



Definitions, Specific Safeguarding Issues and Recognising and Responding to Abuse and Neglect

1. Definitions of Abuse/Neglect

1.1 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. They may be abused by an adult or adults or another child or children. There are four categories of abuse: physical abuse, emotional abuse, sexual abuse and neglect.

1.1.1 Physical Abuse

A form of abuse which 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.

1.1.2 Emotional Abuse

The persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These include interactions that are beyond a child's developmental capability as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

1.1.3 Sexual Abuse

Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example rape or oral sex) non-penetrative acts such as masturbation, kissing, rubbing, and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

1.1.4 Neglect

The persistent failure to meet a child's basic physical and /or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: provide adequate food, clothing and shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate care-givers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

1.2 Bullying

While bullying between children is not a separate category of abuse and neglect, it is a very serious issue that can cause considerable anxiety and distress. At its most serious level, bullying is thought to result in up to 12 child suicides each year.

All incidences of bullying, including cyber-bullying and prejudice-based bullying will be recorded and reported and will be managed through our behaviour and tackling-bullying procedures. See our 'Bullying and Harassment Policy'. The subject of bullying is addressed at regular intervals in the personal, social and health education (PSHE) curriculum. In the event that there is a possibility the bullying may be linked to abuse/, the Headteacher and the DSL will consider implementing child protection procedures.

1.3 Contextual Safeguarding / Extra-Familial Harms

We are aware that the young people in our school may face additional extra-familial risks outside of the school context. KCSIE 2022 says, "Children can be at risk of abuse and exploitation in situations outside their families. Extra-familial harms take a variety of different forms and children can be vulnerable to multiple harms." These extra-familial threats might arise at school and other educational establishments, from within peer groups, or more widely from within the wider community and/or online.

These harms include (but are not limited to):

- sexual abuse (including harassment and exploitation);
- domestic abuse in their own intimate relationships - teenage relationship abuse;
- exploitation by criminal gangs;
- serious youth violence;
- county lines;
- the influences of extremism leading to radicalisation.

As part of our whole-school approach to these contextual safeguarding risks, we have developed a curriculum, policy and practice that promotes a culture that focuses on educating about risks and potential threats as well as responding to these. In addition to this, The Federation will regularly use student-led intelligence to identify potential risks in and outside of our community and mitigate against them through regular safety mapping exercises.

Where safety mapping exercises identify people, places and environments where extra-familial harm could take place, we will focus on interventions that address these wider environmental factors by partnering with other professionals, external agencies and community establishments to create more safe spaces for our young people.

We will train colleagues to understand how to identify these potential contextual safeguarding risks/threats and refer any new concerns in the normal way.

Schools have been identified as sites in which young people can experience and/or be safeguarded from abuse and violence. From experiences of sexual harassment and sexual violence through to physical assaults, relationship-based abuse, bullying and grooming into exploitative networks, young people have told practitioners, researchers and journalists about risks they have faced in educational settings.

As such it is critical that when young people experience abuse and violence and this is in some way associated to their school environment or school relationships – that the school itself features within the process of assessment and intervention. If we want to address the factors that cause abuse, or provide an opportunity for abuse to occur, then these factors need to be identified, explored and addressed – and school assessments is one way to achieve this.

School assessments uncover risks and strengths within school contexts, that are associated to young people's experiences of abuse. A school assessment draws on aspects of the environment to build a picture of how the school can be safer for young people.

A range of methods will be used to gather this information including:

- Speaking to young people
- Student and parent surveys
- Speaking with staff
- Reviewing behaviour logs
- Observing the school environment

2. Definitions of Abuse/Neglect

- i Child Missing from Education – *see 2.1*
- ii Child missing from home or care – *see 2.2*
- iii Child sexual exploitation (CSE) – *see 2.3*
- iv Child criminal exploitation (CCE) – *see 2.4*
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- vi Organised Exploitation and Trafficking – *see 2.6*
- vii Child on Child abuse including ‘sexting’ and children displaying Harmful Sexual Behaviours – *see 2.7*
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- xii Preventing Radicalisation – *see 2.12*
- xiii Fabricated/Induced Illness – *see 2.13*
- xiv Private Fostering – *see 2.14*
- xv Mental Health/Self-Harm – *see 2.15*
- xvi Faith based Abuse – *see 2.16*
- xvii Serious Youth Violence and Knife Crime
- xviii Gender-based violence/violence against women and girls (VAWG)
- xix Sexual Violence and/or sexual harassment
- xx Children who are lesbian, gay, bi or trans (LGBT) *KCSIE 2022 Page 50*

2.1 Child Missing from Education

All children, regardless of their circumstances, are entitled to a full-time education which is suitable to their age, ability, aptitude and any special educational needs they may have. Local authorities have a duty to establish, as far as it is possible to do so, the identity of children of compulsory school age who are missing education in their area.

A child going missing from education is a potential indicator of abuse or neglect. School staff should follow the school’s procedures for dealing with children that go missing from education, particularly on repeat occasions, to help identify the risk of abuse and neglect, including sexual exploitation, and to help prevent the risks of their going missing in future.

Our school constantly monitors attendance to ensure any child who goes missing from education, particularly on repeat occasions is identified.

Staff are alert to signs to look out for and the individual triggers to be aware of when considering the risks of potential safeguarding concerns such as travelling to conflict zones, FGM and forced marriage.

The law requires all schools to have an admission register and, with the exception of schools where all pupils are boarders, an attendance register. All pupils must be placed on both registers. Reasons for deletion include:

- the child has been taken out of school by their parents and are being educated outside the school system e.g. home education;
- the child has ceased to attend school and no longer lives within reasonable distance of the school;
- the child has been certified by the school medical officer as unlikely to be in a fit state of health to attend school before ceasing to be of compulsory school age, and neither he/she nor his/her parent has indicated the intention to continue to attend the school after ceasing to be of compulsory school age;
- the child has been permanently excluded.

We inform the local authority of any pupil who is missing and only delete them from our register once the LA has sanctioned this action. It is essential that we comply with this duty, so that local authorities can, as part of their duty to identify Children of compulsory school age who are missing education, follow up with any child who might be in danger of not receiving an education and who might be at risk of abuse or neglect.

We inform the local authority of any pupil who fails to attend school regularly, or has been absent without the school's permission for a continuous period of 10 school days or more.

2.2 Child Missing from Home or Care

All children, regardless of their circumstances, are entitled to a full time education which is suitable to their age, ability, aptitude and any special educational needs they may have. Local authorities have a duty to establish, as far as it is possible to do so, the identity of children of compulsory school age who are missing education in their area. A child going missing from education is a potential indicator of abuse or neglect. School and college staff should follow the school's or college's procedures for dealing with children that go missing from education, particularly on repeat occasions, to help identify the risk of abuse and neglect, including sexual exploitation, and to help prevent the risks of their going missing in the future.

We place a great emphasis on regular and punctual attendance and we promptly follow up any unexplained absence. It is essential that all staff are alert to signs to look out for and the individual triggers to be aware of when considering the risks of potential safeguarding concerns such as travelling to conflict zones, FGM and forced marriage. We have both an admission register and attendance register as required by law. All pupils are placed on both registers. We inform and seek guidance from the Local Authority before any child is deleted from the admission register. No child is deleted unless there are appropriate checks conducted to ensure that the child is not at risk from being missing from education. A child may be deleted from the admission register for the following reasons:

- The child has been taken out of school by their parents and is being educated outside the school system e.g. home education;
- The child ceased to attend the school and no longer lives within reasonable distance from the school at which they are registered;

- The child has been certified by the education medical officer as unlikely to be in a fit state of health to attend school before ceasing to be of compulsory school age, and neither he/she nor his/her parent has indicated the intention to continue to attend the school after ceasing to be of compulsory school age;
- Are in custody for a period of more than four months due to a final court order and the Headteacher does not reasonably believe that they will be returning to the school at the end of that period; or,
- Have been permanently excluded.

The Local Authority must be notified when the school is to delete a pupil from its register under the above circumstances. This should be done as soon as the grounds for deletion are met, but no later than deleting the pupil's name from the register. It is essential that schools comply with this duty so that Local Authorities can, as part of their duty to identify 8 regulations 4 of the Education (Pupil Registration) (England) Regulations 2006 9 Regulation 12(3) of the Education (Pupil registration) (England) Regulations 2006 14 children of compulsory school age who are missing education, follow up with any child who might be in danger of not receiving an education and who might be at risk of abuse or neglect.

We inform the Local Authority of any pupil who fails to attend school regularly, or has been absent without the school's permission for a continuous period of 10 school days.

For further guidance see '[Statutory guidance on children who run away or go missing from home or care](#)' January 2014 on the DfE website.

2.3 Child Sexual Exploitation

Statutory definition of Child Sexual Exploitation: Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

This involves exploitative situations, contexts and relationships where young people receive something (for example food, accommodation, drugs, alcohol, gifts, money or in some cases simply affection) as a result of engaging in sexual activities. Sexual exploitation can take many forms ranging from the seemingly 'consensual' relationship where sex is exchanged for affection or gifts, to serious organised crime by gangs and groups. What marks out exploitation is an imbalance of power in the relationship. The perpetrator always holds some kind of power over the victim which increases as the exploitative relationship develops. Sexual exploitation involves varying degrees of coercion, intimidation or enticement, including unwanted pressure from peers to have sex, sexual bullying including cyberbullying and grooming. However, it is also important to recognise that some young people who are being sexually exploited do not exhibit any external signs of this abuse.

A common feature of CSE is that the child or young person does not recognise the coercive nature of the relationship and does not see themselves as a victim of exploitation. This means that they are unlikely to report the abuse so police and partners must be alert to the signs of CSE and actively look for victims. CSE can also occur through the use of technology without the child's immediate recognition; for example, being persuaded to post images on the internet/ mobile phones without immediate payment or gain.

Frontline practitioners from voluntary and statutory sector organisations (including, for example, health and education) should be aware of the key indicators of children being sexually exploited which can include:

- going missing for periods of time or regularly coming home late;
- regularly missing school or education or not taking part in education;
- appearing with unexplained gifts or new possessions;
- associating with other young people involved in exploitation;
- having older boyfriends or girlfriends;
- suffering from sexually transmitted infections;
- mood swings or changes in emotional wellbeing;
- drug and alcohol misuse; and
- displaying inappropriate sexualised behaviour.

Practitioners should also be aware that many children and young people who are victims of sexual exploitation do not recognise themselves as such.

If colleagues have concerns about any students at risk of CSE, they should ensure that their concerns are passed promptly on to the DSL so that a referral is made to the Concerns Hub. Any school can complete the referral form by sending a request to PLMailbox-ConcernHub@met.police.uk.

For further guidance see '[Child sexual exploitation. Definition and a guide for practitioners, local leaders and decision makers working to protect children from child sexual exploitation](#)' February 2017 on the DfE website.

2.4 Child Criminal Exploitation (CCE)

CCE is where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child into any criminal activity:

- in exchange for something the victim needs or wants, and/or
- the financial or other advantage of the perpetrator or facilitator and/or
- through violence or the threat of violence.

The victim may have been criminally exploited even if the activity appears consensual. CCE does not always involve physical contact; it can also occur through the use of technology.

CCE can include children being forced to work in cannabis factories, being coerced into moving drugs or money across the country (county lines), forced to shoplift or pickpocket, or to threaten other young people.

If colleagues have concerns regarding any students at risk of CCE, they should ensure that their concerns are passed promptly on to the DSL.

2.5 County Lines

County Lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs (primarily crack cocaine and heroin) into one or more importing areas (within the UK), using dedicated mobile phone lines or other form of 'deal line'.

Exploitation is an integral part of the county lines offending model with children and vulnerable adults exploited to move (and store) drugs and money. Offenders will often use coercion, intimidation, violence (including sexual violence) and weapons to ensure compliance of victims. Children can be targeted and recruited into county lines in a number of locations including schools, further and higher educational institutions, pupil referral units, special educational needs schools, children's homes and care homes. Children are often recruited to move drugs and money between locations.

Staff should be aware of some of the key indicators of children who are involved in county lines, including:

- going missing for periods of time or regularly coming home late;
- regularly missing school or education or not taking part in education;
- appearing with unexplained gifts or new possessions;
- associating with other young people involved in county lines;
- having older friends
- mood swings or changes in emotional wellbeing; and
- drug and/or alcohol misuse.

If colleagues have concerns about any students at risk of county lines, they should ensure that their concerns are passed promptly to the DSL so that a referral is made to the Concerns Hub. Any school can complete the referral form by sending a request to PLMailbox-ConcernHub@met.police.uk

2.6 Organised Exploitation and Trafficking

Trafficking involves the recruitment, transportation and exploitation of women and children for the purposes of prostitution and domestic servitude across international borders and within countries.

Victims are trafficked through criminal networks – often between towns and cities – and forced or coerced into sex with multiple men. They may also be used to recruit new victims. This serious organised activity can involve the buying and selling of young people.

In addition, modern slavery encompasses human trafficking, as defined in the UN Palermo Protocol and the Council of Europe Convention and as made illegal in UK legislation under the Sexual Offences Act 2003 and the Asylum and Immigration (Treatment of Claimants) Act 2004. It also includes cases of slavery and servitude as made illegal in the Coroners and Justice Act 2009, which criminalises holding a person in slavery or servitude or requiring a person to perform forced or compulsory labour. When referring to modern slavery, it encompasses all of the forms of human trafficking, slavery and servitude that have been defined in national and international laws and agreements.

Signs that a child has been trafficked may not be obvious but you might notice unusual behaviour or events. These include a child who:

- spends a lot of time doing household chores;
- rarely leaves their house, has no freedom of movement and no time for playing;
- is orphaned or living apart from their family, often in unregulated private foster care;
- lives in substandard accommodation;
- isn't sure which country, city or town they're in;
- is unable or reluctant to give details of accommodation or personal details;
- might not be registered with a school or a GP practice;
- has no documents or has falsified documents;
- has no access to their parents or guardians;
- is seen in inappropriate places such as brothels or factories;
- possesses unaccounted for money or goods;
- is permanently deprived of a large part of their earnings, required to earn a minimum amount of money every day or pay off an exorbitant debt;
- has injuries from workplace accidents; and
- gives a prepared story which is very similar to stories given by other children.

Our procedures for responding to concerns about students at risk of or victims of modern slavery are informed by the statutory DfE guidance 'Care of unaccompanied migrant child and child victims of modern slavery, published in November 2017. All concerns about students who may be being trafficked should be passed straight to the DSL on our standard concerns form.

2.7 Child on Child Abuse including 'sexting' and children displaying Harmful Sexual Behaviours

"Child on Child abuse can take many forms including physical (including hitting, kicking, shaking, biting, hair pulling etc.), sexual (e.g. inappropriate touching) and emotional abuse (including bullying & cyberbullying)" - *Department for Education (DfE)*.

September 2022: Keeping children safe in education; statutory guidance for schools and colleges, makes it clear that abuse is abuse and should never be tolerated or passed off as 'banter' or part of 'growing up'. The Equality Act 2010 replaced previous anti-discrimination laws with a single Act.

A key provision was a new public sector Equality Duty, which came into force on 5 April 2011. This requires the school/college to:

- eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the act;
- advance equality of opportunity between people who share a protected characteristic (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation) and people who do not share it;
- foster good relations between people who share a protected characteristic and people who do not share it.

Child on Child abuse often involves an imbalance of power between the perpetrator and the victim. This could involve perpetrators having control over the relationship, which makes it difficult for those they abuse to defend themselves. This imbalance of power can manifest itself in several ways. It may be physical, psychological (knowing what upsets someone), or social (e.g. isolating or excluding someone). It could also include issues such as revenge porn or what are often gender issues (e.g. girls being touched or boys being involved in initiation activities).

We recognise that some students will sometimes negatively affect the learning and wellbeing of others and their behaviour will be dealt with under the school's Behaviour and Anti-Bullying Policies where necessary. However, there will be occasions when a child's behaviour warrants a response under child protection rather than anti-bullying procedures. In particular, research suggests that up to 30 per cent of child sexual abuse is committed by someone under the age of 18.

Child Protection issues raised in this way may include physical abuse, emotional abuse, sexual abuse and sexual exploitation. It is likely that to be considered a safeguarding allegation against a pupil, if some of the following features are found:

- The allegation is made against an older pupil and refers to their behaviour towards a younger pupil or a more vulnerable pupil;
- The allegation is of a serious nature, possibly including a criminal offence;
- The allegation raises risk factors for other pupils in the school;
- The allegation indicates that other pupils may have been affected by this student; and
- The allegation indicates that young people outside the school may be affected by this student.

The management of children and young people with sexually harmful behaviour is complex and the school will work with other relevant agencies to maintain the safety of the whole school community. Young people who display such behaviour may be victims of abuse themselves and the child protection procedures will be followed for both victim and perpetrator. KCSIE 2022 defines a form of Child on Child abuse described as "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.

The Federation will support the victims of Child on Child abuse by following DfE guidance '[Sexual Violence and sexual harassment between children in schools and colleges](#)', September 2021.

In addition, The Federation uses the Brook Traffic Light Tool to help staff identify, understand and respond appropriately to sexual behaviours in children and young people. The tool supports staff to recognise and identify sexualised behaviours and differentiate between those which are part of healthy sexual development and those which are problematic or harmful. It helps us to understand what a behaviour may be communicating and why the child or young person may be exhibiting the behaviour enabling us to respond appropriately to sexualised behaviours, considering possible motivations, communications and severity.

2.7.1 Sexting

In cases of 'sexting' we follow guidance given to schools and colleges by the UK Council for Child Internet Safety (UKCCIS) published in August 2016: ['Sexting in schools and colleges, responding to incidents, and safeguarding young people'](#).

2.8 Domestic Violence

Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse:

- psychological
- physical
- sexual
- financial
- emotional

Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

Children and young people witnessing domestic abuse

Witnessing domestic abuse is child abuse. Living in a home where domestic abuse happens can have a serious impact on a child or young person's mental and physical wellbeing, as well as their behaviour. Children can experience domestic abuse or violence in lots of different ways. They might:

- see the abuse;
- hear the abuse from another room;
- see a parent's injuries or distress afterwards; and
- be hurt by being nearby or trying to stop the abuse.

Teenagers experiencing domestic abuse

Domestic abuse can happen in any relationship, and it affects young people too. They may not realise that what's happening is abuse. Even if they do, they might not tell anyone about it because they're scared of what will happen, or ashamed about what people will think.

It's often difficult to tell if domestic abuse is happening, because it usually takes place in the family home and abusers can act very differently when other people are around.

Children who witness domestic abuse may:

- become aggressive
- display anti-social behaviour
- suffer from depression or anxiety
- not do as well at school - due to difficulties at home or disruption of moving to and from refuges.

Staff at The Eliot Bank and Gordonbrock Schools Federation are sensitive to signs in children of domestic violence. If they suspect that Domestic Violence might have occurred, they will immediately report this to the DSL. If there is a risk of immediate serious harm to a child, a referral will be made to children's social care immediately.

The Federation also provides advice and guidance to parents/carers who might be a victim of domestic violence. In particular, referrals can be made to The Athena service, Lewisham which provides confidential, non-judgmental support to those living in the London Borough of Lewisham who are experiencing gender based violence.

For further guidance see [Lewisham Safeguarding Board guidance on domestic violence](#).

2.9 Female Genital Mutilation (FGM)

Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a girl being at risk of FGM, or already having suffered FGM. Section 5B of the Female Genital Mutilation Act 2003 (as inserted by section 74 of the Serious Crime Act 2015) places a statutory duty upon teachers along with regulated health and social care professionals in England and Wales, 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.

FGM affects girls particularly from north African countries, including Egypt, Sudan, Somalia and Sierra Leone. It is illegal in the United Kingdom to allow girls to undergo female genital mutilation either in this country or abroad. Communities particularly affected by FGM in the UK include girls from: Somalia, Kenya, Ethiopia, Sierra Leone, Sudan, Egypt, Nigeria, Eritrea, Yemen, Indonesia and Afghanistan.

There is a range of potential indicators that a child or young person may be at risk of FGM, which individually may not indicate risk but if there are two or more indicators present this could signal a risk to the child or young person. Victims of FGM are likely to come from a community that is known to practise FGM. Professionals should note that girls at risk of FGM may not be aware of the practice or that it may be conducted on them, so sensitivity should always be shown when approaching the subject. Warning signs that FGM may be about to take place, or may have taken place, can be found on pages 16-17 of the Multi-Agency Practice Guidelines referred to above. Staff should activate local safeguarding procedures (see [Female Genital Mutilation \(FGM\): Guidance for professionals in Lewisham](#)), using existing national and local protocols for multi-agency liaison with police and children's social care.

Key Points:

- not a religious practice;
- occurs mostly to girls aged from 5 – 8 years old; but up to around 15;
- criminal offence in UK since 1985;
- offence since 2003 to take girls abroad; and
- criminal penalties include up to 14 years in prison.

Reasons for this cultural practice include:

- cultural identity – an initiation into womanhood;
- gender identity – moving from girl to woman – enhancing femininity;
- sexual control – reducing the woman's desire for sex; and
- hygiene/cleanliness – un mutilated women are regarded as unclean.

Risk Factors include:

- low level of integration into UK society;
- mother or sister who has undergone FGM;
- girls who are withdrawn from PSHE;
- a visiting female elder from the country of origin;
- being taken on a long holiday to the family's country of origin; and
- talk about a 'special' event or procedure to 'become a woman.'

High Risk Time

This procedure often takes place in the summer, as the recovery period after FGM can be 6 to 9 weeks. Schools should be alert to the possibility of FGM as a reason why a girl in a high risk group is absent from school or where the family request an 'authorised absence' for just before or just after the summer school holidays.

Post-FGM Symptoms include:

- difficulty walking, sitting or standing;
- spend longer than normal in the bathroom or toilet;
- unusual behaviour after a lengthy absence;
- reluctance to undergo normal medical examinations;
- asking for help, but may not be explicit about the problem due to embarrassment or fear.

Longer Term problems include:

- difficulties urinating or incontinence;
- frequent or chronic vaginal, pelvic or urinary infections;
- menstrual problems;
- kidney damage and possible failure;
- cysts and abscesses;
- pain when having sex;
- infertility;
- complications during pregnancy and childbirth;
- emotional and mental health problems.

For further guidance see: See [Multi-Agency Practice Guidelines: Female Genital Mutilation July 2020](#) on the DfE website.

2.10 So- Called ‘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, and practices such as breast ironing. All forms of so-called HBV are abuse (regardless of the motivation) and should be handled and escalated as such. If in any doubt, staff should speak to the designated safeguarding lead. Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a child being at risk of HBV, or already having suffered HBV.

There are a range of potential indicators that a child may be at risk of HBV. Guidance on the warning signs that FGM or forced marriage may be about to take place, or may have already taken place, can be found on pages 38-41 of the [Multi agency statutory guidance on FGM](#) (pages 59-61 focus on the role of schools and colleges) and pages 13-14 of the [Multi-agency guidelines: Handling case of forced marriage](#).

If staff have a concern regarding a child that might be at risk of HBV they should activate local safeguarding procedures, using existing national and local protocols for multi-agency liaison with police and children’s social care.

2.11 Children with Special Educational Needs and Disabilities

For a variety of reasons, children with additional needs face an increased risk of abuse and neglect, therefore adults are expected to take extra care to interpret correctly apparent signs of abuse or neglect. Indications of abuse will be reported as for other pupils.

Children and young people with special educational needs and disabilities can face additional safeguarding challenges because:

- there may be assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration;
- children with SEN and disabilities can be disproportionately impacted by things like bullying without outwardly showing any signs and
- difficulties may arise in overcoming communication barriers.

All staff are vigilant in identifying children who might need more support to be kept safe or to keep themselves safe and the Federation Inclusion Teams lead our work on implementing individual, personalised packages of support where needed.

2.12 Preventing Radicalisation

Terrorism is defined in KCSIE 2021 as “an action that endangers or causes violence to a person/people; causes serious damage to property; or seriously interferes or disrupts an electronic system. The use or threat must be designed to influence the government or to intimidate the public and is made for the purpose of advancing a political, religious or ideological cause”.

As part of the Counter Terrorism and Security Act 2015, schools have a duty to ‘prevent people being drawn into terrorism’. This has become known as the ‘Prevent Duty’.

Channel, a key element of the Home Office’s “Prevent” strategy, is a multi-agency approach to protect people at risk from radicalisation. As a school, we will work with the local authority, local law enforcement, and religious and community leaders, to identify children vulnerable to radicalisation, and to stamp out extremism if it arises.

This includes identifying pupils:

- who have a desire for status amongst their peers;
- who have a desire for excitement and adventure;
- who have a susceptibility to indoctrination;
- who have a susceptibility to opportunistic involvement;
- who have a susceptibility to being influenced or controlled by a group;
- who have family or friends involved in extremism;
- displaying feelings of grievance and injustice;
- feeling under threat;
- searching for identity, meaning and belonging;

- showing empathy for extremist causes;
- glorifying violence, especially other faiths or cultures;
- displaying a need to dominate and control others;
- displaying a radical desire for political or moral change;
- displaying relevant mental health issues;
- displaying secretive behaviour;
- advocating messages similar to illegal organisations or other extremist groups.

We will always take allegations and concerns of radicalisation and/or terrorism seriously. We will help pupils channel their desire for excitement and adventure into suitable and healthy activities. Radicalisation and extremism can be wider than religious beliefs and linked affiliations and can include radicalisation around far right groups and also by criminal groups connected with gang activity.

Our school is stronger thanks to our open, multi-cultural and multi-faith community. We always aim to integrate and engage every child within the school community, and in the wider community.

We work with local religious and cultural organisations to instil a strong sense of identity in our pupils, as well as a clear place and purpose within the school and we celebrate a range of different religious and cultural festivals across the year, giving every child the opportunity to take part.

We use the curriculum to ensure that children and young people understand how people with extreme views share these with others, especially using the internet and we establish appropriate filters to protect children from terrorist and extremist material online.

We will monitor and assess incidents which suggest pupils are engaging, or are at risk of engaging in, extremist activity and/or radicalisation.

Where staff are concerned that children and young people are developing extremist views or show signs of becoming radicalised in any way, they should discuss this with the DSL.

See our 'Preventing Extremism and Radicalisation Safeguarding Policy.'

2.13 Fabricated / Induced Illness (FII)

Fabricated or induced illness (FII) is a rare form of child abuse. It occurs when a parent or carer, usually the child's biological mother, exaggerates or deliberately causes symptoms of illness in the child. FII is also known as 'Munchausen's syndrome by proxy' (not to be confused with Munchausen's syndrome, where a person pretends to be ill or causes illness or injury to themselves).

FII covers a wide range of symptoms and behaviours involving parents seeking healthcare for a child. This ranges from extreme neglect (failing to seek medical care) to induced illness. Behaviours in FII include a parent or other carer who:

- persuades healthcare professionals that their child is ill when they're perfectly healthy;
- exaggerates or lies about their child's symptoms;
- manipulates test results to suggest the presence of illness – for example, by putting glucose in urine samples to suggest the child has diabetes; and
- deliberately induces symptoms of illness – for example, by poisoning her child with unnecessary medication or other substances.

If you suspect that a parent/carers may be fabricating or inducing illness in their child, you should not confront them directly. It is unlikely to make the person admit to wrongdoing, and it may give them the opportunity to dispose of any evidence of abuse. You must immediately report any concerns to the DSL using the concerns form.

For further guidance see: Supplementary guidance to Working Together to Safeguard Children https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/277314/Safeguarding_Children_in_w_hom_illness_is_fabricated_or_induced.pdf on the DfE website.

2.14 Private Fostering

A private fostering arrangement is one that is made privately (without the involvement of a local authority) for the care of a child under the age of 16 years (under 18, if disabled) by someone other than a parent or close relative, in their own home, with the intention that it should last for 28 days or more. (Please refer to the Private Fostering Policy for more details).

A close family relative is defined as a 'grandparent, brother, sister, uncle or aunt' and includes half-siblings and step-parents; it does not include great-aunts or uncles, great grandparents or cousins.

Parents and private foster carers both have a legal duty to inform the relevant local authority at least six weeks before the arrangement is due to start; not to do so is a criminal offence.

Whilst most privately fostered children are appropriately supported and looked after, they are a potentially vulnerable group who should be monitored by the local authority, particularly when the child has come from another country. In some cases, privately fostered children are affected by abuse and neglect, or be involved in trafficking, child sexual exploitation or modern-day slavery.

Schools have a mandatory duty to report to the local authority where they are aware or suspect that a child is subject to a private fostering arrangement. Although schools have a duty to inform the local authority, there is no duty for anyone, including the private foster carer or social workers to inform the school. However, it should be clear to the school who has parental responsibility.

School staff will notify the DSL when they become aware of private fostering arrangements. The designated safeguarding lead will speak to the family of the child involved to check that they are aware of their duty to inform the LA. The school itself has a duty to inform the local authority of the private fostering arrangements.

A referral will be made to Children's Social Care in writing using Lewisham's referral form. The referral will have as much information as possible, including full details of all children concerned and their parents/carers/those with PR and any information about how these children came to be in their current situation. In some cases school may not have been provided with all the details so it is important that we discuss the referral with the carers in order to obtain them. However, if the information is not forthcoming, the referral will not be delayed. Referrals will be made online at: www.lewisham.gov.uk/MASH.

Once notified about a private fostering arrangement, the local authority is required to assess the home to ensure that is suitable. If it is happy with the arrangements, then it is required to arrange a visit once every six weeks for the first year and then at three-monthly intervals whilst the placement continues. Children's Social Care have a dedicated worker to work with private fostered children. This worker will be available to offer advice and assistance if required.

2.15 Mental Health / Self-Harm

Mental health problems affect about 1 in 10 children and young people. They include depression, anxiety and conduct disorder, including self-harm, and are often a direct response to what is happening in their lives.

All staff receive regular training about recognising and responding to mental health issues as part of their regular child protection training in order to enable them to be aware that mental health problems can in some cases be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation keep students safe.

Recent research also indicates that up to one in ten young people in the UK engage in self-harming behaviours, and that this figure is higher amongst specific populations, including young people with special educational needs. School staff can play an important role in preventing self-harm and in supporting students, peers and parents of students currently engaging in self-harm.

School staff may become aware of warning signs, which indicate a student is experiencing difficulties that may lead to thoughts of self-harm or suicide. These warning signs should always be taken seriously and staff observing any of these warning signs should seek further advice from the DSL.

2.16 Faith Based Abuse

Faith abuse is abuse of a child, linked to faith or belief. It is not about challenging people's beliefs but where these beliefs lead to abuse, this should never be tolerated. This includes¹:

- belief in concepts of witchcraft and spirit possession;
- demons or the devil acting through children or leading them astray (traditionally seen in some Christian beliefs);
- the evil eye or djinns (traditionally known in some Islamic faith contexts) and dakini (in the Hindu context);
- ritual or multi murders where the killing of children is believed to bring supernatural benefits or the use of their body parts is believed to produce potent magical remedies; and
- use of belief in magic or witchcraft to create fear in children to make them more compliant when they are being trafficked for domestic slavery or sexual exploitation.

In working to identify such child abuse, it is important to remember every child is different. Some children may display a combination of indicators of abuse whilst others will attempt to conceal them. In addition to the factors above, there are a range of common features across identified cases. These indicators of abuse, which may also be common features in other kinds of abuse, include:

- a child's body showing signs or marks, such as bruises or burns, from physical abuse;
- a child becoming noticeably confused, withdrawn, disorientated or isolated and appearing alone amongst other children;
- a child's personal care deteriorating, for example through a loss of weight, being hungry, turning up to school without food or lunch money, or being unkempt with dirty clothes and even faeces smeared on to them;
- it may be directly evident that the child's parent or carer does not show concern for or have a close bond with the child;
- a child's attendance at school becoming irregular or the child being taken out of school altogether without another school place having been organised, or a deterioration in a child's performance at school; and
- a child reporting that they are or have been accused of being 'evil', and/or that they are having the 'devil beaten out of them.'

All staff should be alert to the indicators above and should be able to identify children at risk of this type of abuse and intervene to prevent it.

Following the potential identification, confirmation or disclosure of faith abuse by a child/young person/family member to an adult in school, the following actions will be considered:

- standard child safeguarding procedures apply and must always be followed in all cases where abuse or neglect is suspected including those that may be related to particular belief systems;
- an Early Help Assessment may be appropriate for some children and young people in order to meet need;
- a MASH referral may be necessary in order to safeguard the child/young person (see below for contact details).

¹ This is not an exhaustive list and there will be other examples where children have been harmed when adults think that their actions have brought bad fortune.

2.16 Sexual Violence and/or sexual harassment – responding to a report

It is essential that all victims are reassured that they are being taken seriously, regardless of how long it has taken them to come forward, and that they will be supported and kept safe. Abuse that occurs online or outside of the school or college should not be downplayed and should be treated equally as seriously. 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 feel ashamed for making a report. It is important to explain that the law is in place to protect children and young people rather than criminalise them, and this should be explained in such a way that avoids alarming or distressing them.

Considering Confidentiality and Anonymity

- Staff taking a report should never promise confidentiality.
- The school should only engage staff/agencies who are required to support the children involved and/or be involved in any investigation.
- The victim may ask the school not to tell anyone about the sexual violence or sexual harassment.
- **There are no easy or definitive answers when a victim makes this request. If the victim does not give consent to share information, staff may still lawfully share it, if there is another legal basis under the UK GDPR that applies. Staff should seek advice from DSL in situations such as this.**
- Ultimately, the DSL will have to balance the victim's wishes against their duty to protect the victim and other children.
- As a matter of effective safeguarding practice, schools should do all they reasonably can to protect the anonymity of any children involved in any report of sexual violence or sexual harassment, including considering the potential of social media breaching confidentiality.

Risk Assessment

When there has been a report of sexual violence/sexual harassment, the DSL will make an immediate risk assessment.

The risk and needs assessment will consider:

- the victim, their protection and support;
- whether there may have been other victims;
- the alleged perpetrator(s);
- all other children at the school, especially any actions that are appropriate to protect them from the alleged perpetrator(s), or from future harms, and
- the time and location of the incident, and any action required to make the location safer.
- potential intra familial harms will also be identified so that any necessary support for siblings is put in place following incidents of sexual violence and/or sexual harassment.

2.17 Children who are Lesbian, Gay, Bi or Trans (LGBT)

The fact that a child or young person may be LGBT is not in itself an inherent risk factor for harm. However, children who are LGBT can be targeted by other children. In some cases, a child who is perceived by others to be LGBT (whether or not) can be just as vulnerable as children who identify as LGBT.

Risks can be compounded where children who are LGBT lack a trusted adult with whom they can be open. At Eliot Bank and Gordonbrock Schools, we endeavour to reduce the additional barriers faced by providing children with trusted adults and safe spaces in which they can speak out. Children are regularly reminded of the importance of having a trusted adult to speak to about any worries they may have, both in assemblies and in the classroom. The schools' Learning Mentors, SENDCos and Inclusion Leads are lead staff members in this work.

3. Indicators of Abuse and What You Might See

Physical signs define some types of abuse, for example, bruising, bleeding or broken bones resulting from physical or sexual abuse, or injuries sustained while a child has been inadequately supervised. The identification of physical signs is complicated, as children may go to great lengths to hide injuries, often because they are ashamed or embarrassed, or their abuser has threatened further violence or trauma if they 'tell'. It is also quite difficult for anyone without medical training to categorise injuries into accidental or deliberate with any degree of certainty. For these reasons it is vital that staff are also aware of the range of behavioural indicators of abuse and report any concerns to the designated person. It is the responsibility of all staff members, volunteers and contractors to report their concerns. It is not their responsibility to investigate or decide whether a child has been harmed or abused.

A child who is being harmed, abused and/or neglected may:

- have bruises, bleeding, burns, fractures or other injuries;
- show signs of pain or discomfort;
- keep arms and legs covered, even in warm weather;
- be concerned about changing for PE or swimming;
- look unkempt and uncared for;
- change their eating habits;
- have difficulty in making or sustaining friendships;
- appear fearful;
- be reckless with regard to their own or other's safety;
- self-harm;
- frequently miss school or arrive late;
- show signs of not wanting to go home;
- display a change in behaviour – from quiet to aggressive, or happy-go-lucky to withdrawn;
- challenge authority;
- become disinterested in their school work;
- be constantly tired or preoccupied;
- be wary of physical contact;
- be involved in, or particularly knowledgeable about drugs or alcohol; and
- display sexual knowledge or behaviour beyond that normally expected for their age.

Individual indicators will rarely, in isolation, provide conclusive evidence of abuse. They should be viewed as part of a jigsaw, and each small piece of information will help the DSL to decide how to proceed. It is very important that all staff, volunteers and/or contractors report all concerns even if there is no 'absolute proof' that the child is at risk.

4. Be alert – it could happen here

For staff to be able to identify and respond appropriately to possible abuse and/or neglect, they must at all times follow the four stages below:

- Be alert
- Question behaviours
- Ask for help
- Refer

It may not always be appropriate to go through all four stages sequentially, if a child is in immediate danger or is at risk of harm, the DSL must refer to police or social care without delay, so it is important staff share any concerns in a timely manner to ensure children are safe.

Staff members working with children are advised to maintain an attitude of 'it could happen here' where safeguarding is concerned.

When worried about the welfare of a child, staff members should always act in the interests of the child and report any concerns as per school procedures as set out below.

Staff concerns about a child / young person's wellbeing, are likely to be based on:

- Something the child/young person/parent has told them;
- Something they have noticed about the child's behaviour, health, or appearance;
- Something another professional said or did.

Even if staff believe their concern is minor, it is always their responsibility to share concerns no matter how small. The DSL may have more information that, together with what staff have shared, represents a more serious worry about a child. It is never up to a staff member to make their decision alone on how to respond to concerns.

5. Responding to a Disclosure

It takes a lot of courage for a child to disclose that they are being neglected and or abused. They may feel ashamed, particularly if the abuse is sexual, their abuser may have threatened what will happen if they tell, they may have lost all trust in adults, or they may believe, or have been told, that the abuse is their own fault.

It should be remembered that sometimes children will not feel ready or know how to tell someone that they are being abused, exploited or neglected, and/or they may not recognise their experiences as harmful – KCSIE 2022.

If a child talks to any member of staff about any risks to their safety or wellbeing it is very important that staff let them know that they must pass the information on. Under no circumstances should staff keep any secrets for children.

Staff/volunteers/contractors should:

- Decide whether they need to find out more by asking the child / young person, or their parent to clarify any concerns, being careful to use open questions: beginning with words like: 'how', 'why', 'where', 'when', 'who'?
- Let the child/young person/parent know what they plan to do next
- Not promise to keep what s/he tells them secret.
- Inform the DSL immediately. If the DSL is not available, inform the Deputy DSL.
- Make a written record as soon as possible after the event, noting:
 - Name of child
 - Date, time and place
 - Who else was present
 - What was said / What happened / What was noticed ... speech, behaviour, mood, drawings, games or appearance
 - If child or parent spoke, record their words rather than the staff member's interpretation
 - What you observed and why it is a cause for concern

During a conversation with the child staff should:

- Allow the child to speak freely and to continue at their own place.
- Stay calm; listen carefully to what is being said. Do not over react – the child may stop talking if they feel they are upsetting you.
- Give reassuring nods or words of comfort – 'I'm so sorry this has happened', 'I want to help', 'This isn't your fault', 'You are doing the right thing in talking to me'.
- Not be afraid of silences – remember how hard this must be for the child.
- Find an appropriate early opportunity to explain that it is likely that the information will need to be shared with others – never promise to keep secrets.
- Ask questions for clarification only and at all times avoid asking questions that suggest a particular answer.
- Reassure the child that they have done the right thing in telling you.
- Tell them what you will do next and with whom the information will be shared.

- Record in writing what was said using the child's own words as soon as possible, note the date, time, any names mentioned, to whom the information was given and ensure that the record is signed and dated.
- Consider having a colleague present.
- Under no circumstances is the designated person to attempt to carry out any investigation into the allegation.

Helpful statements to make, showing acceptance of what the child says, use phrases such as:

- That must have been upsetting / frightening.
- I am glad you felt able to tell me.
- It's not your fault.
- I will try to get the best help for you.

Do not say:

- Why didn't you tell anyone before?
- I can't believe it!
- Are you sure that this is true?
- Why? Who? When? Where?
- Never make false promises such as agreeing to keep information confidential – you can't.