children-missing-education>

<https://www.gov.uk/government/publications/children-who-run-away-or-go-missing-from-home-or-care>

<https://www.gov.uk/government/publications/missing-children-and-adults-strategy>

Children with family members in prison

<https://www.nicco.org.uk/>

Child Exploitation

<https://www.gov.uk/government/publications/safeguarding-children-who-may-have-been-trafficked-practice-guidance>

Drugs

<https://www.gov.uk/government/publications/drugs-advice-for-schools>

<http://www.talktofrank.com/>

FGM

<https://www.gov.uk/government/collections/female-genital-mutilation>

<https://www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation>

Fostering

<https://www.gov.uk/government/publications/children-act-1989-private-fostering>

Health and Well-being

<https://www.gov.uk/government/publications/safeguarding-children-in-whom-illness-is-fabricated-or-induced>

<https://www.pshe-association.org.uk/curriculum-and-resources/resources/rise-above-schools-teaching-resources>

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

<https://www.gov.uk/government/publications/mental-health-and-behaviour-in-schools--2>

Homelessness

<https://www.gov.uk/guidance/homelessness-code-of-guidance-for-local-authorities>

Online

<https://www.gov.uk/government/groups/uk-council-for-child-internet-safety-ukccis>

Radicalisation

<https://www.gov.uk/government/publications/prevent-duty-guidance>

<https://www.gov.uk/government/publications/protecting-children-from-radicalisation-the-prevent-duty>

<http://educateagainsthate.com/>

Upskirting

<https://www.gov.uk/government/news/upskirting-know-your-rights>

Violence

<https://www.gov.uk/government/publications/advice-to-schools-and-colleges-on-gangs-and-youth-violence>

<https://www.gov.uk/government/publications/strategy-to-end-violence-against-women-and-girls-2016-to-2020>

<https://www.gov.uk/government/publications/violence-against-women-and-girls-national-statement-of-expectations>

<https://www.gov.uk/government/publications/sexual-violence-and-sexual-harassment-between-children-in-schools-and-colleges>

<https://www.gov.uk/government/publications/serious-violence-strategy>