

# The GLC Safeguarding & Child Protection Policy

## For the academic year 2023-2024

|   |             |
|---|-------------|
| This Policy was ratified by the Board of Directors on : | Autumn 2023 |
| This Policy will be reviewed by the GLC Board on :      | Autumn 2024 |

**GLC Mission Statement**

The GLC’s mission is to develop active and thriving citizens within a diverse, truly fair and equal community.

This will be achieved through:

- High quality teaching that deliberately develops competencies of curiosity, creativity, communication and critical-thinking;
- An inspiring and meaningful curriculum;
- The development of productive relationships by instilling the values of compassion, resilience, responsibility and aspiration to prepare our young people for learning and life;
- A commitment to the wellbeing of our staff;
- A culture of professional generosity, collaboration, challenge and support throughout the GLC;
- The development of effective external partnerships for the benefit and wellbeing of our community.

**Equalities Statement**

The GLC’s commitment to equality is enshrined in our mission statement to develop ‘active and thriving citizens within a diverse, truly fair and equal community’.

We are a vibrant, innovative and successful organisation: we work hard to be the place of choice to work and to learn. Across the 5 academies of the GLC, we pledge that everyone enjoys an equality of opportunity. We work tirelessly to ensure that individual characteristics including age, ethnicity, socio-economic background, academic ability, disability, gender, religious beliefs, sexual orientation are not discriminated against in any way. We create inclusive environments characterised by mutual respect where difference is celebrated.

| DESIGNATED SAFEGUARDING LEAD                  |                                 |                               |          |
|---|---------------------------------|-------------------------------|----------|
| Gateway Academy                               | Trudi Bryant                    | 07568 101036                  | ext. 208 |
| Gateway Primary Free School                   | Leah Cottis                     | 01375 489094                  | ext. 307 |
| Herringham Primary Academy                    | Sam Otto                        | 01375 489860                  | ext. 505 |
| Lansdowne Primary Academy                     | Dan Burnett                     | 01375 487200                  | ext. 405 |
| Tilbury Pioneer Academy                       | Kellie Henderson                | 01375 488420                  | ext. 606 |
| DEPUTY DESIGNATED SAFEGUARDING LEAD           |                                 |                               |          |
| Gateway Academy                               | Kerry Newton                    | 07506 793436/<br>01375 489073 |          |
| Gateway Primary Free School                   | Natalie Carroll / Emma Pattison | 01375 489094                  | ext. 306 |
| Herringham Primary Academy                    | Zoe Singh / Christine Egan      | 01375 489860                  | ext. 514 |
| Lansdowne Primary Academy                     | Anna Sparrow /Nicky Spindler    |                               |          |
|   | Tracey Wilson                   | 01375 487200                  | ext. 404 |
| Tilbury Primary Academy                       | Sarah Jones                     | 01375 488420                  |          |
| NOMINATED GOVERNOR/ DIRECTOR FOR SAFEGUARDING |                                 |                               |          |
| Gateway Academy                               | Chris Coles                     | c/o 01375 489000              |          |
| Gateway Primary Free School                   | Maggie Smith                    | c/o 01375 489094              |          |
| Herringham Primary Academy                    | Maggie Smith                    | c/o 01375 489860              |          |
| Lansdowne Primary Academy                     | Lynda Pritchard                 | c/o 01375 487200              |          |
| Tilbury Pioneer Academy                       | Lynda Pritchard                 | c/o 01375 488420              |          |
| GLC Board                                     | Lynda Pritchard                 | c/o 01375 489000              |          |

#### KEY CONTACTS WITHIN THE LOCAL AUTHORITY

|   |              |
|---|--------------|
| The <b>Initial Response Team [IRT]</b> is available for advice and consultation on Child Protection matters:<br><b>01375 652802 or 652634</b> |              |
| Local Authority Designated Officer- LADO: 01375 652921  |              |
| The Safeguarding Partners   |              |
| Thurrock LA   | 01375 653813 |
| Clinical Commissioning Group for the LA   | 01375 365810 |
| Chief Office of police for the LA   | 101          |
| LADO  | 01375 652921 |
| MASH [Multi-Agency Safeguarding Hub]  | 01375 652802 |

| REFERRAL INTO CHILDREN’S SOCIAL CARE  |
|---|
| Where schools have <b>URGENT</b> and <b>IMMEDIATE</b> concerns for the safety and welfare of a child or young person during office hours telephone <u><b>01375 372468</b></u> |
| To make <b>URGENT</b> referrals <b>OUT OF OFFICE HOURS</b> telephone Helpline on 0845 <u><b>606 1212</b></u>  |
| For all <b>NON – URGENT</b> referrals and enquiries telephone <b>01375 652802 or 652634</b>   |

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# 1. Introduction and Context

## 1.1 Our responsibilities

The Gateway Learning Community [GLC] fully recognises its responsibilities for child protection and safeguarding, and this policy sets out how each GLC Academy will deliver these responsibilities.

This policy should be read in conjunction with:

- Keeping children safe in Education Statutory Revised Guidance for Schools and Colleges, September 2023.  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1181955/Keeping children safe in education 2023.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1181955/Keeping_children_safe_in_education_2023.pdf)
- Working together to safeguard children: <https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>
- What to do if you are worried a child is being abused- Advice for practitioners.  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/419604/What to do if you re worried a child is being abused.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/419604/What_to_do_if_you_re_worried_a_child_is_being_abused.pdf)

GLC staff should also be familiar with the following related policies

- GLC Staff Code of Conduct [and whistleblowing] Policy
- GLC Behaviour Policy
- GLC Anti Bullying Policy
- GLC E-safety Policy

## 1.2 Our Principles

Safeguarding and promoting the welfare of children is defined for the purposes of this policy as: protecting children from maltreatment (including abuse and neglect); preventing impairment of children's mental and physical health or development; ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and taking action to enable all children to have the best outcomes.

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

Children's welfare is our paramount concern. The GLC, governors and trust directors, will ensure that our schools safeguard and promote the welfare of pupils and work together with agencies to ensure that our arrangements identify, assess and support those children who are suffering swiftly.

The GLC community, including staff, governors, directors, parents, families and pupils, have an essential role in making our schools and community safe and secure for all. We will work pro-actively with all members of our community to ensure that there is a shared understanding of the schools' responsibilities in safeguarding the welfare of all children and that referrals to other agencies are made in a timely manner.

All staff members will be advised to maintain an attitude of 'it could happen here' where safeguarding is concerned.

### 1.3 Opportunities to teach safeguarding

School plays a crucial role in preventative education. Preventative education is most effective in the context of a whole-school approach that prepares pupils and students for life in modern Britain and creates a culture of zero tolerance for sexism, misogyny/misandry, homophobia, biphobic and sexual violence/harassment. The GLC has a clear set of values and standards, upheld and demonstrated throughout all aspects of school life. These will be underpinned by the GLCs behaviour policy and pastoral support system, as well as by a planned programme of evidence-based RSHE delivered in regularly timetabled lessons and reinforced throughout the whole curriculum. Such a programme should be fully inclusive and developed to be age and stage of development appropriate [especially when considering the needs of children with SEND and other vulnerabilities].

This program will tackle at an age-appropriate stages issues such as:

- healthy and respectful relationships
- boundaries and consent
- stereotyping, prejudice and equality
- body confidence and self-esteem
- how to recognise an abusive relationship, including coercive and controlling behaviour
- the concepts of, and laws relating to- sexual consent, sexual exploitation, abuse, grooming, coercion, harassment, rape, domestic abuse, so called honour-based violence such as forced marriage and Female Genital Mutilation (FGM), and how to access support, and
- what constitutes sexual harassment and sexual violence and why these are always unacceptable.

### 1.4 The GLC Policy

There are 6 main elements to the GLC policy, which are described in the following sections:

1. The types of abuse that are covered by the policy;
2. The signs of abuse that staff and volunteers should look out for;
3. Roles and responsibilities for safeguarding;
4. Expectations of staff and volunteers with regard to safeguarding, and the procedures and processes that should be followed, include the support provided to children;
5. How the GLC will ensure that all staff and volunteers are appropriately trained, and checked for their suitability to work within the school;
6. How the policy will be managed and have its delivery overseen.

Through implementation of this policy we will ensure that each GLC Academy provides a safe environment for children to learn and develop. Through induction and refresher training, all staff are made aware of:

- How to recognise signs and symptoms of abuse;
- How to respond to pupils who disclose abuse;
- And what to do if they are concerned about a child.

The training will include sections focused on expectations, roles and responsibilities, and will also alert staff to their duties and obligations surrounding the safe use of ICT (including online safety, filtering and monitoring systems). Academies will provide regular updates on the skills and knowledge needed to safeguard children effectively.

## 2 Types of, and signs of Abuse and how to report them.

### 2.1 Children who may require early help

Staff and volunteers working within a GLC academy should be alert to the potential need for early help for children. Staff and volunteers should consider following the procedures identified for initiating early help [see section 4] for a child who:

- Is disabled and has specific additional needs;

- Has special educational needs [whether or not they have a statutory education, health and care plan;
- Is a young carer
- Is showing signs of being drawn in to anti-social or criminal behaviour, including gang involvement and association with organised crime groups;
- Is frequently missing/goes missing from care or from home;
- Is misusing drugs or alcohol themselves;
- Is at risk of modern slavery, trafficking or exploitation.
- Is in a family circumstance presenting challenges for the child, such as substance abuse, adult mental health problems or domestic abuse;
- Has returned home to their family from care;
- Is showing early signs of abuse/ or neglect;
- Is at risk of being radicalised or exploited;
- Is a privately fostered child.

## 2.2 How to report any concerns

Clear procedures on reporting any concerns are given to all staff/ volunteers in each GLC academy. This is completed as part of the staff induction training and annual refresher training.

**All child protection and or safeguarding concerns should be reported to the appropriate GLC academy Designated Safeguarding Lead immediately.** See Appendix 1 for a flow diagram which explains how all disclosures are dealt with at each GLC academy. Posters identifying the DSL and their deputy will be displayed throughout each GLC academy.

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

**All staff must maintain an appropriate level of confidentiality. Staff must never promise a child that they will not tell anyone about a report of abuse, as this may ultimately not be in the best interests of the child.**

### 2.2.1 Mandatory reporting duty for teachers regarding Female Genital Mutilation

Whilst members of GLC staff should speak to the designated safeguarding lead [or deputy] with regard to any concerns about female genital mutilation [FGM], there is a specific **legal** duty on **teachers**. If a **teacher**, in the course of their work in the profession, discovers that an act of FGM appears to have been carried out on a girl under the age of 18, the teacher **must** report this to the police.

## 2.3 Early Help

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

## 2.4 Specific safeguarding issues

**All GLC staff should have an awareness of safeguarding issues that can put children at risk of harm.**

Behaviours linked to issues such as drug taking, alcohol abuse, deliberately missing education and sexting put children in danger.

**All GLC staff should be aware that safeguarding issues can manifest themselves via child on child abuse. This is most likely to include, but may not be limited to:**

- bullying (including cyberbullying);
- physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical

harm;

- sexual violence and sexual harassment (unwanted conduct of a sexual nature);
- sexting (also known as youth produced sexual imagery); and
- Initiation/hazing type violence and rituals.

**All** staff should be clear as to the GLC Behaviour Policies (Primary and Secondary) and procedures with regards to **child on child abuse**.

Safeguarding incidents and/or behaviours can be associated with factors outside the GLC academy and/or can occur between children outside the academy. **All** staff, but especially the designated safeguarding lead (and deputies) should consider whether children are at risk of abuse or exploitation in situations outside their families. Extra-familial harms take a variety of different forms and children can be vulnerable to multiple harms including (but not limited to) sexual abuse (including harassment and exploitation), domestic abuse in their own intimate relationships (teenage relationship abuse), criminal exploitation, serious youth violence, county lines, and radicalisation.' Contextual safeguarding means assessments of children should consider whether wider environmental factors are present in a child's life that are a threat to their safety and/or welfare. Children's social care assessments should consider such factors so it is important that schools and colleges provide as much information as possible as part of the referral process. This will allow any assessment to consider all the available evidence and the full context of any abuse.

#### **2.4.1 Use of school sites by outside organisations**

The GLC will follow our safeguarding policies and procedures, including informing the LADO, if an allegation is made in relation to an incident that happens when an individual or organisation was using GLC premises for the purposes of running activities for children.

## **2.5 Types and indicators of Child Abuse**

**Abuse:** a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Harm can include ill treatment that is not physical as well as the impact of witnessing ill treatment of others. This can be particularly relevant, for example, in relation to the impact on children of all forms of domestic abuse. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults or by another child or children.

**Significant harm** is the threshold that justifies compulsory intervention in the family in the best interests of the child. Section 47 of the Children Act 1989 states 'where the question of whether harm suffered by a child is significant turns on the child's health or development, his health or development shall be compared with that which could reasonably be expected of a similar child.'

There are four types of child abuse as defined in 'Keeping Children Safe in Education' [September 2023] as follows:

#### **2.5.1 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;

#### **Signs of physical abuse**

Most children will collect cuts and bruises and injuries, and these should always be interpreted in the context of the child's medical and social history, developmental stage and the explanation given. Most accidental bruises are seen over bony parts of the body, e.g. elbows, knees, shins, and are often on the front of the body.



Some children, however, will have bruising that is more than likely inflicted rather than accidental.

Important indicators of physical abuse are bruises or injuries that are either unexplained or inconsistent with the explanation given, or visible on the 'soft' parts of the body where accidental injuries are unlikely, e.g. cheeks, abdomen, back and buttocks. A delay in seeking medical treatment when it is obviously necessary is also a cause for concern. For further guidance on the management of suspicious / unexplained injuries / bruising in children please see Annex 3.

The physical signs of abuse may include:

- Unexplained bruising, marks or injuries on any part of the body;
- Multiple bruises-in clusters, often on the upper arm, outside of the thigh;
- Cigarette burns;
- Human bite marks;
- Broken bones; ☉ scalds, with upward splash marks;
- Multiple burns with a clearly demarcated edge.

Changes in behaviour that can also indicate physical abuse:

- Fear of parents being approached for an explanation;
- Aggressive behaviour or severe temper outbursts;
- Flinching when approached or touched;
- Reluctance to get changed, for example in hot weather;
- Depression;
- Withdrawn behaviour;
- Running away from home.

### **2.5.2 Emotional Abuse**

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

#### **Signs of Emotional Abuse**

Emotional abuse can be difficult to identify as there are often no outward physical signs. Indications may be a developmental delay due to a failure to thrive and grow, however, children who appear well-cared for may nevertheless be emotionally abused by being taunted, put down or belittled. They may receive little or no love, affection or attention from their parents or carers. Emotional abuse can also take the form of children not being allowed to mix or play with other children.

Changes in behaviour which can indicate emotional abuse include:

- Neurotic behaviour e.g. sulking, hair twisting, rocking;
- Being unable to play;
- Fear of making mistakes;
- Sudden speech disorders;
- Self-harm;
- Fear of parent being approached regarding their behaviour;



- Developmental delay in terms of emotional progress.

### **2.5.3 Sexual Abuse**

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact or 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;

#### **Signs of Sexual Abuse**

All staff and volunteers should be aware that adults, who may be men, women or other children, who use children to meet their own sexual needs abuse both girls and boys of all ages. Indications of sexual abuse may be physical or from the child's behaviour. In all cases, children who tell about sexual abuse do so because they want it to stop. It is important, therefore, that they are listened to and taken seriously.

The physical signs of sexual abuse may include:

- Pain or itching in the genital area;
- Bruising or bleeding near genital area;
- Sexually transmitted disease;
- Vaginal discharge or infection;
- Stomach pains;
- Discomfort when walking or sitting down;
- Pregnancy.

Changes in behaviour which can also indicate sexual abuse include:

- Sudden or unexplained changes in behaviour e.g. becoming aggressive or withdrawn;
- Fear of being left with a specific person or group of people;
- Having nightmares;
- Running away from home;
- Sexual knowledge which is beyond their age, or developmental level;
- Sexual drawings or language;
- Bedwetting;
- Eating problems such as overeating or anorexia;
- Self-harm or mutilation, sometimes leading to suicide attempts;
- Saying they have secrets they cannot tell anyone about;
- Substance or drug abuse;
- Suddenly having unexplained sources of money;
- Not allowed to have friends [particularly in adolescence];
- Acting in a sexually explicit way towards adults.

### **2.5.4 Domestic Abuse**

Domestic abuse can encompass a wide range of behaviours and may be a single incident or a pattern of incidents. That abuse can be, but is not limited to, psychological, physical, sexual, financial or emotional. Children can be victims of domestic abuse. They may see, hear, or experience the effects of abuse at home and/or suffer domestic abuse in their own intimate relationships (teenage relationship abuse). All of which can have a detrimental and long-term impact on their health, well-being, development, and ability to learn.'

### **2.5.5 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. It may include a failure 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 caregivers];
- ensure access to appropriate medical care or treatment;
- neglect of, or unresponsiveness to, a child's basic emotional needs.

### Signs of Neglect

It can be difficult to recognise neglect however, its effects can be long term and damaging for children.

The physical signs of neglect may include:

- Being constantly dirty or 'smelly';
- Constant hunger, sometimes stealing food from other children;
- Losing weight, or being constantly underweight;
- Inappropriate or dirty clothing.

Neglect may be indicated by changes in behaviour which may include:

- Mentioning being left alone or unsupervised;
- Not having many friends;
- Complaining of being tired all the time;
- Not requesting medical assistance and/or failing to attend appointments.

Bullying is also abusive and will include at least one, if not two, three or all four, of the defined categories of abuse. Refer to the GLC's **Anti Bullying Policy**, available for staff on the Intranet and for Parents/others by request.

### 2.6 Child on Child abuse

All GLC staff should be aware that children can abuse other children [often referred to as peer on peer abuse [now to be called Child on Child Abuse]. This is most likely to include, but may not be limited to:

- bullying (including cyberbullying);
- gender based violence/sexual assaults, harassment and sexting
- racism and other forms of discrimination;
- homophobic, biphobic and transphobic behaviours;
- physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm;
- sexual violence, such as rape, assault by penetration and sexual assault;
- sexual harassment, such as sexual comments, remarks, jokes and online sexual harassment, which may be stand-alone or part of a broader pattern of abuse;
- upskirting, which typically involves taking a picture under a person's clothing without them knowing, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm; sexting [also known as youth produced sexual imagery];
- and initiation/hazing type violence and rituals.

Staff must challenge any form of derogatory and sexualised language or behaviour, and be vigilant to sexualised/aggressive touching/grabbing. DfE guidance situates sexual violence, sexual harassment and harmful sexual behaviour in the context of developing a whole-school safeguarding culture, where sexual misconduct is seen as unacceptable, and not 'banter' or an inevitable part of growing up. Advice about tackling and reporting sexual harassment in schools and colleges from Sept 2021 is here:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/999239/SVS\\_H\\_2021.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/999239/SVS_H_2021.pdf)

It is recognised that there are groups of pupils who would be particularly at risk of derogatory and sexualised behaviours, including girls, pupils who identify as Lesbian, Gay, Bisexual, Transgender + (LGBT+), or are perceived by peers to be LGBT+, and pupils with SEND.

There are procedures in place to deal with such issues, with rigorous systems to record, track and analyse incidents. Incidents across the whole spectrum of sexual violence, sexual harassment and harmful sexual behaviours are recorded and analysed in order to reduce the occurrence of such incidents. Children are supported to understand how to treat others with respect. The safeguarding leads in each academy will be familiar with the full guidance from the UK Council for Internet Safety (UKCIS) and recent DfE guidance: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/999239/SVS\\_H\\_2021.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/999239/SVS_H_2021.pdf).

### **2.6.1 Child on child sexual violence and sexual harassment**

All GLC staff should recognise that children are capable of abusing their peers. All staff should be vigilant and should report any concerns immediately to the DSL.

- Staff should be aware of the gendered nature of peer to peer abuse [i.e. that it is more likely that girls will be victims and boys perpetrators], but that all child on child abuse is unacceptable and will be taken seriously;
- Staff should be aware of different forms of peer to peer abuse such as:
  - Sexual violence and sexual harassment;
  - Physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing harm;
  - Sexting [also known as youth produced sexual imagery];
  - Initiation/ hazing type violence and rituals.

The GLC is aware that the DfE has published detailed advice [Sexual violence and sexual harassment between children in schools and colleges] which includes, what sexual violence and sexual harassment look like, important context to be aware of, related legal responsibilities for schools and colleges and advice on a whole school or college approach to preventing child on child sexual violence and sexual harassment.

### **2.6.1 Responding to reports of sexual violence and sexual harassment**

Reports of sexual violence and sexual harassment will be dealt with on a case-by-case basis, with the designated safeguarding lead [or a deputy] taking a leading role and using their professional judgement, supported by other agencies, such as children's social care and the police as required.

### **2.6.1 The immediate response to a report and record keeping**

Following a report from a child **all** victims will be reassured that they are being taken seriously and that they will be supported and kept safe. A victim should never be given the impression that they are creating a problem by reporting sexual violence or sexual harassment. Nor should a victim ever be made to feel ashamed for making a report.

Circumstances will dictate exactly how reports of child on child sexual violence or sexual harassment will be managed. However, effective safeguarding practice includes (please see the 6 Rs infographic below for a summary):

- not promising confidentiality at this initial stage as it is very likely a concern will have to be shared further [for example, with the designated safeguarding lead or children's social care] to discuss next steps. Staff should only share the report with those people who are necessary in order to progress it. It is important that the victim understands what the next steps will be and who the report will be passed to;

- recognising a child is likely to disclose to someone they trust: this could be **anyone** on the school or college staff. It is important that the person to whom the child discloses recognises that the child has placed them in a position of trust. They should be supportive and respectful of the child;
- listening carefully to the child, being non-judgmental, being clear about boundaries and how the report will be progressed, not asking leading questions and only prompting the child where necessary with open questions – where, when, what, etc;
- considering the best way to make a record of the report. Best practice is to wait until the end of the report and immediately write up a thorough summary. This allows the staff member to devote their full attention to the child and to listen to what they are saying. It may be appropriate to make notes during the report [especially if a second member of staff is present]. However, if making notes, staff should be conscious of the need to remain engaged with the child and not appear distracted by the note taking. Either way, it is essential a written record is made;
- only recording the facts as the child presents them. The notes should not reflect the personal opinion of the note taker. Notes of such reports could become part of a statutory assessment by children’s social care and/or part of a criminal investigation;
- where the report includes an online element, being aware of searching screening and confiscation advice [for schools] and UKCCIS sexting advice [for schools and colleges]. The key consideration is for staff not to view or forward illegal images of a child. The highlighted advice provides more details on what to do when viewing an image is unavoidable.

*If a child discloses that he or she has been abused in some way, the member of staff or volunteer should follow this guidance:*

|          |  |
|----------|--|
| Receive  | Listen actively, open body language, accept, non-judgemental<br>Use TED (tell, explain, describe)              |
| Reassure | 'You've done the right thing by coming to me.'<br>Reassure child that you have listened and hear what they are |
| Respond  | Tell them what you are going to do and do it<br>Ensure child is ok before leaving                              |
| Report   | As soon as possible, report to the Designated Senior Lead (DSL) via CPOMS                                      |
| Record   | VITAL step - only facts, no opinions<br>Where? When? Who? What?  |
| Review   | Take responsibility to follow up any referral with a DSL   |

All further concerns, discussions and decisions made and the reasons for those decisions must be recorded on CPOMS by the staff involved.

### 2.6.3 Risk Assessment

When there has been a report of sexual violence, the designated safeguarding lead [or a deputy] will make an immediate risk and needs assessment. Where there has been a report of sexual harassment, the need for a risk assessment should be considered on a case-by-case basis. The risk and needs assessment will 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 or college, especially any actions that are appropriate to protect them;

The risk assessments will be recorded and will be kept under review. At all times, the GLC academy will be actively considering the risks posed to all their pupils and students and putting adequate measures in place to protect them and keep them safe.

The designated safeguarding lead [or a deputy] will ensure they are engaging with children's social care and specialist services as required. Where there has been a report of sexual violence, it is likely that professional risk assessments by social workers and or sexual violence specialists will be required.

### 2.6.4 Action following a report of sexual violence and/or sexual harassment

GLC academies will carefully consider any report of sexual violence and/or sexual harassment. The designated safeguarding lead [or deputy] will have a complete safeguarding picture and will advise on the academy's initial response and further actions. This imperative will be to act to keep the victim safe. Important considerations will include:

- the wishes of the victim in terms of how they want to proceed. This is especially important in the context of sexual violence and sexual harassment. Victims should be given as much control as is reasonably possible over decisions regarding how any investigation will be progressed and any support that they will be offered;
- the nature of the alleged incident [s], including: whether a crime may have been committed and consideration of harmful sexual behaviour;
- the ages of the children involved;
- the developmental stages of the children involved;
- any power imbalance between the children. For example, is the alleged perpetrator significantly older, more mature or more confident? Does the victim have a disability or learning difficulty?
- if the alleged incident is a one-off or a sustained pattern of abuse;
- are there ongoing risks to the victim, other children, adult students or school staff; and
- other related issues and wider context.

### 2.6.5 Options to manage the report

There are four likely scenarios to consider when managing any reports of sexual violence and/or sexual harassment.

#### 1. Manage internally

- In some cases of sexual harassment, for example, one-off incidents, the school or college may take the view that the children concerned are not in need of early help or statutory intervention and that it would be appropriate to handle the incident internally, perhaps through utilising their behaviour and bullying policies and by providing pastoral support.

- All responses will be underpinned by the principle that sexual violence and sexual harassment is never acceptable and will not be tolerated.
- All concerns, discussions, decisions and reasons for decisions will be recorded.

## 2. Early help

- In line with 1 above, the academy may decide that the children involved do not require statutory interventions, but may benefit from early help.

## 3. Referrals to children's social care

- Where a child has been harmed, is at risk of harm, or is in immediate danger, the GLC academy will make a referral to Thurrock children's social care.

## 4. Report to the Police

- Where a report of rape, assault by penetration or sexual assault is made, the starting point is this should be passed on to the police. Whilst the age of criminal responsibility is ten, if the alleged perpetrator is under ten, the starting principle of reporting to the police remains. The police will take a welfare, rather than a criminal justice, approach. **Any report to the police will be in parallel with a referral to Thurrock children's social care [as above].**
- GLC academies will generally inform parents or carers unless there are compelling reasons not to, for example, if informing a parent or carer is likely to put a child at additional risk. In circumstances where parents or carers have not been informed, it will be especially important that the academy is supporting the child in any decision they take. This should be with the support of children's social care and any appropriate specialist agencies.

## 2.7 Other reportable forms of abuse which we are thoroughly committed to raising pupil's awareness of include:

### 2.7.1 Child Sexual Exploitation

Child sexual exploitation [CSE] is a form of sexual abuse that involves the manipulation and/or coercion of young people under the age of 18 into sexual activity in exchange for things such as money, gifts, accommodation, affection or status. The manipulation or 'grooming' process involves befriending children, gaining their trust, and often feeding them drugs and alcohol, sometimes over a long period of time, before the abuse begins. The abusive relationship between victim and perpetrator involves an imbalance of power which limits the victim's options. It is a form of abuse which is often misunderstood by victims and outsiders as consensual. Although it is true that the victim can be tricked into believing they are in a loving relationship, no child under the age of 18 can ever consent to being abused or exploited, [Barnardo's, 2012]. Consent is about having the freedom and capacity to choose. Consent cannot be given even where a child may believe they are voluntarily engaging in sexual activity with the person who is exploiting them.

Some signs may include;

- Underage sexual activity;
- Children who suffer from sexually transmitted infections or who become pregnant;
- Children who suffer from changes in emotional well-being;
- Children who go missing for periods of time or who regularly come home late;
- Children who regularly miss school or who do not take part in education;
- Inappropriate sexual or sexualised behaviour;
- Receiving unexplained gift or gifts from unknown sources;
- Having multiple phones;
- Changes in the way they dress;
- Seen at strange meeting places [hotels or known places of concern];



- Having older boyfriends / girlfriends;
- Self-harming / drug or alcohol misuse;
- Injuries [physical];
- Normal procedures for reporting any concerns would apply for this too.

### **Sexual consent**

- a child under the age of 13 can never consent to any sexual activity;
- the age of consent is 16;

Consent to sexual activity may be given to one sort of sexual activity but not another, e.g. to vaginal but not anal sex or penetration with conditions, such as wearing a condom. Consent can be withdrawn at any time during sexual activity and each time activity occurs. Someone consents to vaginal, anal or oral penetration only if s/he agrees by choice to that penetration and has the freedom and capacity to make that choice. Further information about consent can be found here: [Rape Crisis England & Wales -](#)

### **2.7.2 Upskirting**

Upskirting is typically when a photograph is taken under a person's clothing without them knowing, for sexual gratification or to cause the victim humiliation, distress or alarm. The Voyeurism (Offences) Act, which is commonly known as the Upskirting Act, came into force on 12 April 2019.

### **2.7.3 Honour Based Violence**

So-called 'honour-based' violence [HBV] encompasses crimes which have been committed to protect or defend the honour of the family and/or the community, including Female Genital Mutilation [FGM] forced marriage or practices such as breast ironing. All forms of so called HBV are abuse [regardless of motivation] and should be handled and escalated as such.

### **2.7.4 Gang and Youth / Serious Violence**

All staff should be aware of indicators, which may signal that children are at risk from, or are involved with serious violent crime. These may include:

- Unexplained gifts/ new possessions- these can indicate children have been approached by/ involved with individuals associated with criminal networks/gangs;
- Increased absence from school;
- Change of friendship/ relationships with others/ groups;
- Significant decline in performance;
- Signs of self-harm/ significant change in wellbeing;
- Signs of assault/ unexplained injuries.

All staff should be aware of the associated risks and should understand the measures within this policy to manage these.

Children and young people who become involved in gangs are at risk of violent crime and as a result of this are deemed vulnerable. Risks associated with gang activity include access to weapons (including firearms), retaliatory violence and territorial violence with other gangs, knife crime, sexual violence and substance misuse.

### **Indicators of gang / serious violence activity may be (age in brackets):**

- Troublesome (7-9; 10-12) / High daring (10-12) / Positive attitude towards delinquency (10-12) / Previously committed offences (7-9) / Involved in anti-social behaviour (10-12)
- Substance use (7-9) / Aggression (7-9) / Running away and truancy (7-9; 10-12) / Marijuana use (10- 12) / Marijuana availability (10-12) / Disrupted family (7- 9; 10-12) / Poor supervision (10-12)
- Low academic achievement in primary school (10- 12) / Learning disability (10-12) / Peers involved in crime and/or anti-social behaviour (7-9; 10-12)
- Children and young people in the neighbourhood involved in crime and/or anti-social behaviour (10-12)



### **2.7.5 Female Genital Mutilation**

Female Genital Mutilation [FGM] is the partial or total removal of external female genitalia for non-medical reasons or other injury to the female genital organs. Religious, social or cultural reasons are sometimes given for FGM. However, FGM is illegal in the UK and a form of child abuse with long-lasting harmful consequences.

Section 5B of the Female Genital Mutilation Act 2003 places a statutory duty upon teachers to report to the police where they discover [either through disclosure by the victim or visual evidence] that FGM appears to have been carried out on a girl under 18. Those failing to report such cases will face disciplinary sanctions. It will be rare for teachers to see visual evidence, and they should not be examining pupils, but the same definition of what is meant by 'to discover that an act of FGM appears to have been carried out' is used for all professionals to whom this mandatory duty applies.

### **2.7.6 Forced Marriage**

Forcing a person into a marriage is a crime in England and Wales. A forced marriage is one entered into without 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. A lack of full and free consent can be where a person does not consent or where they cannot consent [if they have learning disabilities, for example]. Staff can contact the Forced Marriage Unit if they need advice or information: contact 020 7008 0151 or email: [fmv@fco.gov.uk](mailto:fmv@fco.gov.uk)

### **2.7.7 Fabricated Illness**

Fabricated Illness is when a parent/carer creates or reports the symptoms of illness. This can lead to dangerous treatment not required or damage through the use of drugs or other means to create symptoms.

### **2.7.8 Preventing Radicalisation**

Protecting children from the risk of radicalisation is part of the GLC's wider safeguarding duties, and is similar in nature to protecting children from other harms and abuse. During the process of radicalisation it is possible to intervene to prevent young people from being radicalised.

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

The Counter-Terrorism and Security Act, which received Royal Assent on 12 February 2015, places a duty on specified authorities, including local authorities and childcare, education and other children's services providers, in the exercise of their functions, to have due regard to the need to prevent people from being drawn into terrorism ["the Prevent duty"].

Schools are expected to assess the risk of children being drawn into terrorism, including support for extremist ideas that are part of a terrorist ideology. This means being able to demonstrate both a general understanding of the risks affecting children and young people in the area and a specific understanding of how to support them.

Children are increasingly being targeted and recruited online using social media. Children can easily become trapped by this type of exploitation as county lines gangs can manufacture drug debts which need to be worked off or threaten serious violence and kidnap towards victims (and their families) if they attempt to leave the county lines network.

A number of the indicators for CSE and CCE as detailed above may be applicable to where children are involved in county lines. Some additional specific indicators that may be present where a child is criminally exploited through involvement in county lines are children who:

- **go missing and are subsequently found in areas away from their home;**
- **have been the victim or perpetrator of serious violence (e.g. knife crime);**

The GLC will ensure that children are safe from terrorist and extremist material when accessing the internet at any of its sites.

GLC DSLs will refer children to the Channel programme where concerns exist. Channel is a programme which focuses on providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism. It provides a mechanism for schools to make referrals if they are concerned that an individual might be vulnerable to radicalisation. An individual's engagement with the programme is entirely voluntary at all stages.

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All staff should have awareness of safeguarding issues, some of which are listed below. Staff should be aware that behaviours linked to the likes of drug taking, alcohol abuse, truancy and sexting put children in danger.

Expert and professional organisations are best placed to provide up-to-date guidance and practical support on specific safeguarding issues. For example, information for schools can be found on the TES, MindEd and NSPCC websites. GLC Academy staff can also access broad government guidance on a range of issues via the **GOV.UK website**.

- Bullying including cyber bullying [See the GLC Anti Bullying Policy]
- Children missing in education
- Child missing from home or care
- Domestic violence
- Drugs [See the GLC Anti-Drugs Policy]
- Faith abuse
- Forced marriage
- Gangs and youth violence
- Gender-based violence/ violence against women and girls [VAWG]
- Hate
- Mental health
- Relationship abuse
- Sexting
- Trafficking.

## 3 The Management of Safeguarding: Roles and Responsibilities

### 3.1 Role of the Designated Safeguarding Lead [DSL]

The DSL in each GLC academy will be a member of the senior leadership team who will take the **lead responsibility** for safeguarding and child protection [i.e. even though a Deputy DSL is appointed to each GLC academy, the overall responsibility remains with the DSL]. The DSL will provide advice and support to staff on child welfare and child protection matters; will take part in strategy discussions and agency meetings [or support other staff such as the Deputy DSL to do so] and will contribute to the assessment of children. The name of the Designated Safeguarding Lead will be clearly advertised in the school and on the website, with a statement explaining the school's role in referring and monitoring cases of suspected abuse.

The DSL will liaise with the Head of School to inform him or her of issues- especially ongoing enquiries under section 47 of the Children Act 1989 and police investigations. This should include being aware of the requirement for children to have an Appropriate Adult. Further information can be found in the Statutory guidance – PACE Code C 2019.

Whilst the activities of the designated safeguarding lead can be delegated to appropriately trained deputies, the ultimate **lead responsibility** for child protection, as set out above, remains with the designated safeguarding lead, this **lead responsibility** should not be delegated.

We will use the NSPCC- [When to call the police](#) to help designated safeguarding leads understand when they should consider calling the police and what to expect when they do.

### 3.1.1 Manage referrals

The designated safeguarding lead is expected to:

- refer cases of suspected abuse to one of 3 safeguarding partners:
  - o Local Authority [LA]
  - o Clinical commissioning group within the LA
  - o Chief office of police with the LA;
- support staff who make referrals to local authority children's social care;
- refer cases to the Channel programme where there is a radicalisation concern as required;
- support staff who make referrals to the Channel programme;
- refer cases where a person is dismissed or left due to risk/harm to a child to the Disclosure and Barring Service as required; and
- refer cases where a crime may have been committed to the Police as required.

### Statutory assessments

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

### 3.1.2 Work with others

The designated safeguarding lead is expected to:

- liaise with the head of school to inform him or her of issues especially ongoing enquiries under section 47 of the Children Act 1989 and police investigations;
- as required, liaise with the "case manager" (as per Part four) and the designated officer(s) at the local authority for child protection concerns in cases which concern a staff member;
- liaise with staff (especially pastoral support staff, school nurses, IT Technicians, and SENDCos or the named person with oversight for coaching /SEN in a college) on matters of safety and safeguarding (including online and digital safety) and when deciding whether to make a referral by liaising with relevant agencies; and
- act as a source of support, advice and expertise for all staff.
- At the GLC, we are working in partnership with Essex Policy and Thurrock Children's Services to identify and provide appropriate support to pupils who have experienced domestic abuse in their household as part of the Operation Encompass scheme.
  - o In order to achieve this, Essex Police will share information with the DSL of medium/high risk domestic violence incidents where one of our pupils has been present.
  - o On receipt of any information, the DSL will decide on the appropriate support the pupil requires, this could be silent or overt. All information sharing and resulting actions will be undertaken in accordance with safeguarding and child protection regulations.

- We will record this information on CPOMS in keeping with the GLC data protection policies.
- We follow DfE guidance in supporting pupils who may have been abused or witnessed violence through a stable, secure and predictable environment in our schools (<https://www.gov.uk/guidance/domestic-abuse-how-to-get-help>).

### 3.1.3 Training

The designated safeguarding lead [and deputy] should undergo training to provide them with the knowledge and skills required to carry out the role. The designated safeguarding lead [and deputy] training should be updated at least every two years.

The designated safeguarding lead should undertake Prevent awareness training.

In addition to the formal training set out above, their knowledge and skills should be refreshed [this might be via e-bulletins, meeting other designated safeguarding leads, or simply taking time to read and digest safeguarding developments] at regular intervals, as required, and at least annually, to allow them to understand and keep up with any developments relevant to their role so they:

- understand the assessment process for providing early help and statutory intervention, including local criteria for action and local authority children's social care referral arrangements.
- have a working knowledge of how local authorities conduct a child protection case conference and a child protection review conference and be able to attend and contribute to these effectively when required to do so;
- ensure each member of staff has access to, and understands, the school or college's child protection policy and procedures, especially new and part time staff;
- are alert to the specific needs of children in need, those with special educational needs and young carers;
- are able to keep detailed, accurate, secure written records of concerns and referrals;
- understand and support the school or college with regards to the requirements of the Prevent duty and are able to provide advice and support to staff on protecting children from the risk of radicalisation;
- are able to understand the unique risks associated with online safety and be confident that they have the relevant knowledge and up to date capability required to keep children safe whilst they are online at school or college;
- can recognise the additional risks that children with SEN and disabilities [SEND] face online, for example, from online bullying, grooming and radicalisation and are confident they have the capability to support SEND children to stay safe online;
- obtain access to resources and attend any relevant or refresher training courses; and
- encourage a culture of listening to children and taking account of their wishes and feelings, among all staff, in any measures the school or college may put in place to protect them.

### 3.1.4 Raise Awareness

The designated safeguarding lead should:

- ensure the school or college's child protection policies are known, understood and used appropriately;
- ensure the school or college's child protection policy is reviewed annually (as a minimum) and the procedures and implementation are updated and reviewed regularly, and work with governing bodies or proprietors regarding this;
- ensure the child protection policy is available publicly and parents are aware of the fact that referrals about suspected abuse or neglect may be made and the role of the school or college in this; and

- link with the local LSCB to make sure staff are aware of any training opportunities and the latest local policies on local safeguarding arrangements.

### 3.1.5 Child protection file

Where children leave the school or college ensure their child protection file is transferred to the new school or college as soon as possible. This should be transferred separately from the main pupil file, ensuring secure transit, and confirmation of receipt should be obtained. Receiving schools and colleges should ensure key staff such as designated safeguarding leads and SENDCOs or the named person with oversight for coaching/SEN in colleges, are aware as required.

In addition to the child protection file, the designated safeguarding lead should also consider if it would be appropriate to share any information with the new school or college in advance of a child leaving. For example, information that would allow the new school or college to continue supporting victims of abuse and have that support in place for when the child arrives.

### 3.1.6 Availability

During term time the designated safeguarding lead [or deputy] should always be available for staff in the academy to discuss any safeguarding concerns.

## 3.2 All GLC staff, volunteers and governors have responsibility for the following:

- Ensure that they read the first section of the current Keeping Children Safe in Education guidance [this will usually be done at the start of each academic year].
- Ensuring that their child protection training is up to date;
- Providing a safe environment in which children can learn;
- Knowing who each GLC academy's designated safeguarding lead [DSL] for child protection is;
- Raising any concerns with the DSL. **If at any point there is a risk of immediate serious harm to a child a referral should be made to children's social care immediately. Anyone can make this referral;**
- If a teacher, in the course of their work in the profession, discovers that an act of Female Genital Mutilation appears to have been carried out on a girl under the age of 18 the teacher inform the DSL who will report this to the police;
- All staff will know never to promise a child they will not tell anyone about an allegation, as this may ultimately not be in the best interests of the child.
- Maintaining an attitude of 'it could happen here'. When concerned about the welfare of a child, staff members should always act in the interests of the child;
- Knowing each GLC academy's procedures for dealing with children who go missing from education, particularly on repeat occasions, and reporting any such concerns to the designated lead;
- Listening to, and seeking out, the views, wishes and feelings of children and young people;
- Sharing information and working together to provide children and young people with the help they need;
- Referring to the Head of School any concerns about another member of staff, or if the concerns are about the Head of School, referring them to the CEO or Deputy CEO. Concerns regarding the CEO or Deputy

CEO should be made to the Chair of the GLC Board of Directors;

- Raising concerns about poor or unsafe practice and potential failures in the GLC's safeguarding regime through the GLC Code of Conduct [including Whistleblowing] Policy [available on the GLC website];
- Recording in writing [generally on CPOMS] all concerns, discussions and decisions made and the reasons for those decisions. If in doubt about recording requirements, staff should discuss with the designated DSL;
- Being aware of Thurrock Safeguarding Procedures, <http://www.thurrocklscb.org.uk/procedures/> and ensuring these procedures are followed;
- Seeking early help where a child and family would benefit from coordinated support from more than one agency via Thurrock's Multi Agency Safeguarding Hub [MASH].

### **3.3 Directors, Governors and GLC Academy leadership are responsible for:**

- Ensuring that all governors and trustees receive appropriate safeguarding and child protection (including online) training at induction. This training should equip them with the knowledge to provide strategic challenge to test and assure themselves that the safeguarding policies and procedures in place are effective and support the delivery of a robust whole school approach to safeguarding. Their training should be regularly updated.'
- Ensuring that there is an effective Safeguarding and Child protection Policy in place together with a staff Code of Conduct and that the policy describes procedures which are in accordance with the government guidance and refer to locally agreed inter-agency procedures put in place by the Safeguarding Partners Board.
- Ensuring that the policy is updated annually and that it is available to the public via the GLC website or in printed form upon request [the GLC will levy a charge for this to cover the cost of printing];
- Ensuring that the policy is provided to all staff, and ensuring all staff are given a mandatory induction, which includes familiarisation with child protection responsibilities and procedures to be followed if anyone has any concerns about a child's safety or welfare;
- Ensuring that policies and procedures adopted by the Board of Directors, particularly concerning referrals of cases of suspected abuse and neglect, are followed by all staff;
- Ensuring that each GLC academy has a senior member of the leadership team appointed as the Designated Safeguarding Lead and that they have access to appropriate training, updated every two years;
- The GLC Board will ensure that a Director is nominated to monitor and evaluate the full implementation of this policy. The nominated Director will liaise with the designated officer for Thurrock and any partner agencies in the event of allegations of abuse made against a GLC Head of School; the CEO or Deputy CEO;
- Ensuring all staff receive the appropriate training, and keep it up to date, in line with advice from Thurrock LSCB
- Notifying the Children's Social Care department if there are concerns over unexplained absences of a pupil;
- The GLC will safeguard children who go missing from education, particularly on repeat occasions by holding more than one emergency contact number for each child [this goes beyond the minimum legal requirement].
- Managing security within the school and reviewing it annually;
- Ensuring that important policies, such as those for behaviour and bullying, are kept up to date;
- Keeping up to date all child records;
- Having an overview of the numbers of safeguarding and child protection referrals made from the Head of



School, who reports [anonymously], to the Local Governing body [or GLC Board as appropriate] each term. The CEO will report annually to the GLC Board about the GLC academies safeguarding activities over the previous year.

- Having in place effective ways to identify emerging problems and potential unmet needs for individual children and families;
- Ensuring that the curriculum makes best use of Citizenship and PSHE/CCPDW (Character, Culture, Personal Development and Wellbeing) opportunities to cover safeguarding issues with children, including online safety and sexual health education;
- Ensuring at least one person on any appointment panel has undertaken safer recruitment training;
- Ensuring the adherence to statutory responsibilities to check staff working with children, taking proportionate decisions on whether to ask for checks beyond what is required; and ensuring volunteers are appropriately supervised.
- Ensuring procedures are in place to handle allegations against members of staff and volunteers;
- Ensuring there are procedures in place to handle allegations against other children;
- Ensuring that there is support available for staff involved in difficult child protection cases/incidents both at each GLC academy and externally through counselling and/or other services;
- Creating a culture of listening to children and taking account of their wishes and feelings, both in individual decisions and in the school's development;
- Ensuring that through the curriculum, pupils know the process of raising a concern [about themselves or a friend/other], that they know their academy's DSL [and deputy], and are aware of other support mechanisms such as Childline etc.
- Appointing a designated officer to promote the educational achievement of Children who are Looked After and to ensure that this person has appropriate training;
- Making this policy available to parents and carers as appropriate;
- Ensuring that our staff are competent to carry out their responsibilities for safeguarding and promoting the welfare of children and creating an environment where staff feel able to raise concerns and feel supported in their safeguarding role;
- Ensuring all staff have regular reviews of their own practice to ensure they improve over time;
- Ensuring all records are kept up to date and secure and kept separately from the main pupil file in a locked location or a password protected on CPOMS.

## 4 Safeguarding Processes and Procedures

Each GLC academy will deliver its responsibilities for identifying and acting on early help needs, safeguarding and child protection in line with the policies and procedures identified in the Thurrock Safeguarding Children's Board policies and procedures guidance, available at:

<http://www.thurrocklscb.org.uk/procedures/>

### 4.1 Early help

Each GLC Academy will also liaise with a wide variety of outside agencies, many of which are able to see pupils weekly. Examples of the wider agencies we liaise with include; multi-agency team/s, careers services, school nurse, Child and Adolescent Mental Health Services [CAMHs], Educational Welfare Officer/s [EWO's], our local Police Community Support Officers [PCSO's], the Police and other services.

We encourage families, pupils and parents to work with these partner agencies also. The provision of early help



services should form part of a continuum of help and support to respond to the different levels of need of individual children and families – for more information school staff and volunteers can refer to **Thurrock's 'Early Offer and MASH'** at <http://www.thurrocklscb.org.uk/procedures/>. All initial contacts where staff, governors or volunteers wish to make a request for general advice, information or a service for a child who may be a child with additional or complex needs should be made either by contacting each GLC Academy Designated Child Protection Officer or the GLC academy SENDCO, or by contacting the local MASH. The local MASH for each GLC Academy is in the **CIVIC Offices, New Road, Grays, Essex RM176SL. Telephone: 01375 652 802**. The designated officer for each GLC academy should be advised of any such contacts, and where possible and appropriate, it should be discussed with the SLT member responsible for child protection and safeguarding:

## 4.2 Taking action

If at any time it is considered that a child has suffered significant harm or is likely to do so, a referral should be made to Thurrock Council Emergency Duty Team [01375 372 468], or Police Child Abuse Investigation Team on [01277 266 822], or call 999 if you are concerned a child needs immediate protection. If the child has an injury that requires medical attention, the child protection process will not delay the administration of first aid or emergency medical assistance.

Each GLC academy has a clear procedure for reporting. All concerns should be passed to the Designated Child Protection Officer or their Deputy. If neither are available any other member of SLT should be made aware. See Appendix 1 for a flowchart to explain the procedure.

All concerns will be reported by the end of the day and information will be shared on a need-to-know basis only. For all incidents or suspicions a record on CPOMS must be completed.

Issues or concerns will not be discussed with colleagues, friends or family

### 4.2.1 Suspecting that a pupil is at risk of harm

There will be occasions when staff may suspect that a pupil may be at risk, but have no 'real' evidence. In these circumstances, staff will try to give the pupil the opportunity to talk.

Staff should use the **concern form** to record these early concerns. Following an initial conversation with the pupil, if the member of staff remains concerned, they should discuss their concerns with the Designated Child Protection Officer.

Children may be harmed by other children or young people. Staff will be aware of the harm caused by bullying and will use the GLC's **Anti-Bullying Policy** where necessary [located in each GLC Website]. However, there will be occasions when a pupil's behaviour warrants a response under child protection rather than anti-bullying procedures.

Each GLC academy acknowledges that some children can be particularly vulnerable or may have an increased risk of abuse and we accept the responsibility to take reasonable and appropriate steps to ensure their welfare. To ensure that all of our pupils receive equal protection, we will give special consideration to children that are considered to be vulnerable.

### 4.2.2 Pupil disclosure of abuse or radicalisation

If a pupil talks to a member of staff about any risks to their safety or wellbeing, the staff member will need to let the pupil know that they must pass the information on. Staff members will allow them to speak freely and will not ask investigative questions.

The staff member will tell the pupil what will happen next. If the pupil does not agree to see the Designated

Officer, it will be the duty of the member of staff to inform the Designated Officer of what has been discussed. If the pupil does agree to go and see the Designated Officer, the staff member will inform the Designated Officer that the child will be coming to see them. The staff member will write up details of the conversation with the pupil as soon as possible on CPOMS and inform the Designated Officer.

#### **4.2.3 Notifying parents**

Each GLC academy will normally seek to discuss any concerns about a pupil with their parents. The Designated Officer will make contact with the parent in the event of a concern, suspicion or disclosure.

However, if the academy believes that notifying parents could increase the risk to the child, exacerbate the problem or compromise the safety of a staff member, advice will first be sought from Children's Social Care.

#### **4.2.4 Referral to Children's Social Care**

The Designated Officer will make a referral to Children's Social Care if it is believed that a pupil is suffering or is at risk of suffering significant harm. The pupil [subject to their age and understanding] and the parents will be told that a referral is being made, unless to do so would increase the risk to the child.

#### **4.2.5 Reporting directly to child protection agencies**

Staff will follow the reporting procedures outlined in this policy. However, they may also share information directly with Children's Social Care, police or the NSPCC if:

- The situation is an emergency and the Designated Officer, their deputy, the Vice Head of School/Head of School are all unavailable;
- They are convinced that a direct report is the only way to ensure the pupil's safety.

#### **4.2.6 The use of 'reasonable force'**

There are circumstances when it is appropriate for staff in the GLC to use reasonable force to safeguard children and young people. The term 'reasonable force' covers the broad range of actions used by staff that involve a degree of physical contact to control or restrain children. This can range from guiding a child to safety by the arm, to more extreme circumstances such as breaking up a fight or where a young person needs to be restrained to prevent violence or injury. 'Reasonable' in these circumstances means 'using no more force than is needed'. The use of force may involve either passive physical contact, such as standing between pupils or blocking a pupil's path, or active physical contact such as leading a pupil by the arm out of the classroom.

The Government believes that the adoption of a 'no contact' policy at a school or college can leave staff unable to fully support and protect their pupils and students. It encourages academies to adopt sensible policies, which allow and support their staff to make appropriate physical contact. The decision on whether or not to use reasonable force to control or restrain a child is down to the professional judgement of the staff concerned and should always depend on individual circumstances.

When using reasonable force in response to risks presented by incidents involving children with SEN or disabilities or with medical conditions, schools should in considering the risks carefully recognise the additional vulnerability of these groups. They should also consider their duties under the Equality Act 2010 in relation to making reasonable adjustments, non-discrimination and their Public Sector Equality Duty by planning positive and proactive behaviour support, for instance through drawing up individual behaviour plans for more vulnerable children, and agreeing them with parents and carers, schools and colleges can reduce the occurrence of challenging behaviour and the need to use reasonable force.

## **5 The Recruitment of Staff and Volunteers**

Each GLC academy will ensure that Safer Recruitment practices are always followed. Every interview panel

will have at least one member who has a current certificate in Safer Recruitment. Every job description, person specification and job advertisement will have a clear statement about the safeguarding responsibilities of the post holder. The GLC website will also contain a statement on safeguarding.

We will check on the identity of candidates, follow up references with referees and scrutinise applications for gaps in employment. We will ensure that safeguarding considerations are at the centre of each stage of the recruitment process. In addition, as part of the shortlisting process the GLC will carry out an online search as part of our due diligence on the shortlisted candidates. This may help identify any incidents or issues that have happened, and are publicly available online, which the GLC might want to explore with the applicant at interview.'

We will ensure that all staff involved in recruitment are aware of government guidance on safer recruitment and that its recommendations are followed.

Any offer of appointment made to a successful candidate [including one who has lived or worked abroad] will be conditional on satisfactory completion of the necessary pre-employment checks.

The types of checks undertaken will be in accordance with the guidance given in the revised Keeping Children safe in Education guidance [September 2021]. When appointing new staff, the GLC will:

- verify a candidate's identity;
- obtain an enhanced DBS certificate [including barred list information], for those who will be engaging in regulated activity;
- obtain a separate barred list check if an individual will start work in regulated activity before the DBS certificate is available;
- verify the candidate's mental and physical fitness to carry out their work responsibilities [a job applicant can be asked relevant questions about disability and health in order to establish whether they have the physical and mental capacity for the specific role];
- verify the person's right to work in the UK;
- verify professional qualifications, as appropriate;
- check that a person taking up a management position is not subject to a Section 128 direction made by the Secretary of State.
- Seek professional references to obtain objective and factual information to support appointment decisions. If concerns arise from the reference, the referee will be contacted to provide further clarification as appropriate.
- Ensure that a candidate is not subject to a prohibition order issued by the Secretary of State, or any sanction or restriction imposed [that remains current] by the GTCE before its abolition in March 2012.

Where an enhanced DBS Certificate is required it will be obtained from the candidate before or as soon as is practicable after the persons appointed. Copies of documents used to verify the successful candidate's identity, right to work and required qualifications will be kept on their personnel file as per the statutory advice. Copies of DBS certificates and records of criminal information disclosed by the candidate are covered by UK GDPR/DPA 2018 Article 10. See **Appendix 3** for the flowchart of disclosure and barring service criminal records and barred list checks.

Each GLC academy will carry out all relevant checks if it is concerned about an existing member of staff and **refer to the DBS anyone who has harmed, or poses a risk of harm to a child or vulnerable adult.**

Each GLC academy will keep a single central record in accordance with the regulations given in the Keeping Children safe in Education [September 2023] document.

The GLC will ensure that agencies and third parties supplying staff provide us evidence that they have made the appropriate level of safeguarding checks on individuals working in our schools.

## 5.1 Single central record (SCR)

Each GLC academy will maintain a single central record of pre-appointment checks, referred to in the Regulations as the register. The single central record will cover the following people:

- all staff, including teacher trainees on salaried routes, and supply staff who work for the GLC and
- all governors, members and trustees of the academy trust.

The bullet points below set out the minimum information that will be recorded in respect of staff members [including teacher trainees on salaried routes]. The record must indicate whether the following checks have been carried out or certificates obtained, and the date on which each check was completed/certificate obtained:

- an identity check;
- a barred list check;
- an enhanced DBS check/certificate;
- a prohibition from teaching check;
- a section 128 check [for management positions as set out in paragraph 120-121 for independent schools [including academies and free schools]];
- further checks on people who have lived or worked outside the UK; this would include recording checks for those European Economic Area [EEA];
- a check of professional qualifications, where required; and
- a check to establish the person's right to work in the United Kingdom.
- For supply / agency staff, the GLC will also include whether written confirmation has been received that the employment business supplying the member of supply staff has carried out the relevant checks and obtained the appropriate certificates, and the date that confirmation was received and whether any enhanced DBS certificate check has been provided in respect of the member of staff.

There is no requirement for multi-academy trusts [MATs] to have separate single central records, but schools should ensure the record is securely stored and easily accessible to those who need to see it, including Ofsted inspectors.

The single central record can be kept in paper or electronic form.

## 5.2 Individuals who have lived or worked outside the UK

Individuals who have lived or worked outside the UK will undergo the same checks as all other staff. In addition, the GLC will make further checks as appropriate so that any relevant events that occurred outside the UK can be considered. The GLC will follow the government's guidance on the requirements for overseas-trained teachers from the EEA to teach in England, and the award of qualified teacher status for teachers qualified in Australia, Canada, New Zealand and the United States of America.

## 5.3 Existing staff

If there are concerns about an existing staff member's suitability to work with children, the GLC will carry out all relevant checks as if the person were a new member of staff. Similarly, if a person working at the GLC moves from a post that was not regulated activity into work which is considered to be regulated activity, the relevant checks for that regulated activity must be carried out.

The GLC recognises its' a legal duty to refer to the DBS anyone who has harmed, or poses a risk of harm, to a child or vulnerable adult where:

- the harm test is satisfied in respect of that individual;
- the individual has received a caution or conviction for a relevant offence, or if there is reason to believe that the individual has committed a listed relevant offence; and
- the individual has been removed from working [paid or unpaid] in regulated activity, or would have been removed had they not left.

The GLC recognises that the legal duty to refer applies equally in circumstances where an individual is deployed to another area of work that is not regulated activity, or they are suspended.

If staff have a safeguarding concern or an allegation about another member of staff (including supply staff, volunteers or contractors) that does not meet the harm threshold, then this should be shared [and recorded in writing] with the DSL.

## 5.4 Volunteers

Under no circumstances will the GLC allow a volunteer, in respect of whom no checks have been obtained, to be left unsupervised or allowed to work in regulated activity.

Volunteers who, on an unsupervised basis teach or look after children regularly, or provide personal care on a one-off basis, will be in regulated activity. In such cases, the GLC obtains an enhanced DBS certificate [which will include barred list information] for all volunteers who are new to working in regulated activity [existing volunteers in regulated activity do not have to be re-checked if they have already had a DBS check [which includes barred list information]]. However, the GLC will conduct a repeat DBS check [including barred list information] on any such volunteer if there is a concern.

The GLC will undertake a risk assessment and use professional judgement and experience when deciding whether to obtain an enhanced DBS certificate for any volunteer not engaging in regulated activity. In doing so the GLC will consider:

- the nature of the work with children;
- what is known about the volunteer, including formal or informal
  - o information offered by staff, parents and other volunteers;
- whether the volunteer has other employment or undertakes voluntary activities where referees can advise on suitability;

The GLC Head of School will determine whether a volunteer is considered to be supervised. In making this decision, and where an individual is supervised, to help determine the appropriate level of supervision the Head of School must have regard to the statutory guidance issued by the Secretary of State. This guidance requires that, for a person to be considered supervised, the supervision must be:

- by a person who is in regulated activity;
- regular and day to day; and
- “reasonable in all the circumstances to ensure the protection of children.”

The DBS cannot provide barred list information on any person, including volunteers, who are not in, or seeking to engage in regulated activity.

### 5.4.1 Contractors

GLC School Support Managers [SSMs] or designated site staff will ensure that any contractor, or any employee of the contractor, who is to work at a GLC academy has been subject to the appropriate level of DBS check. Contractors engaging in regulated activity will require an enhanced DBS certificate [including barred list information]. For all other contractors who are not engaging in regulated activity, but whose work provides them with an opportunity for regular contact with children, an enhanced DBS check [not including barred list information] will be required. In considering whether the contact is regular, it is irrelevant whether the contractor works on a single GLC site or across a number of sites.

Under no circumstances will a contractor in respect of whom no checks have been obtained be allowed to work unsupervised, or engage in regulated activity. The GLC will determine the appropriate level of supervision depending on the circumstances.

If a contractor working at the GLC is self-employed, the GLC will consider obtaining the DBS check, as self-employed people are not able to make an application directly to the DBS on their own account.

The SSM of designated site staff for each GLC academy will always check the identity of contractors and their staff on arrival at the school or college.

#### **5.4.2 Visitors**

The GLC does not have the power to request DBS checks and barred list checks, or ask to see DBS certificates, for visitors [for example children's relatives or other visitors attending a sports day etc]. Heads of School will use their professional judgment about the need to escort or supervise visitors.

All staff members have a responsibility to ensure our buildings and grounds are secure and for reporting concerns that may come to light.

We check the identity of all visitors and volunteers coming into school. Visitors are expected to sign in and out in the office visitors' log and to display a visitor's badge while on the school site. Any individual who is not known or identifiable will be challenged for clarification and reassurance.

The school will not accept the behaviour of any individual, parent or anyone else, that threatens school security or leads others, child or adult, to feel unsafe. Such behaviour will be treated as a serious concern and may result in a decision to refuse the person access to the school site.

#### **5.4.3 Alternative Provision**

If a GLC academy places a pupil at a provider of alternative provision, the academy continues to be responsible for the safeguarding of that pupil, and should be satisfied that the provider meets the needs of the pupil. GLC academies will obtain written confirmation from the alternative provider that appropriate safeguarding checks have been carried out on individuals working at the establishment, i.e. those checks that the school would otherwise perform in respect of its own staff.

#### **5.4.4 Adults who supervise children on work experience**

The Gateway Academy will ensure that all work placement providers have policies and procedures in place to protect children from harm.

Barred list checks by the DBS might be required on some people who supervise a child under the age of 16 on a work experience placement. The school Academy will consider the specific circumstances of the work experience. Consideration will be given in particular to the nature of the supervision and the frequency of the activity being supervised, to determine what, if any, checks are necessary. These considerations will include whether the person providing the teaching/training/instruction/supervision to the child on work experience will be:

- unsupervised themselves; and
- providing the teaching/training/instruction frequently [more than three days in a 30 day period, or overnight].



If the person working with the child is unsupervised and the same person is in frequent contact with the child, the work is likely to be regulated activity. If so, the Academy will ask the employer providing the work experience to ensure that the person providing the instruction or training is not a barred person.

## 6 Dealing with allegations against existing staff and volunteers who work with children

If staff members have concerns about other staff members, then this should be referred to the Head of School. Where there are concerns about the Head of School, this should be referred to the CEO and in-turn concerns about the CEO should be referred to the Chair of the GLC Board. Staff may consider discussing concerns with the academy's designated safeguarding lead and make any referral via them.

Staff members must report concerns if a college 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 may pose a risk of harm to children.

This relates to members of staff and volunteers who are currently working in any school or college regardless of whether the school or college is where the alleged abuse took place. Allegations against a teacher who is no longer teaching should be referred to the police. Historical allegations of abuse will also be referred to the police.

6.1 Thurrock Local Authority has published guidance in-line with the 3 Rs: Recognise, Respond, Responsibility as follows:

### 6.1.1 Recognise

*When someone working with children and young people in a paid or voluntary position has acted in a way that has or may have:*

1. *Harmed a child;*
2. *Committed an offence against a child, or*
3. *Behaved towards a child or children in a way that indicates they may pose a risk or harm to children.*

*That member of staff must take action to safeguard the child. This is in the case whether you witness something first hand, or as a result of a complaint or allegation made by another child or adult.*

### 6.1.2 Respond

*Do Not*

- *Ignore your concerns, the complaint or allegation;*
- *Start to investigate the matter yourself.*

*Do*

- *Immediately discuss your concerns with your supervisor and/ the DSL in accordance with the safeguarding policy and procedures;*
- *Where the concerns meet one or more of the three criteria, report the concerns to the Local Authority Designated Officer [LADO] within one working day;*
- *In an emergency where a child has suffered harm, follow child protection procedures and contact the police and social care immediately;*
- *Record what you have witnessed and/ or all information that has been shared with you in detail including the*



*adult and child/rens personal details.*

### 6.1.3 Responsibility

*We are ALL responsible for keeping children safe in all environments.*

- *You and/ or your employer may be asked to attend a multi-agency meeting chaired by the LADO of Children's Social Care.*
- *If you are invited to a meeting you should make every effort to attend as your contribution will be vital to the safeguarding of children;*
- *It is the responsibility of the LADO to oversee the management of ALL allegations against people in a position of trust working with children directly or indirectly in a paid or voluntary position, where the nature of the allegation meets any of the three criteria listed in 6.1.1. Staff who are the subject of an allegation have the right to have their case dealt with fairly, quickly and consistently and to be kept informed of its progress. Suspension is not mandatory, nor is it automatic but, in some cases, staff may be suspended where this is deemed to be the best way to ensure that children are protected.*

Allegations against staff should be reported to the Head of School. Allegations against the Head of School or the Designated Officer should be reported to the CEO or Deputy CEO.

Where any member of the GLC staff or any volunteer has concerns that a person has caused harm, or poses a future risk of harm to vulnerable groups, including children they must take action in accordance with the GLC Code of Conduct Policy.

Under its duty of care for its employees, each GLC academy will ensure they provide effective support for anyone facing an allegation and provide the employee with a named contact if they are suspended.

Each GLC academy will ensure its obligations for confidentiality when an allegation has been made.

Any allegation will be managed under the relevant GLC Policy

## 6.1 Managing situations and exit arrangements

Each GLC academy will ensure compliance with the guidance and regulations contained in the appropriate sections of the Keeping Children safe in Education [September 2018] guidance when dealing with allegation of abuse made against a teacher or other member of staff:

- Resignation and 'settlement agreements';
- Record keeping;
- References;
- Timescales;
- Oversight and Monitoring Suspension;
- Information sharing;
- Following a criminal investigation or prosecution;
- On conclusion of a case;
- In respect of malicious or unsubstantiated allegations.

## 6.2 Training for all staff and pupils to raise awareness and increase understanding

Every year all GLC staff at each GLC academy [including non-teaching and volunteers] will undertake the Child Protection and Safeguarding training. This is recorded and logged by SSMs [in GLC primary schools] and by the HR manager [for the Gateway Academy]. All GLC staff are informed clearly on how to report anything of concern to their Designated Child Protection Officer immediately. See **Appendix 1** for a flow diagram of how concerns are dealt with at each GLC academy. In addition, all staff members will receive safeguarding and child protection updates [for example, via email and staff briefings] as required to provide them with the

relevant skills and knowledge to safeguard children effectively.

All staff will be aware of the early help process, and understand their role in it. This includes identifying emerging problems, liaising with the designated safeguarding lead, sharing information with other professionals to support the early identification and assessment.

The GLC is thoroughly committed to teaching all our pupils about risks and place emphasis on them learning about how to minimise risk. This is done through the curriculum programme and through each GLC academy engaging in national and local initiatives such as; anti-bullying awareness days, e-safety programmes, and other programmes which raise their awareness and increase their understanding.

#### **6.2.1 Anti-bullying**

Each GLC academy holds an anti-bullying week during November annually and raises pupil's awareness of bullying issues and how to tackle them effectively.

If any pupil / member of staff / parent / carer has a concern about bullying, they should report it to each GLC academy Designated Child Protection Officer or Deputy Child Protection Officer or any member of Leadership.

#### **6.2.2 E-Safety**

We are thoroughly committed to improving pupil's e-safety awareness at each GLC academy and providing our pupils with a safe environment in which to learn. Our 'Use of Email and Internet policy' is signed up to by all pupils and staff.

If a pupil, parent/carer or member of staff has a concern relating to e-safety pupils are encouraged to report it. They can report it directly to the Head of School at each GLC academy.

#### **6.2.3 E- Safety: GLC Monitoring of ICT usage**

The GLC has deployed a multi-layered filtering and blocking system across all GLC academies to ensure that all reasonable measures are taken to limit pupils' exposure to any risks from the GLC's IT system. The 3 levels of defence are as follows:

1. The GLC firewall which filters out any pushing websites which can affect all system users;
2. The internal pupil filtering service offered by Smoothwall;
3. Web-filtering categories enabled on the antivirus solution called Sophos.

Activity across the GLC is reviewed weekly and any suspicious activity is investigated further. Where it is deemed necessary, a referral will be made to the GLC academy's designated officer to formally investigate.

With recent additional requirements to increase the level of filtering and blocking to include active monitoring of students' activity, a monitoring application has been developed to record any hits on other students when a student types a keyword that is in the restricted list.

When a GLC student types a restricted word a capture is recorded. A report is generated weekly and checked by a senior staff member. A report will be completed for governors on an annual basis to keep them informed on any issues that have arisen. Our monitoring strategies are reviewed regularly to ensure that they are in line with safeguarding requirements and recommended best practice.

The designated lead will monitor the blocked website report to see if there are any trends of blocked sites that need to be unblocked for the sake of students' education. Furthermore, monitoring the block lists to see if there is a trend of pattern of website use that could warrant further investigation in terms of a safeguarding or Prevent Duty referral. The academy's DSL and leadership teams will ensure that relevant staff are aware of the systems in place and know how to escalate any concerns.

#### **6.2.4 Photography and images**

The vast majority of people who take or view photographs or videos of children do so for entirely innocent,

understandable and acceptable reasons. Sadly, some people abuse children through taking or using images, so we must ensure that we have some safeguards in place.

To protect pupils, we will:

- Secure their, or their parent's consent annually [in-line with the GLC GDPR policies] for photographs to be taken or published [for example, on our website or in newspapers or publications];  
The Data Protection Act and UK GDPR **do not** prevent the sharing of information for the purposes of keeping children safe and promoting their welfare. If in any doubt about sharing information, staff should speak to the designated safeguarding lead or a deputy. Fears about sharing information **must not** be allowed to stand in the way of the need to safeguard and promote the welfare of children.'
- Use only the pupil's first name with an image;
- Ensure pupils are appropriately dressed;
- Encourage pupils to tell us if they are worried about any photographs that are taken of them.

Parents, carers or relatives may only take still or video photographic images of pupils in their GLC academy or on academy-organised activities with the prior consent of the academy and then only in designated areas. If parents do not wish their children to be photographed or filmed and express they will not give their consent and their rights will be respected.

Staff use of mobile phones:

- GLC staff should only use mobile phones at break, lunchtimes and in restricted areas when they are not in contact with pupils, unless they have the permission of the Head of School;
- Personal devices should be password protected;
- Staff should not use their personal mobile phone to contact pupils, parents and carers or to take photos and videos of pupils, designated school phones only should be used;

Please see the GLC Behaviour Policy which provide guidance regarding pupils' use of mobile phones.

## 7 Confidentiality and sharing information

Staff should only discuss concerns with the Designated Officer, Head of School or Chair of Governors [depending on who is the subject of the concern]. That person will then decide who else needs to have the information and they will disseminate it on a need-to-know basis.

All staff will understand that **child protection issues warrant a high level of confidentiality**, not only out of respect for the pupil and staff involved but also to ensure that anything being released into the public domain does not compromise evidence.

All staff members have a professional responsibility to share information with other agencies in order to safeguard children. We will ensure that staff are confident about what they can and should do under the law, and how to obtain consent to share information and when information can be shared without consent.

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

We will develop and promote effective working relationships with other agencies, including agencies providing early help services to children, the police and Children's Social Care. Early help means providing support as soon as a problem emerges at any point in a child's life, from the foundation years through to the teenage years.

### 7.1 Storage and handling of records

Child protection information will be stored and handled in line with the principles set out in the Data Protection Act 1998 and the academy's **Data Protection Policy**. [Stored on the Academy Intranet in the Policies Folder].

Any written information will be stored in a locked facility accessed only by the Head of School and Designated Officer. CPOMS will be password protected and only made available to relevant individuals.

Every effort will be made to prevent unauthorised access. Sensitive information will not be stored on laptop computers, which, by the nature of their portability, could be lost or stolen. If it is necessary to store child protection information on portable media, such as a CD or flash drive, these items will also be password protected [where possible] and kept in locked storage.

Child protection information will be stored separately from the pupil's academy file and the academy file will be 'tagged' to indicate that separate information is held. If such records need to be sent to a new school or academy they will be sent separate from the pupil's file and under a confidential cover.

Child protection records are normally exempt from the disclosure provisions of the Data Protection Act, which means that children and parents do not have an automatic right to see them. If any member of staff receives a request from a pupil or parent to see child protection records, they will refer the request to the Head of School or Designated Officer.

The Data Protection Act does not prevent academy staff from sharing information with relevant agencies, where that information may help to protect a child.

Where children leave the GLC, the designated safeguarding lead should ensure their child protection file is transferred to the new school or college as soon as possible, and **within 5 days** for an in-year transfer or within the **first 5 days** of the start of a new term to allow the new school or college to have support in place for when the child arrives. The designated safeguarding lead should ensure secure transit, and confirmation of receipt should be obtained. For schools, this should be transferred separately from the main pupil file. Receiving schools and colleges should ensure key staff such as designated safeguarding leads and special educational needs co-ordinators [SENCO's] or the named persons with oversight for special educational needs and disability [SEND] in a college, are aware as required.

## 8. Management of the Policy

Each GLC academy will at all times adhere fully to the statutory guidance in place from the Department of Education issued under Section 175 of the Education Act 2002, the Education [Independent School Standards] Regulations 2014 and the Education [Non-Maintained Special Schools] [England] Regulations 2011, Currently:

- **Keeping children safe in education:** Statutory guidance for schools and colleges [September 2018] and the departmental advice:
- **What to do if you are worried a child is being abused** – Advice for practitioners [March 2015] Nothing written in this policy overrides the Academy's duties under such legislation.

The GLC Board of Directors will oversee the policy, ensure its implementation and review its content on an annual basis.

The Chief Executive Officer will report on safeguarding activity and progress within the school to the Board of Directors annually.

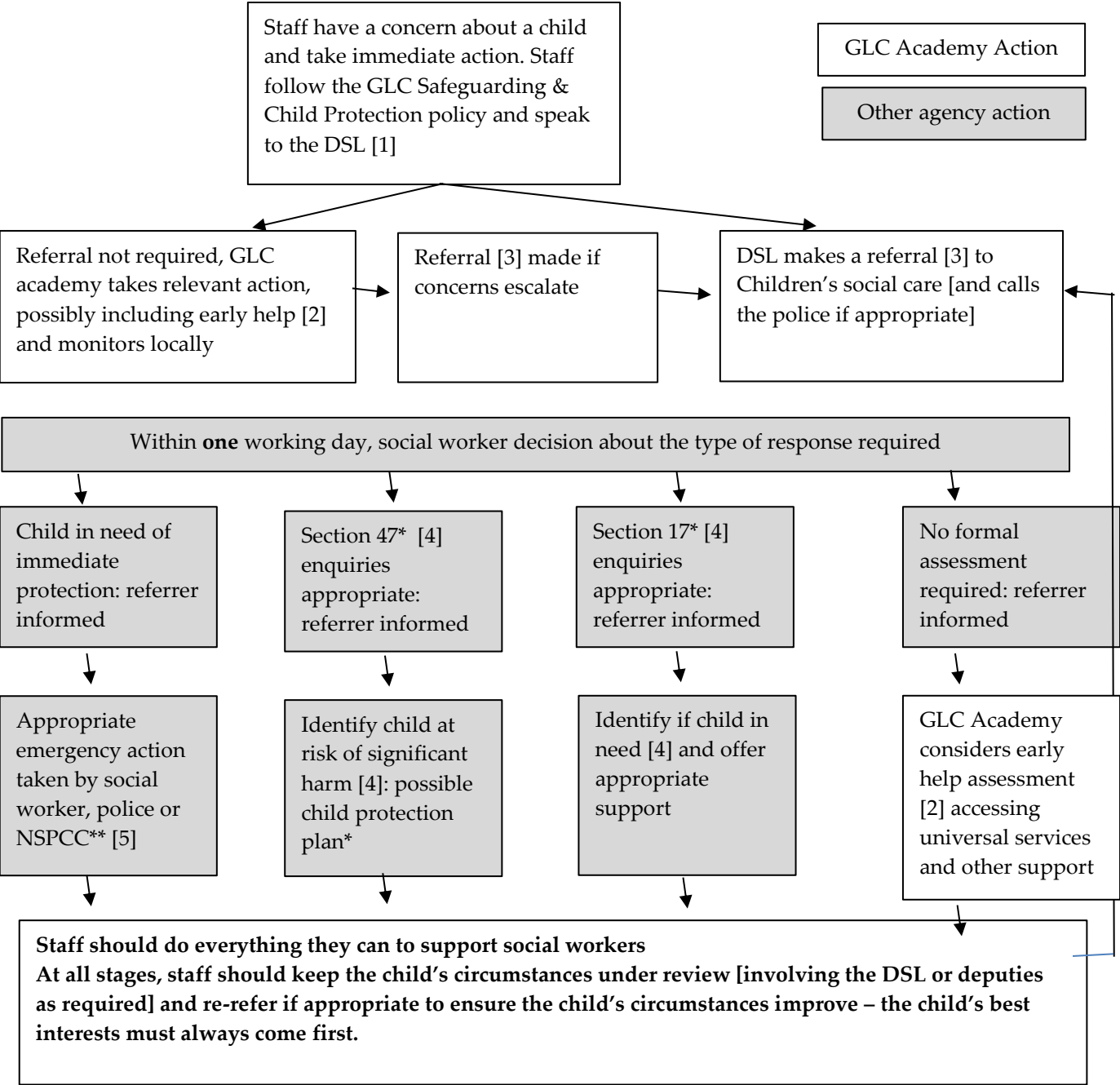
# Appendix 1

## Academy record of safeguarding training

| Type of Training:   | Date completed: | Next due date: |
|---|-----------------|----------------|
| Whole School Safeguarding Training<br>(Annual)                        |                 |                |
| Senior Designated Safeguarding Lead (DSL)<br>(Due every 2 years)      |                 |                |
| Deputy Senior DSL (Due every 2 years)                                 |                 |                |
| Whole School Staff Refresher/updates<br>(Weekly)                      |                 |                |
| Safer Recruitment Training<br>(Due every 5 years)                     |                 |                |
| Governor Training   |                 |                |
| DSL Prevent Training Update<br>(for DSLs to disseminate to ALL staff) |                 |                |

## Appendix 2

### Actions where there are concerns about a child.



[1] In cases which also involve an allegation of abuse against a staff member, see Part Four of this guidance;

[2] Early help means providing support as soon as a problem emerges at any point in a child's life. Where a child would benefit from co-ordinated early help, an early help inter-agency assessment should be arranged. Chapter 1 of [Working Together to Safeguard Children](#) provides detailed guidance on the early help process.

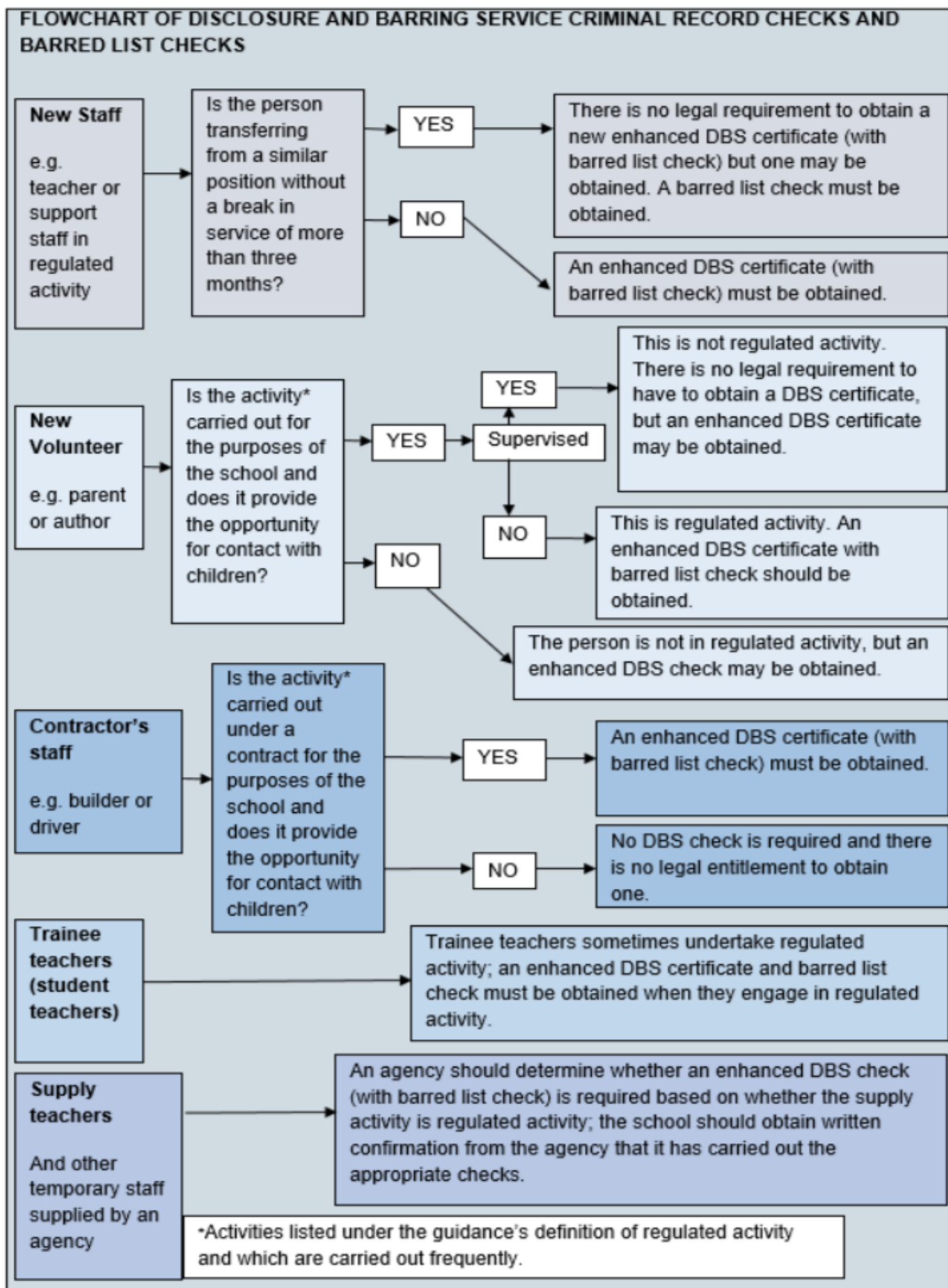
[3] Referrals should follow the Thurrock Local Authority's referral process. Chapter one of [Working Together to Safeguard Children](#);

[4] Under the Children Act 1989, Thurrock Local Authority is required to provide services for children in need for the purposes of safeguarding and promoting their welfare. This can include section 17 assessments of children in needs and section 47 assessments of children at risk of significant harm. Full details are in chapter one of [Working Together to Safeguard Children](#).

[5] This could include applying for an Emergency Protection Order [EPO]



## Appendix 3







## SET MULTI-AGENCY PROTOCOL

| Management of Suspicious / Unexplained Injuries / Bruising in Children for all Front-Line Professionals |  |
|---|--|
| Date of this document:  | December 2018  |
| Date for review:  | December 2020  |
| Author:   | SET Procedures Working Group led by Maria Barnett (ECC Children & Families) and Sandra Garner (Health)<br><br>(Adapted from the LSCB Hertfordshire Bruising protocol)                |
| Status:   | Agreed by the SET Procedures Working Group December 2018<br><br><b>Note: This is being rolled out across the county and we advise that you check it is implemented in your area.</b> |

Southend, Essex and Thurrock Bruising Protocol (adapted from Hertfordshire LSCB).

## SUMMARY OVERVIEW

### If you **do** have concerns:

#### All professionals

Any bruise/mark on a child should be considered in light of the history provided; location of the bruise/mark; and the age and developmental stage of the child/infant.

If the child is under 6 months of age; not independently mobile; or under 18 years of age and there is suspicion of non-accidental injury; the professional must refer the child/family into Children's Social Care, following Southend, Essex and Thurrock Child Protection and Safeguarding Procedures

#### Health/Medical professionals ONLY

If the child/infant is under 6 months of age, and/or immobile, Health/Medical professionals may use the pre-assessment tool (Appendix 2) to assist in an assessment of the bruise/mark. If in any doubt the professional must refer the child/family into Children's Social Care, following local processes/SET Procedures.

### If you have **no** concerns:

If there are no concerns, and you are in agreement that the history given is consistent with the bruise/mark observed; the child's developmental age; and mobility; ensure you:

- ⦿ Review all previous records for any similar history or risk factors;
- ⦿ Review the distribution of bruising document (Appendix 3);
- ⦿ Document your observations and what has been reported by the **child** (all information) in the child's records;
- ⦿ Document your observations and what has been reported by **parent/carer** (all information) in the child's records;
- ⦿ Document clearly bruising/marks observed on a body map (Appendix 4) and record in the child's record and Parent Held Record;
- ⦿ Consider safety assessment and advice to prevent further incident;
- ⦿ Share relevant information with Health Visiting/School Nursing Service and GP.

**This document should always be read in conjunction with the flow chart (Appendix 1) and with Southend, Essex and Thurrock Safeguarding and Child Protection Procedures which can be found [here](#)**

### **Aim of this protocol**

The aim of this Protocol is to provide frontline professionals with a knowledge base and clear action strategy for the assessment, management and referral of children under the age of 18 who present with bruising and/or suspicious marks.

The Protocol is necessarily directive in term of actions to be taken, and whilst professional judgement and responsibility is recognised as important, research tells us we must act at all times where there are concerns. Therefore we require that a referral to Children Social Care is undertaken and the child examined by an appropriate Paediatrician for a Child Protection

Medical on **all** children who are seen to have bruising/marks who are under 6 months or who are not independently mobile, and in any child under 18 where suspicious bruises/marks are identified.

## Introduction

Non-accidental injuries are injuries that are suspected or proven to have been inflicted upon a child by someone else, or in the care of someone else. Any bruising, fractures, bleeding and any other injuries (such as burns) should be treated as a matter for enquiry and potential abuse considered, unless otherwise evidenced<sup>1</sup>. An injury should never be interpreted in isolation and must always be assessed in the context of the child's medical and social history, developmental stage and the explanation given.

Bruising is the most common presenting feature of physical abuse in children, however it may also be as the result of the child experiencing other forms of abuse such as neglect or sexual abuse. Serious case reviews nationally, and individual cases across Southend, Essex and Thurrock highlight that frontline staff sometimes underestimate or ignore the prediction that abuse is a likely cause of bruising in young babies who are not independently mobile (those not yet crawling, cruising or walking independently or children with disability such that they are not mobile).

NICE guidance<sup>2</sup> states that bruising in any child who is not independently mobile should prompt suspicion of maltreatment as these children are the least likely to sustain accidental bruises

Whilst bruising in older children is much more likely to be presented, it is vital that these are assessed in terms of the history, risks factors, medical factors, social development, disability and what research tells us about non-accidental bruising. Where there are concerns about a mark or bruise the decision that the child **has not** suffered abuse should always be a multi-agency decision and not one made by a single agency<sup>3</sup>.

## Target Audience

Front line practitioners:

This includes, but is not exhaustive, teachers and staff in specialist education provision, GPs, Nurses, Midwives, Health Visitors, Allied Health professionals, disabled children's workers, Nursery Nurses, School Nurses, Early Years Professionals, Youth Workers, Police, Emergency Department staff and Minor Injuries/Urgent Care Centre staff, Paediatricians, Voluntary and Community Workers and Social Workers.

The UK Government states that 'Whilst local authorities play a lead role, safeguarding children and protecting them from harm is everyone's responsibility. Everyone who comes into contact with children and families has a role to play<sup>4</sup>.

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<sup>1</sup><https://www.nice.org.uk/guidance/cg89>

<sup>2</sup><https://www.nice.org.uk/guidance/cg89>

<sup>3</sup><https://www.ncbi.nlm.nih.gov/pubmed/20926622>

<sup>4</sup>

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/722305/Working\\_Together\\_to\\_Safeguard\\_Children\\_-\\_Guide.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/722305/Working_Together_to_Safeguard_Children_-_Guide.pdf)

## Underpinning Research

### Bruises:

NICE guidance outlines the following:

*Suspect child maltreatment if a child or young person has bruising in the shape of a hand, ligature, stick, teeth mark, grip or implement.*

*Suspect child maltreatment if there is bruising or petechiae (tiny red or purple spots) that are not caused by a medical condition (for example, a causative coagulation disorder) and if the explanation for the bruising is unsuitable. Examples include:*

- ⦿ *bruising in a child who is not independently mobile*
- ⦿ *multiple bruises or bruises in clusters*
- ⦿ *bruises of a similar shape and size*
- ⦿ *bruises on any non-bony part of the body or face including the eyes, ears and buttocks*
- ⦿ *bruises on the neck that look like attempted strangulation*
- ⦿ *bruises on the ankles and wrists that look like ligature marks or holding/restraint marks.*

Bruises are unusual in babies under 6-months-old who are unable to sit or crawl. Once infants develop mobility, the frequency of accidental bruises steadily rises from approximately 10% of those who can sit to 40% of those who can walk. These bruises are usually <1 cm in diameter, often over the forehead, bony part of the cheek or jaw, or shins. An active baby in the first 18 months might have two or perhaps three of this type of bruise at the same time.

In older children, most accidental bruises are over bony prominences and sometimes associated with a graze. Between 18-months and 3-years, forehead and facial bruises (over bone) are common (17% of children) but unusual in older children. Accidental bruising of the hands and feet and lower legs (particularly the shins and often multiple) are frequent. 14% of children 6-11 years have bruises over the lower back but bruises at this site are unusual under the age of three years. An active boisterous child may have up to 12 accidental bruises at these sites.

Non-accidental bruises are more likely to be around the mouth and adjacent cheek, neck, eye-socket, ear, chest, abdomen, upper arms, buttocks and upper legs. All these areas are relatively protected. Some bruises have a particular configuration, such as a slap, fingertip bruises, pinch marks or marks from an implement. Non-accidental bruises are usually multiple and cannot easily be explained on the basis of simple falls. Maguire<sup>6</sup> clearly illustrates accident versus abuse bruising patterns (Appendix 4)

When the nature of the bruise does not differentiate non-accidental from accidental injury, the key issue is the discrepant history where there is either no explanation or an inadequate explanation. Full assessment usually requires a strategy meeting.

Serious Case Reviews highlight the child who presents with severe or repeated bruising where the parent forestalls an investigation by suggesting bullying, a fall, self-injury and injury

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<sup>5</sup><https://www.nice.org.uk/guidance/cg89>  
<sup>6</sup><https://www.ncbi.nlm.nih.gov/pubmed/20926622>

from siblings. Bruising from bullying (including bigger teenage siblings) requires investigation, accidents are liable to produce bruises on exposed bony surfaces along with grazes, self-injury is rare and pre-teen siblings are not usually strong enough to produce significant bruising.

## Presentation

Bruising which suggests the possibility of Non-Accidental Injury include:

- ⊙ Bruising in babies (in arms - research has shown a small bruise on a pre-mobile baby can be a sign of abuse)
- ⊙ Bruising in children who are not independently mobile (including disabled children)
- ⊙ Bruises that are seen away from bony prominences
- ⊙ Bruises around mouth & cheeks, back, abdomen, upper arms, buttocks & ear lobes.
- ⊙ Multiple bruises in clusters
- ⊙ Multiple bruises of uniform shape
- ⊙ Bruises that carry an imprint – of an implement, cord or hand/foot
- ⊙ Bruises with *petechiae* (dots of blood under the skin) around them

A mark/bruise should never be interpreted in isolation and must always be assessed in the context of the child's medical and social history, developmental stage and explanation given (See appendix 4)

A full clinical assessment and relevant investigation must be undertaken and should include:

- ⊙ The nature and site of injury
- ⊙ The history provided by the child and accompanying adult
- ⊙ The plausibility of the explanation given
- ⊙ The timing/age of the alleged injury and any delay in seeking attention for which there is no satisfactory explanation
- ⊙ The child's appearance, behaviour and demeanour
- ⊙ The child's development
- ⊙ The interaction between parent and child
- ⊙ The family and social circumstances and other relevant information available on the child's records

An explanation for an injury or presentation must be considered **unsuitable** if implausible, inadequate or inconsistent<sup>7</sup>:

- ⊙ With the child (presentation, normal activities, existing medical condition, age or developmental stage, account compared to that given by parent)
- ⊙ Between parents
- ⊙ Between accounts over time
- ⊙ Based on cultural practice

## Risk factors

When making an assessment and referral you should always review the information you hold within your agency with regards to the family and child to identify any relevant and associated risk factors that you will need to share with the social worker. This may include parental risk factors or child risk factors.

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<sup>7</sup><https://www.nice.org.uk/guidance/cg89>

### Emergency medical conditions or injury

Any child who is found to have suspicious bruises or marks **and** is seriously ill or injured, or in need of urgent treatment or investigation, should be immediately referred to hospital. Professionals should be particularly diligent to the age of the child as the smaller the child, the greater the risk of internal injury.

Referral to hospital should not be delayed by a referral to Children’s Social Care as this can be made from the hospital setting although **it is the responsibility of the person dealing with the case to ensure this referral has been made and also to phone ahead to the hospital to advise regarding the concerns** (see telephone numbers).

### Referral to the emergency department if you have an immediate medical concern.

- ☉ CALL 999 AND REQUEST AN EMERGENCY AMBULANCE
- ☉ If it is not a life- threatening emergency and you ask the parents to take their child to the hospital because there is an immediate medical concern ensure you phone ahead to the agreed nearest children’s emergency department (see below) to ensure they are aware what the reason is for attendance and also, so they can feedback on the child’s attendance.
- ☉ Consider transfer by ambulance in all situations, especially for babies under 12 months of age.

### Contacting Emergency Departments:

| Hospital                                | Contact numbers |
|---|-----------------|
| Basildon & Thurrock University Hospital | 01268 524900    |
| Broomfield Hospital, Chelmsford         | 01245 362000    |
| Colchester Hospital                     | 01206 747474    |
| Princess Alexandra Hospital, Harlow     | 01279 444455    |
| Southend Hospital                       | 01702 435555    |

### Request support from children’s social care - by any agency

In children 6 months and under and non-independently mobile children (due to age or disability) the presence of any bruising of any size and in any site should initiate an immediate referral to Children’s Social Care under this protocol and the referral directed to Essex Police.

In mobile children the presence of suspicious marks or bruising or following a disclosure from the child, should be referred immediately to Children’s Social Care without delay. Sometimes this means that professionals may work together to make the decision, but this should not delay the process or prevent any professional of any status making this referral.



Prior to making a referral, the professional should ensure that they have sufficient information to assist Children's Social Care in responding to the concerns. This would include basic details such as name, date of birth, address etc. as well as details of parents/carers and any other relevant background information that is known to that agency. It is good practice to inform the parent/carer that a referral will be made to Children's Social Care, unless this is going to place the child at greater risk<sup>8</sup>

## **Roles and Responsibilities of agencies**

### **Maternity services**

Following delivery all naturally occurring skin blemishes and/or visible marks (e.g. Mongolian Blue Spot, Strawberry Nevus) and those which may have occurred as a result of an assisted delivery or birth trauma should be clearly documented on a body map along with a description of how the mark occurred.

### **Children's services**

Children's Social Care should take any referral made under this protocol as requiring further multi agency investigation and should check local systems for any risk factors and consider whether a Strategy Meeting is required. This must include the consideration of a Child Protection Medical being undertaken by an appropriate Paediatrician.

If the child/ren already has a Social Worker, Children's Social Care should ensure that the named Social Worker or a Duty Social Worker responds immediately and within one hour.

The decision regarding whether a Child Protection Medical is undertaken or not should be taken within a Strategy Meeting which health should be invited to, and a medical opinion sought. If the decision at the Strategy Meeting is that a Child Protection Medical is not required, the Social Worker should consider the medical needs of the child, following discussion with relevant health professionals, and ascertain whether a medical assessment is still required.

### **Police**

The Police, on receipt of a referral made under this protocol, will conduct a review to consider the need for any immediate safeguarding measures to be implemented in order to safeguard the child(ren) involved.

The Police will take any referral made under this protocol as requiring further multi-agency investigation. The Police will notify partner organisations of the referral (if not already aware) and the requirement for a strategy discussion as defined in Working Together 2018.

The Police will, in preparation for the Strategy Discussion, collate all available information to share with partner organisations under statutory framework or existing information sharing agreements.

The Police will actively participate in Strategy Discussions and undertake such actions to ensure the safety of all identified children and if deemed appropriate secure and preserve evidence in accordance with legislation and best practice.

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[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/721581/Information\\_sharing\\_advice\\_practitioners\\_safeguarding\\_services.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721581/Information_sharing_advice_practitioners_safeguarding_services.pdf)

### Health / medical professional referral for paediatric assessment by a suitably qualified paediatrician

This Protocol has provision for the health professional to refer the child directly for paediatric assessment, following referral to Children’s Social Care.

Consideration must be given to establish if the parents may take the child for the examination unaccompanied by other professionals and how the child will be transported to the Hospital. In localities where direct referral is not available, professionals must refer to Children’s Social Care requesting onward referral for paediatric assessment.

| Hospital                                | Contact numbers |
|---|-----------------|
| Basildon & Thurrock University Hospital | 01268 524900    |
| Broomfield Hospital, Chelmsford         | 01245 362000    |
| Colchester Hospital                     | 01206 747474    |
| Princess Alexandra Hospital, Harlow     | 01279 444455    |
| Southend Hospital                       | 01702 435555    |

Health / Medical professionals **only** can make their assessment of marks based on professional knowledge of normal manifestations, birth injuries and marks on new babies. Where practitioners are uncertain whether bruising is as a result of birth injury or whether a mark is indicative of a birthmark they should always first refer to and speak with relevant Children’s Health Providers (as above) and then refer immediately and directly to the Paediatrician for an assessment.

### Child Protection Medicals

#### Social worker referral for child protection medical

The decision to undertake a Child Protection Medical should be the result of a Strategy Meeting/Discussion unless there is an immediate or urgent (high risk) need requiring Hospital attendance. This decision should be reached jointly between Children’s Social Care, Police and Health and a Strategy Meeting/Discussion should be arranged as soon as possible thereafter. The Social Worker should assist the family to attend the Child Protection Medical and must attend the Child Protection Medical with the child and parent/carer.

Following the Child Protection Medical, the Paediatrician who examines the child should liaise with the Social Worker regarding the outcome of the assessment.

Where a referral for Child Protection Medical is delayed for any reason, or when bruising /mark is no longer visible a Named Paediatrician must still examine the child to assess, as a minimum, general health, signs of other injuries or maltreatment and to exclude any medical cause.

#### Child Protection Medical and Paediatric Assessment

If there is a medical emergency the child may have to be taken by ambulance to the nearest available hospital, however it is the referring professional’s duty to ensure all information around concerns are shared and highlighted to the receiving hospital for them to make an assessment. The referring professional should also inform their Safeguarding Lead and the Named Paediatrician/Named Doctor.

Transportation for a Child Protection Medical should always be discussed with Children’s Social Care and an agreement made between the Social Worker and parent(s) regarding how the child should be transported to the

hospital. The Social Worker may wish to also accompany the child and parent(s) to the Child Protection Medical following a risk assessment.

Non-attendance of the child at the Medical (either Child Protection or for paediatric assessment) should always be referred back to the assigned Social Worker for the case and Strategy Meeting again considered.

### **Cross border children**

Children who are ordinarily resident outside Southend, Essex or Thurrock still come under the remit of this protocol and the fundamental principle of responding to suspicious marks and bruises remains and is a requirement of all professionals coming into contact with any child. Therefore, if there are concerns, a referral to Social Care in the child's local area is vital. It is the responsibility of the person who is dealing with the case to make the referral.

### **Involving parents and carers**

Parents should be informed at an early stage about the progress of the decision making process and the reasons for this unless to do so will further jeopardise information gathering or pose a further risk to the child.

This should always be carried out sensitively and in a private place if possible to avoid further distress to parents / carers.

In non-independently mobile children or children less than 6 months it is important that professionals pay particular attention to explaining to parents, in a frank and honest way, why additional concern, questioning and examination is required. The decision to refer to Children's Social Care must be explained along with the referral process for medical assessment.

It is advised that children with suspicious marks or bruises or those that disclose abuse in pre-school or school settings when parents are not present that the referral to Children's Social Care is made **prior** to informing the parents and without further questioning of the child.

If parents refuse to co-operate or refuse to take their child or be available for further assessment this should be reported immediately to Children's Social Care and to the Police if there are concerns for the child or staff safety. In these cases, if at all possible, the child should be kept under supervision until steps can be taken to secure his or her safety. Professionals should also consider their own safety at this time.

### **Disabled children**

Evidence that children with disabilities are at increased risk of suffering maltreatment is well documented. Professionals should ensure effective communication and should take into account additional needs such as physical, sensory or learning disabilities, or the inability to speak or read English.

Southend, Essex and Thurrock Bruising Protocol (adapted from Hertfordshire LSCB).

Disability as a factor, should not hinder the assessment or concerns around suspicious marks or bruises on children where a clear and satisfactory causative explanation cannot be found and especially if the child is not independent mobile

### **Diversity factors**

Consideration should be given to cultural needs of children or young people and their families and carers, however cultural practices that are abusive are **never** an acceptable reason for child maltreatment.

Professionals should at all times be aware of and sensitive to any difficulties in communicating this protocol to parents/ carers and children. This may be due to learning difficulty/disability, language barriers, disability or poor understanding of legislation in the UK.

It is important that the child is seen as swiftly as possible and therefore indicative that additional support and provision is made to assist effective communication but this should not hinder immediate referral.

### **Escalation process**

If you are concerned about the lack of response to a safeguarding concern from any agency you must discuss it with your Safeguarding Lead who will escalate it, as appropriate, in line with SET Safeguarding and Child Protection Procedures These can be found here <http://www.escb.co.uk/media/1670/set-procedures-oct-2018-updated.pdf>

#### Appendix 4:

##### **Suspicious or Unexplained Injuries/Bruising in Infants and Children**

Infant/child presenting with suspicious or unexplained injury AND *any* bruising in a pre-mobile infant (under 6 months old)



Inform parents/carers duty to refer to On Call **Paediatrician** at Acute Hospital for further investigation AND **Local Authority Children's Social Care**



Contact On Call Paediatrician at Acute Hospital and arrange review -

arrangements should include how the child is transported, who will be accompanying the child and which professional will be responsible for confirming attendance within the stated timeframe



Refer relevant to Local Authority Children's Social Care (CSC)



If safe to do so, child can be taken by parents/carers to Hospital

If immediate safeguarding concerns, child should be transferred by Social Worker or Police



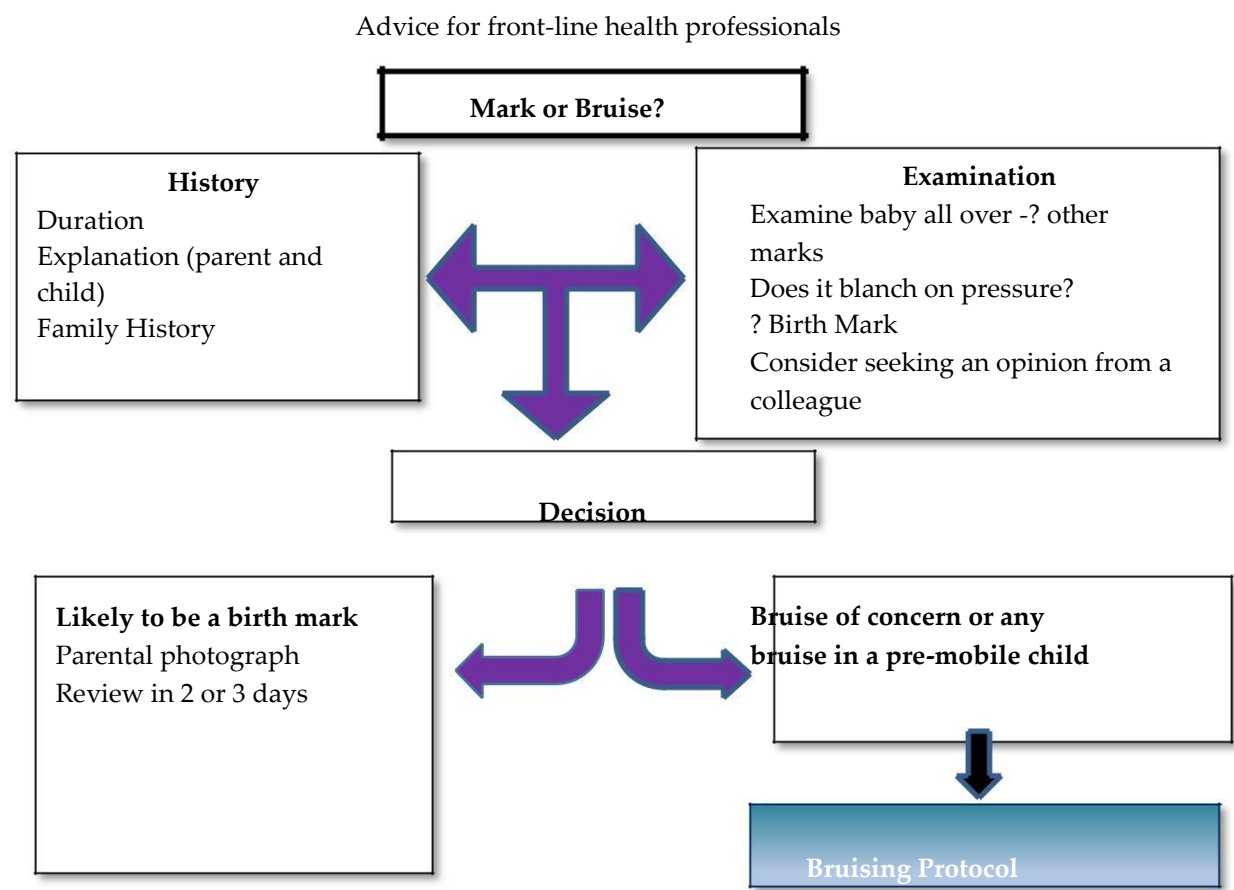
Confirm attendance with Acute Hospital as agreed

##### **Recording**

- ⊙ Document who accompanied the infant /child
- ⊙ Explanation provided by parent/ carer
- ⊙ Full examination including body map of marks/blemishes/injuries/bruises
- ⊙ Assessment, actions taken and rationale, including content of discussion with parent/carers
- ⊙ Arrangements for transporting infant/child to Acute Hospital
- ⊙ Confirmation child attended
- ⊙ If a referral is **not** made, document rationale for this.

**Red Flag – bruising/ injuries in non-mobile infants and children**

Appendix 2 Assessment of Marks in Babies and Children Prelude to Unexplained and Suspicious Injury (Bruise) Protocol



**Comments**

- ☉ Mark present from birth or early life and persists – probably birth mark, observe if necessary.
- ☉ Mark in suspicious area, around mouth or eyes, on ear which you think is a bruise
- ☉ Any bruise in a pre-mobile infant (under six months old)
- ☉ Infant with nose bleed, mouth bleed
- ☉ Skin blister in newborn/ infant: probably staph infection
- ☉ Infant unwell or injured in any way

**Points to observe**

1. Mongolian blue spots are purple, present in sacral area and satellite spots.
2. No general welfare concerns + looks like a birth mark: safe to review.
3. In most cases of inflicted ‘precursor’ bruise, parents usually concede mark is a bruise but the explanation suggests unreasonable force, e.g. held while feeding, or is implausible e.g. lying on dummy.

HOSPITAL



### **Appendix 3 – Distribution of Bruising Tool**

The Distribution of Bruising, Accidental vs Non-Accidental document can be found by following this link.

<http://www.escb.co.uk/media/1719/distribution-of-bruising-accidental-vs-non-accidental.pdf>

**Appendix 4 – Body Map**

**BODY MAP**

|   |  |                   |              |              |
|---|--|-------------------|--------------|--------------|
| <b>Child’s name:</b><br><br><b>Date of birth:</b><br><br><b>Date/time of skin markings/injuries observed:</b><br><br><b>Who injuries observed by:</b><br><br><b>Information recorded:</b> |  |                   | <b>Date:</b> | <b>Time:</b> |
| <b>Name:</b>  |  | <b>Signature:</b> |              |              |

