



# Durrington High School Safeguarding and Child Protection Policy

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| <b>Compiled/ Reviewed and Updated</b>         | <b>Author:</b><br>Chris Woodcock | <b>Date of last update:</b><br>July 2024 |
| <b>Approval By:</b><br>DMAT Board of Trustees | <b>Date:</b><br>September 2024   | Annual                                   |
| <b>Draft until approved</b>                   |                                  |  |

# KEY CONTACT DETAILS

IF A CHILD IS IN IMMEDIATE DANGER, CALL THE **POLICE ON 999**

| Durrington High School   |                         |   |  |
|--|-------------------------|---|--|
| Role   | Name                    | Contact No.   | Email  |
| Designated safeguarding Lead<br><small>(with lead responsibility for Filtering and Monitoring)</small> | Lindsey Tunbridge-Adams | 07932 089 176<br>01903 705 670<br>or<br>01903 244957-ext. 244 | <a href="mailto:ltunbridge@durring.com">ltunbridge@durring.com</a> |
| Deputy Designated Safeguarding Lead  | Claire Hatchard         | 01903 244957-ext. 223   | <a href="mailto:chatchard@durring.com">chatchard@durring.com</a>   |
| Name and Role of Additional Safeguarding Lead support  | Kate Blight             | 01903 244957-ext. 284   | <a href="mailto:kblight@durring.com">kblight@durring.com</a>       |
| Name and Role of Additional Safeguarding Lead support  | John Fuller             | 01903 244957-ext. 264   | <a href="mailto:jfuller@durring.com">jfuller@durring.com</a>       |
| Name and Role of Additional Safeguarding Lead Support  | Lianne Allison          | 01903 244957-ext. 256   | <a href="mailto:lallison@durring.com">lallison@durring.com</a>     |
| Prevent Duty Leader  | John Fuller             | 01903 244957-ext. 264   | <a href="mailto:jfuller@durring.com">jfuller@durring.com</a>       |

|  |  |   |  |
|--|--|---|--|
| Lead for Filtering and Monitoring Implementation | Alex Robbins   | 01903 244957  | <a href="mailto:arobbins@durring.com">arobbins@durring.com</a>   |
| Local Authority Designated Officer               | Miriam Williams<br>Donna Tomlinson<br>Sally Arbuckle | <b>03302 226 450</b>                                  | <a href="mailto:LADO@WestSussex.gov.uk">LADO@WestSussex.gov.uk</a>                                     |
| Safeguarding in Education team (WSCC)            | Ali Hannant  | <b>03302 228 364</b>                                  | <a href="mailto:safeguarding.education@westsussex.gov.uk">safeguarding.education@westsussex.gov.uk</a> |
| IFD via WSCC SCP                                 | No named individual                                  | 01403 229 900<br><b>Out of Hours</b><br>03302 226 664 | <a href="mailto:WSChildrenservices@westsussex.gov.uk">WSChildrenservices@westsussex.gov.uk</a>         |

### SCHOOL SENIOR MENTAL HEALTH LEADS AND FIRST AIDERS

| Role                       | Name  |
|----------------------------|---|
| Senior Mental Health Leads | Lindsey Tunbridge-Adams (DSL)<br>John Fuller (DHT)<br>Lianne Allison (DHT)<br>Chris Woodcock (Co-Headteacher) |

### GOVERNANCE AND TRUST

|  |                             |
|--|-----------------------------|
| Safeguarding Link Governor for Durrington High School<br>With oversight for Filtering and Monitoring | Jane Squires                |
| DMAT Safeguarding Link Trustee <sup>[MP1]</sup>  | <a href="#">Niki Thomas</a> |
| DMAT Lead for Safeguarding and Education   | Pauline Montalto            |

|   |  |
|---|--|
| <a href="#">DMAT Advisor for Safeguarding</a>         | <a href="#">Lindsey Tunbridge- Adams</a> |
| DMAT Lead for Filtering and Monitoring Implementation | Alex Robbins                             |

### ADDITIONAL (EXTERNAL) SAFEGUARDING SUPPORT SERVICES

| Service/Role   | Website/Email   | Contact Number     |
|--|---|--------------------|
| NSPCC: Report child abuse  | <a href="#">Report Online / help@nspcc.org.uk</a>   | 0808 800 5000      |
| CEOP: Report online sexual abuse                                     | <a href="http://www.CEOP.police.uk">www.CEOP.police.uk</a>  |                    |
| Domestic abuse support   | <a href="#">Home - Safe In Sussex</a>   | 0330 333 7416      |
| Preventing extremism in schools                                      | <a href="mailto:counter.extremism@education.gov.uk">counter.extremism@education.gov.uk</a> Contact form | 020 7340 7264      |
| NSPCC: Whistleblowing  | <a href="#">NSPCC whistleblowing helpline help@nspcc.org.uk</a>   | 0808 800 5000      |
| Sussex Police  | <a href="#">Home   Sussex Police</a>  | 101 Non-urgent     |
| Community Safety Lead Officer for CHANNEL:<br><b>Beverley Knight</b> | <a href="mailto:Safeguarding.education@westsussex.gov.uk">Safeguarding.education@westsussex.gov.uk</a>  | Tel: 0330 222 4223 |

### LINKED POLICIES AND DOCUMENTS

|   | Link  |
|---|---|
| <b>DMAT</b> Disciplinary Procedure and Allegations (and concerns raised in relation to staff, supply staff, | <a href="#">DMAT Disciplinary Procedure</a> |

|  |  |
|--|--|
| contractors and volunteers)  |  |
| DMAT Whistleblowing Policy <sup>[MP2]</sup>  | <a href="#">DMAT Whistleblowing Policy</a>   |
| School Behaviour Policy  | <a href="#">DHS Student Behaviour Policy</a>   |
| Health and Safety Policy <sup>[MP3]</sup>  | <a href="#">DHS Health and Safety Policy</a>   |
| Keeping Children Safe in Education (DfE 2024)  | <a href="#">Keeping children safe in education 2024 (publishing.service.gov.uk)</a>                                    |
| Working Together to Safeguard Children (updated 2024) _  | <a href="#">Working together to safeguard children 2024: statutory guidance (publishing.service.gov.uk)</a>            |
| Keeping Children Safe in Out of School Settings guidance   | <a href="#">Keeping Children Safe in Out of School Settings guidance</a>   |
| DFE Behaviour in Schools Guidance (2024).  | <a href="#">Behaviour in Schools - Advice for headteachers and school staff Feb 2024 (publishing.service.gov.uk) .</a> |
| <b>The Children Act 1989</b> (and <b>2004 amendment</b> ) provides a framework for the care and protection of children.  | <a href="#">The Children Act 1989</a><br><a href="#">2004 amendment</a>  |
| Section 5B(11) of the Female Genital Mutilation Act 2003, as inserted by section 74 of the Serious Crime Act 2015, which places a statutory duty on teachers to report to the police where they discover that female genital mutilation (FGM) appears to have been carried out on a girl under 18. | <a href="#">Serious Crime Act 2015.</a>  |

|  |  |
|--|--|
| Statutory guidance on FGM, which sets out responsibilities with regards to safeguarding and supporting girls affected by FGM.  | <a href="#"><u>Statutory guidance on FGM,</u></a>  |
| <b>The Rehabilitation of Offenders Act 1974</b> , which outlines when people with criminal convictions can work with children. | <a href="#"><u>The Rehabilitation of Offenders Act 1974</u></a>                              |
| Schedule 4 of the Safeguarding Vulnerable Groups Act 2006, which defines what regulated activity is in relation to children    | <a href="#"><u>Safeguarding Vulnerable Groups Act 2006</u></a>                               |
| Statutory guidance on the Prevent duty, which explains schools' duties under the Counter-Terrorism and Security Act            | <a href="#"><u>Statutory guidance on the Prevent Duty</u></a>                                |
| Meeting digital and technology standards in schools and colleges 2024  | <a href="#"><u>Meeting digital and technology standards in schools and colleges 2023</u></a> |

# Introduction and Policy Statement

**Safeguarding** and promoting the welfare of children for the purposes of this policy is defined as per is defined by [Keeping Children Safe in Education 2024](#) as:

- providing help and support to meet the needs of children as soon as problems emerge
- protecting children from maltreatment, whether that is within or outside the home, including online
- preventing the 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
- taking action to enable all children to have the best outcomes.

**Child Protection** is defined in the Children Act 1989 (s.47) as when a child is suffering or is likely to suffer significant harm.

Under statutory guidance and legislation action must be taken to safeguard and promote the child's welfare.

**Durrington High School** is committed to providing Safeguarding and Child Protection in order to promote the welfare of all its pupils.

Schools and their staff are an important part of the wider safeguarding system for children. Staff are in a position to identify concerns early, provide help for children, promote children's welfare and prevent concerns from escalating. This system is described in the statutory guidance [Working Together to Safeguard Children](#).

All schools are required to have a Safeguarding and Child Protection Policy that guides the procedures and practices of staff when safeguarding children and promoting their welfare. The school takes its duty towards all its pupils who have been entrusted to its care very seriously and seeks to provide a school environment where all children are safe, secure, valued, respected, and listened to.

We understand the term *Safeguarding* to mean that we will take all reasonable measures to ensure that the risk of harm to children's welfare is minimised. We also understand that where we have any concerns about a child's welfare, we will take

all appropriate action to address those concerns by working in full partnership with other agencies.

**Durrington High School** believes that a range of other school policies are central to many aspects of the school's Early Help, Safeguarding and Child Protection Policy, and this document should therefore be read in conjunction with the policies and procedures which are referenced throughout this policy.

Within this policy, the definition of a child includes everyone under the age of 18.

Our school procedures for safeguarding children will always be compliant with the [Pan Sussex Child Protection Procedures](#) and adhere to local safeguarding arrangements.

Procedures will be followed by all adults, including peripatetic teachers, volunteers and agency staff, working with, or on behalf of the school, through regular briefings, training and safeguarding guidelines documents. All adults working with children are expected to maintain an attitude of 'it could happen to a child we know/happen here' where safeguarding is concerned. When concerned about the welfare of a child, staff members will always make decisions in the best interests of the child. This includes staff raising concerns about another member of staff (or visitor) if/when their behaviour causes a low-level concern, or they believe more directly presents a risk to a child.

KCSIE 2024 is, and will remain, the overarching guidance document for safeguarding and child protection matters and is the document upon which this policy is based for 2024/25. This policy will be reviewed in July each year, and each time there is an update or change to government guidance and is available to all parents either in hard copy or from our website.

Staff with leadership responsibility in relation to safeguarding will have a thorough understanding of all aspects of KCSIE. In addition:

1. Those in Regulated Activity, who work directly with children, must read at least Part One
2. Those who do not work directly with children (as determined by HT within the school) must read either Part One or Annex A.
3. Annex B contains important additional information about specific forms of abuse and safeguarding issues. School leaders and those staff who work directly with children should also read Annex B.



**Staff:** Where the word staff is used, it applies to all employees, it also applies to anyone training, consultants, agency staff, casual staff and volunteers (including governors and trustees). They will be collectively referred to as staff in this policy.

**Third parties:** This term relates to adults who are related to the organisation and who work on our site/with our pupils/. They are also covered by this policy (examples include cleaning, catering staff contractors, peripatetic staff who work in the school). Please see information later in section 2 in relation to external hirers of the school facilities.

External scrutiny is a key part of auditing and quality assurance. External scrutiny will be carried out by appropriately experienced individuals who are not staff, governors or trustees annually.

All staff in DMAT will receive the same training from a recognised provider. Training will be provided at the beginning of every academic year and also when staff join during the school year. Records will be kept and scrutinised to ensure all staff access the training in a timely manner.

Governors in all DMAT schools and trustees will receive regular, appropriate, up to date training. Senior leaders in schools will provide regular safeguarding reports for governors and DMAT leaders will report to the Board of Trustees. Information passed to governors and trustees will be appropriate to the individual roles and meetings. Trustees will receive an overview covering all settings which includes data on trends over time, key changes etc. The named Safeguarding governor will also assume oversight for Filtering and Monitoring, as per KCSIE 2024.

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# Our approach

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**Durrington High School's** key actions and approach to safeguarding and protecting children is central to all that we do. This includes\*:

## 1.1 With students/pupils

Teaching them about safeguarding (including staying safe online, appropriate relationships and risk-taking behaviour\*) through various forums. These include\*: assemblies, workshops, group and one-to-one sessions, period 1 activities, dedicated lessons themed around SME and part of a wider broad and balanced curriculum. We also:

- support children's development in ways that will foster security, confidence and independence
- systematically monitoring children thought or known to be at risk of harm, ensuring we contribute to assessments of need and support packages for those children
- work to create a culture across the school in which every child feels safe, secure, valued, respected and feels confident in speaking to a trusted member of staff (adult) if they are worried about anything.
- focus on educating children, preparing them for life in modern Britain and reinforcing a culture of zero tolerance for all forms of discriminatory and harmful behaviour. This will include behaviours such as sexism, misogyny, homophobic, biphobic and transphobic bullying and and sexual violence/harassment\*.

## 1.2 With parents/carers

We:

- support parents/carers with practical guidance on how to keep their children safe online and a range of other relevant safeguarding issues\*
- are proactive (where it is deemed appropriate to) in communicating with parents/carers in situations when we have worries about their child (and it is appropriate to do so)
- share with parents/carers places they can access support outside of school (for example\* from other professionals, agencies and the charitable sector) positively encouraging them to engage with the support on offer (both statutory and charity based).

## 1.3 With staff

We:

- make it a priority to train & update staff regularly to ensure that all aspects of safeguarding, including online safety remain at the forefront of what we do and all statutory responsibilities are consistently met
- emphasise the need for timely and high-quality communication between all members of staff and between the school and other agencies
- have in place and regularly review clear, structured procedures within the school which are followed by all staff in the case of every situation where it is suspected a child may be at risk of harm
- ensure that more specialist staff (for example those in pastoral/welfare roles and any others who wish to) receive more specialist safeguarding training focused around:
  - Emerging safeguarding concerns within our pupil/student population
  - Contextual safeguarding issues from within the community
  - Wider issues/concerns that are emerging nationally
  - Any other issue/topic that could lead to a child/children being at increased risk.
- have in place a secure system (CPOMS) in place for logging all safeguarding and child protection concerns. This system being actively used by all and audited regularly for effectiveness
- ensure that all staff (and adults who have regular access to children as part of their role visiting school) have been recruited and checked as to their suitability in accordance with Part Three of Keeping Children Safe in Education
- have in place a staff code of conduct which details exactly what is expected in terms of staff behaviour in a number of areas.

**All staff have a responsibility to keep up-to-date in their knowledge and understanding of Safeguarding and Child Protection**

#### 1.4 With external agencies

We:

- purposefully develop and secure effective working relationships with key partner organisations involved in safeguarding for example\* Police, Health and Children's Services
- have a detailed understanding and are robust in the use of escalation procedures in cases where the needs of the child (or family) are not being adequately assessed, planned for or met.

#### 1.5 When recruiting staff

We ensure that:

- at each stage of the recruitment process there is clear and direct reference to safeguarding checks that will be undertaken
- the recruitment process is completed in full with those responsible for appointments being trained and following the processes of safer recruitment
- every employee has a completed range of checks before commencing work in school
- Potential candidates are made aware that online searches and social media checks will be carried out

The above actions/our approach will be consistent and in line with statutory guidance and frameworks.

## 2.1 Key responsibilities

- Every member of staff who has front-facing interaction with pupils/students on a daily basis will be directed to read (and be asked to sign to say that they have read) Keeping Children Safe in Education (2024) Part 1. Those staff who have non-front facing roles will be directed to read Annex 1.
- Every member of staff will also be directed (and tracked) in completing the EduCare KCSIE updated Child Protection refresher training. This will be at the start of the academic year with staff joining later in the year being expected (and tracked) to complete the same training to ensure they are fully up-to-date regarding Child Protection and school processes in relation to this. All staff will also complete awareness training regarding online safety.
- All new staff will have an additional safeguarding induction session with the DSL to gain a greater understanding of the 'local picture' of safeguarding and to be clear on internal reporting procedures.

## 2.2 Staff Awareness

All staff should be aware of, and as necessary, follow:

- the signs of abuse and whom they should report any concerns or suspicions to.
- who the key members of the safeguarding team are in school and how to contact them. In addition (or in exceptional circumstances, such as in an emergency or a genuine concern that appropriate action has not been taken) staff members should also be aware that they can speak directly to Children's Social Care.
- the procedures for handling suspected cases of abuse of children, including procedures to be followed if a child harms another child or a member of staff is accused of abuse, or suspected of abuse.

- the Pan-Sussex Child Protection & Safeguarding Procedures (produced by West Sussex, East Sussex, and Brighton & Hove) and available as an electronic copy at <http://pansussexscb.proceduresonline.com/index.htm>

### 2.3 Staff with more specialist roles within child protection and safeguarding e.g. SLT safeguarding leads and/or pastoral leaders, depending on school phase, will also:

- undertake more frequent, specialist training in areas related to both safeguarding and child protection (examples being child exploitation, county lines, fabricated illness, contextual safeguarding\*) so as to deepen their understanding of how to recognise and what to do if a child/children present with more specific safeguarding concerns.
- be expected to engage with regular safeguarding updates (for example via e-bulletins, online sessions/videos and wider shared theme specific updates; this to widen their knowledge and deepen their understanding of safeguarding.

DSL and identified members of the wider safeguarding team will complete formalised child protection training every two years alongside being expected to regularly update themselves on:

- key safeguarding updates
- new guidance information from a range of outside agencies/ specialists
- updated child protection advice and guidance from West Sussex Safeguarding Children Partnership.

### 2.4 Responsibilities of the school Governing Body

Statutory expectations state that local governing bodies, trustees and proprietors must ensure that they comply with their duties under legislation. They must also have regard to this guidance to ensure that the policies, procedures and training in their schools or colleges are effective and comply with the law at all times.

**Durrington High School** has a named governor for child protection: **Jane Squires**

The responsibilities placed on governing bodies and proprietors include:

- Ensuring the school has a named Designated Safeguarding Lead for child protection and that this person undergoes refresher child protection training at a maximum interval of every two years.

- Ensuring that an effective child protection policy (within this document) is in place, delivered and reviewed annually, together with the staff code of conduct and ICT acceptable use policy.
- Ensuring that schools and colleges create a culture of safe recruitment and, as part of that, adopt recruitment procedures that help deter, reject or identify people who might abuse children (Part Three: Safer Recruitment. Keeping Children Safe in Education (KCSIE) 2024).
- Ensure that the policies include all statutory information and that policies are available to staff and wider stakeholders (including temporary staff and volunteers).
- Ensuring that staff, when they commence work within the school are inducted and trained in accordance with child protection & safeguarding expectations.
- Ensuring DSL keeps an up-to-date training completion log.
- Contributing to inter-agency working, which includes providing a coordinated offer of early help when additional needs of children are identified. This includes allowing access for children's social care from the host Local Authority and, where appropriate, from a placing Local Authority, for that Authority to conduct, or to consider whether to conduct, a section 17 or a section 47 assessment.
- Ensuring that at least one member of each staff appointment panel has attended safer recruitment training.
- Being aware that information regarding sexual violence and harassment between children is now within KCSIE 2024.
- Ensuring that the school keeps an up to date single central record of all staff and volunteers and the dates of all appropriate safeguarding checks.
- Monitoring the adequacy of resources committed to child protection, and the staff and governor training profile.
- Recognising that neither it, nor individual governors, have a role in pursuing or managing the processes associated with individual cases of child protection, nor a right to know details of such cases, except when exercising their disciplinary functions in respect of allegations against staff.
- Ensuring that the Safeguarding/ child protection policy is consistent (and supported) by other policies e.g. the ICT and Social Media policy, the Behaviour Policy (inc. anti-bullying), and the Health and Safety policy, to ensure the coverage of safeguarding in all contexts is comprehensive.
- Prioritising the welfare of children and young people and creating a culture where staff are confident to challenge senior leaders over any safeguarding concerns.
- Giving consideration as to how children may be taught about safeguarding, including online, through teaching and learning opportunities, as part of providing a broad and balanced curriculum.

The Safeguarding Lead governor/ trustee will also be responsible for ensuring that filtering and monitoring standards are met.



The nominated governor for child protection should agree with the governing body how these responsibilities should be monitored and reported.

## 2.5 External users of the school site

External groups working with children may use the school site outside of the school day, through the lettings process. These groups working with children, as part of the letting agreement, are required to have an up to date safeguarding policy which is held centrally with the lettings team. The school does not have the responsibility to check individual DBS – this lies with the external group running the activity.

## 2.6 School inspections and Child Protection

The governing body recognises that from September 2019 Ofsted's inspection of early years, schools and post-16 provision will be carried out under the inspection framework [www.gov.uk/government/publications/educationinspection-framework](http://www.gov.uk/government/publications/educationinspection-framework)

It is recognised that inspectors will always report on whether (or not) arrangements for safeguarding and learners are effective. The governing body will ensure that they are familiar with the new inspection framework and inspecting safeguarding and how the associated documents can be used to monitor the safeguarding framework within the school.

### The Designated Safeguarding Lead

The Designated Safeguarding Lead in this school is: **Lindsey Tunbridge-Adams**

A number of staff are available (and trained) to provide operational support to the DSL including:

- **Claire Hatchard**
- **Kate Blight**
- **John Fuller**
- **Lianne Allison**
- **Chris Woodcock**

## 2.7 Filtering and monitoring of school networks

Filtering, at the point of entry and exit, acts as part of the firewall to prevent pupils/students and staff from accessing potentially harmful/harmful content.

Monitoring also occurs across all school devices (whether used on or off site). A layered approach is in place (both in a live and summative way) to monitor searches. Specifically tracked are what anyone using the school network or devices are searching for, from what access point and when.

DMAT will procure filtering and monitoring systems which are fit for purpose. School IT leaders/ DSL will document decisions on what is blocked or allowed and why. The effectiveness of the provision will be reviewed as part of the external scrutiny of safeguarding processes and findings will be reported to governors and trustees.

A clear and robust ICT acceptable use is in place (inclusive of reporting mechanisms) to both educate and also deter individuals from attempting to access harmful content. DMAT policies are regularly updated to reflect the current local and national context. Outside of school the security software providers also update their filters in line with the national picture.

The DSL and IT Lead will work closely together with IT service providers to meet the needs of the setting so that flagging and filtering are relevant/ appropriate and any searches of concern are flagged urgently and acted upon quickly and correctly.

Filtering and monitoring systems should be regularly reviewed due to the ever-changing climate of the online world.

### 3. School specific procedures

If any member of staff is concerned about a child / children they must:

- inform the DSL or the Deputy deputy. This is normally done via a CPOMS record unless the situation is adjudged urgent by the member of staff. For urgent issues the member of staff will either contact the DSL directly or contact duty staff to lead on the concern. If both the DSL and Deputy DSL are unavailable then another one of the wider DSL trained staff will be contacted.

All concerns safeguarding and child protection concerns must be recorded on our centralised CPOMS system, this following the process we use in school ensures that the correct staff are alerted to the concern and then they too can act in the best interests of the child. Staff have been trained (and directed) to ensure that recordings are clear, precise and factual accounts of the observations. Opinions will be avoided, however factual observations about a child's presentation, demeanour or emotional

state may be recorded. All recording and alerting must take place on the same day as the concern.

The DSL/Deputy DSL (or other DSL trained member of staff listed above) will decide whether the concerns should be referred to the Integrated Front Door (IFD). If it is decided to make a referral to the IFD this will be discussed with the parents, unless to do so would place the child at further risk of harm. (The IFD will provide advice on this question if there is a concern here). Particular attention will be paid to:

- the attendance and development of any child about whom the school has concerns, or
- any child who has been identified as being the subject of a child protection plan and a written record will be kept.

The DSL will also:

- inform the child's social worker (if one is already allocated)
- inform other relevant staff of what are deemed relevant details (if necessary, training will be arranged).

Staff have a duty to refer safeguarding concerns to the DSL. However, if:

- concerns are not taken seriously by an organisation or
- action to safeguard the child is not taken by professionals and
- the child is considered to be at continuing risk of harm

then staff should speak to the DSL or Headteacher and/or contact a manager in the IFD and consider using the West Sussex Escalation Policy. In addition, there are systems in place to escalate concerns via and outside the termly conversation process held between the DSL and service leads at West Sussex Children's Services.

If, at any point there is a risk of immediate serious harm to a child, a referral should be made to the IFD immediately. Anybody can make a referral. If the child's situation does not appear to be improving the staff member with concerns should press for reconsideration. Concerns should always lead to help for the child at some point.

If the allegations concern harm perpetrated by children in the school, then staff should follow section [8.14 Children who Harm Other Children | Sussex Child Protection and Safeguarding Procedures Manual](#)

#### **4. Guidance on when to be concerned**

All school and college staff should be aware that abuse, exploitation, neglect and safeguarding issues are rarely standalone events that can be covered by one definition or label. In most cases, multiple issues will overlap with one another. All staff and volunteers should be aware of the main categories of abuse:

**4.1 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. 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. They may be abused by an adult or adults or by another child or children.*

**4.2 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.*

**4.3 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 may include interactions that are beyond a child's developmental capability as well as overprotection and limitation of exploration and learning, or preventing the child from 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.*

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

*other children. The sexual abuse of children by other children is a specific safeguarding issue in education (see paragraph 50).*

**4.5 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, for example, 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.*

For further details of these categories please see Appendix A.

## **5. Safeguarding and Mental Health**

Keeping Children Safe in Education 2024 makes a clear link between mental health and safeguarding. This definition is clearly outlined in KCSiE 2024 (Para 4).

Staff have a vital role in identifying potential mental health concerns within children and supporting good mental wellbeing. Promoting the welfare of children includes preventing the impairment of children's mental health (as well as physical health) and development and all staff should be aware that mental health problems can be an indication of abuse, neglect or exploitation (KCSiE para's 34 to 38).

Staff will be given training to understand how adverse experiences, like abuse, exploitation and neglect, can have a lasting impact on a child's mental health, behaviour and education.

Whilst only professionals should diagnose mental health problems, staff are well placed to identify at an early stage behaviour which may indicate a child is experiencing mental health problems or at risk of developing them.

Staff should immediately raise any mental health concerns with one of the Designated Safeguarding Leads. Concerns will be assessed as to whether this constitutes an

onward referral to external agencies or can be managed in partnership with parents/carers/other agencies internally via our existing systems of support.

## 6. Other areas of risk requiring particular attention

In addition, school staff should be aware of the specific safeguarding issues listed below. Schools should ensure that, where such risks may be more likely, staff are guided on how to understand and act accordingly where there is concern\* about:

- child sexual exploitation (CSE)/child criminal exploitation (CE/CCE) - see also Annex B page 142
- serious violence
- bullying including cyber bullying
- children with SEND
- domestic violence
- drugs
- fabricated or induced illness
- faith abuse
- female genital mutilation (FGM) – see also Appendix C page 28
- forced marriage
- gangs and youth violence
- gender-based violence/violence against women and girls (VAWG)
- mental health
- private fostering
- preventing radicalisation - see also Appendix C page 29
- sexting
- upskirting
- teenage relationship abuse
- trafficking
- self-harm
- child on child abuse
- poor attendance/children missing in education (CME) see also Appendix B page 25. There is new attendance guidance in force from [August 2024 in Working Together to Improve School Attendance](#).
- Experience of multiple suspensions or at risk of permanent exclusion or in alternative provision or PRU

Links to many of these topics can be found in Keeping Children Safe in Education [Keeping children safe in education: for schools and colleges](#)

## 6.1 Information and actions specific to children already identified as being at greater levels of risk of harm.

Abuse can happen to anyone, but research shows that some children who have experienced abuse share similar characteristics. These characteristics mean they may be more vulnerable in terms of being harmed or exploited.

The presence of one (or more) of these characteristics does not automatically mean a child will experience abuse, exploitation or neglect – and not having any of them is not a guarantee that a child will never be harmed, but these challenges are often interlinked and the more problems a child and their family are experiencing, the greater the risk of the child coming to harm.

Whilst all schools subscribe to, and will focus on, early intervention as/when a concern arises there are some children (e.g. those identified as more vulnerable) where more urgent action will be prioritised by the school. Urgent action may include a range of different activities/tasks being taken on a shortened timeframe. Examples of this include reporting children as missing to home/police and/or contact to the IFD/named social worker).

Through training staff will be aware of the presence or potential presence of risk factors and will share information in line with the safeguarding policy.

## 7. Confidentiality

As a general principle all matters relating to child protection are confidential and should only be shared on a 'need-to-know' basis. Information sharing is based on the guidance

document [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1062969/Information\\_sharing\\_advice\\_practitioners\\_safeguarding\\_services.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1062969/Information_sharing_advice_practitioners_safeguarding_services.pdf) (2018)

The Headteacher or DSL will disclose any child protection related information about a child to other members of staff on a 'need to know' basis only. All staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard children.

The intention to refer a child to Children's Services will be shared with parents /carers unless to do so could put the child at greater risk of harm, or impede a criminal investigation. If in doubt, a Practice Manager at the Integrated Front Door will be consulted.

A Data Protection Toolkit for schools is provided in Keeping Children Safe in Education 2024 Paragraph 121.

## 8. Staff management of disclosure(s)

If a child discloses that they have been abused in some way the member of staff (or volunteer) will:

- accept what the child says
- stay calm, the pace should be dictated by the child without them being pressed for detail by asking leading questions such as "did x touch you there?" It is our role to listen - not to investigate
- use open questions such as "Is there anything else you want to tell me?" or "yes?" or "and?"
- Take care in your language so as not to burden the child with guilt by asking questions like "Why didn't you tell me before?" but you could ask 'Have you spoken to anyone else about this?'
- acknowledge how hard it was for the child to tell you
- do not criticise the perpetrator, the child might have a relationship with them
- do not promise confidentiality, but reassure the child that they have done the right thing, explain whom you will have to tell (the designated lead) and why; and, depending on the child's age, what the next stage will be. It is important that you avoid making promises that you cannot keep such as *"I'll stay with you all the time"* or *"It will be all right now"*
- as a general rule staff should not "pass on" the child to another member of staff mid-disclosure

When recording information:

- Make some brief notes at the time or immediately afterwards; record the date, time, place and context of disclosure or concern. Record facts and what is said verbatim. Avoid making/recording any assumption or interpretation.
- If it is observation of bruising or an injury try to record detail e.g. "right arm above elbow". The body map tool in CPOMS should be used to aid with this. Do not take photographs.



- Note the non-verbal behaviour and use the exact words used by the child (try not to translate into 'proper terms').
- It is important to keep these original notes and pass them on to the designated member of staff who may ask you to write a referral.
- Staff must alert one of the DSL's immediately if they have a concern about imminent risk of harm to a child. Any concern relating to a child must be recorded on CPOM's (clear guidance has been issued to all staff) by the end of the same school day.
- Staff can record information directly onto CPOMs however should consider the situation carefully; specifically if the direct use of CPOMs may impede the disclosure in any way

It is recognised that staff working in a school who have become involved with a child who has suffered harm, or appears to be likely to suffer harm may find the situation stressful and upsetting. The school will support such staff by providing an opportunity to talk through their anxieties with specialist staff and/or services including access to a free, 24/7 and confidential counselling service.

DSLs and other senior colleagues will make themselves available to support colleagues who may find particular situations relating to safeguarding/disclosures distressing.

## 8.1 Record Keeping

All records regarding a concern about a child must;

- Be recorded on CPOMS by the end of the same school day.
- Be a clear and comprehensive summary.
- Detail how the concerns were followed up and resolved/referred on and by whom.
- Note the actions taken, decisions reached and the outcome.
- Any original written notes/record should be passed hand-to-hand to one of the DSLs who will be responsible for scanning them and saving them on the linked CPOMS record.

It is normal that the record in relation to a specific concern may be multi-parted and demonstrate input from a number of different staff e.g. person disclosed to, DSL managing the disclosure and follow up and other staff with responsibility for the child's welfare.

The school will provide as much information as possible to help Children's Services and in particular, provide a context outside of the home and this will be done in a timely manner.

## 9. Allegations against staff and all those who visit the school

All concerns about individuals who visit the school (contractors, third party professionals, etc.) follow the same LADO procedures as those who work for the school.

An allegation is any information which indicates that a member of staff, agency staff member or volunteer may have:

- Behaved in a way that has, or may have harmed a child.
- Possibly committed a criminal offence against/related to a child.
- Behaved towards a child or children in a way which indicates she/he would pose a risk of harm if they work regularly or closely with children.
- Behaved or may have behaved in a way that indicates they may not be suitable to work with children.

This applies to any child the member of staff/volunteer has contact with at any time be this within school or outside of school hours in the wider community or home setting.

The person to whom an allegation is first reported should take the matter seriously and keep an open mind. She/he should not investigate or ask leading questions if seeking clarification. It is important not to make assumptions. Confidentiality should not be promised and the person should be advised that the concern will be shared on a 'need to know' basis only.

### 9.1 Actions to be taken include:

Making an immediate written record of the allegation using the informant's words - including time, date and place where the alleged incident took place, brief details of what happened, what was said and who was present. This record should be signed, dated and immediately passed on to the headteacher/ co-headteacher.

Concerns about a headteacher should be referred to the chair of governors, as appropriate. The Chair of Governors in this school is: **Kerry Jones**. In the absence of the Chair of Governors, the Vice Chair should be contacted. The Vice Chair in this school is: **Robin Rogers**

Contact with the Chair or the Vice Chair of Governors can be made through the school office. If for any reason this causes a delay (for example the office is closed) then the concerns should be referred to the LADO (see Appendix E of this document for contact details)

## 9.2 Upon receipt of an allegation

The recipient of an allegation **must not** unilaterally determine its validity, and failure to report it in accordance with procedures is a potential disciplinary matter.

A headteacher (or Chair) will not investigate the allegation itself, or take written or detailed statements, but will assess whether it is necessary to refer the concern to the **LADO@westsussex.gov.uk (secure) Phone: 0330 222 6450**

If the allegation meets any of the four criteria set out at the start of this section, contact should always be made with the Local Authority Designated Officer without delay and a formal referral should be submitted within one working day. If it is decided that the allegation meets the threshold for safeguarding, the next steps will take place in accordance with section 8.2 of the Sussex Child Protection and Safeguarding Children Procedures.

It may also be judged necessary to report the allegation to the police, this being if there is a suspicion or believe that a member of staff through their actions has broken the law or poses an immediate risk to themselves or others. The decision to immediately involve the police will normally be taken in conjunction with the LADO and is that of the school headteacher.

If, at the completion of the allegation's management process, the school dismisses an individual (or would have, had the person not left first) because the person poses a risk of harm to children, the school will make a referral to the Disclosure and Barring Service as per the legal requirement to do so.

If it is decided that the allegation does not meet the threshold for safeguarding, it will be handed back to the employer for consideration, (or to the Chair of Governors where the allegation made is against the headteacher) via the school's internal procedures.

If it is deemed that an allegation/concern does not meet threshold criteria to refer to the LADO at the outset, this can be managed under school procedures as a 'low level

concern' and this will be dealt with via staff conduct procedures (note the LADO may still be consulted to discuss thresholds).

### 9.3 Low level concerns threshold/action

Low level concerns will be treated seriously.

A low-level concern is any concern that an adult has acted in a way that:

- is inconsistent with the staff Code of Conduct, including inappropriate conduct outside work;
- does not meet the threshold for referral to the LADO, this being determined by the DSL/Headteacher/s.

Examples include:

- being overly friendly with a child or having a favourite/ favourites;
- taking photographs of a child on a personal mobile device;
- engaging in 1:1 activity in a secluded area or behind a closed door;
- using sexually inappropriate, intimidating or offensive language in the presence of a child.

(KCSIE 2024)

The school will always promote a culture of and create an environment whereby staff feel able to self-refer to the DSL or another member of leadership staff if they believe their conduct has fallen below expected professional standards. Staff will be made aware of this process through training.

Equally, it is a clear expectation that if any member of staff notes a concern (whether one-off or cumulatively) relating to the conduct of another member of staff (regardless of their role within the school) this must be reported (and followed up in writing) to **Chris Woodcock and Shaun Allison**.

A low-level concerns log will be kept to centralise and track issues that arise and actions taken. This will enable the school to establish whether there are any patterns of concern that will need further follow up and support, or a consideration for referral to the LADO. In the case where a concern is adjudged borderline (i.e. it could meet

the threshold for a referral to the LADO) the situation will be discussed by the Headteacher and DSL initially. The LADO may also be contacted as a further source of specialist professional advice this being pre any formal referral being made.

#### **9.4 Whistleblowing (confidential reporting)**

Staff members and/or volunteers are encouraged to raise any concerns that they may have regarding poor or unsafe practice directly with the school's leadership team. The [DMAT Whistleblowing Policy 2021-2022.docx - Google Docs](#) applies to all schools in the trust. This enables any member of staff or volunteers to make complaints about conduct within the school to a person outside the school on a confidential basis and without fear that their confidentiality will be breached. This policy will rarely be applicable where a referral of abuse or risk to a child needs to be reported unless that abuse or risk arises within the school itself. Referrals in such cases should be made to the headteacher or as indicated in this policy. Where the circumstances are such that a member of staff believes that a complaint can only safely be made to person outside the school then reference should be made to the trust's Whistleblowing Policy.

Staff can contact the NSPCC whistleblowing helpline on 0800 028 0285.

#### **10. Staff physical intervention between/with a pupil/(s)**

Physical intervention by staff is set out separately, (see staff handbook and behaviour policy) and acknowledges that staff must only ever use physical intervention as a last resort, when a child is endangering him/herself or others, and that at all times it must be the minimal force necessary to prevent injury to another person. Any staff physical intervention will follow the DFE guidance on Use of Reasonable Force in Schools.

Such events should be communicated to the headteacher/co-headteacher or a deputy headteachers who will direct any next steps.

Physical intervention of a nature which is adjudged to have been unnecessary in the circumstances and/or causes injury or distress to a child may be considered under child protection, allegations management (KCSIE 2024) and/ or disciplinary procedures.

#### **11. Health & Safety**

Our Health & Safety Policy, set out in a separate document, reflects the consideration we give to the protection of our children both physically within the school environment, and for example in relation to internet use, and when away from the school when undertaking school trips and visits.

We recognise that some pupils/students will sometimes negatively affect the learning and wellbeing of others and their behaviour will be dealt with under the school's Behaviour Policy.

# APPENDICIES

## APPENDIX A Further Details: Indicators of harm

The following pages of appendix 1 set out in more depth signs/symptoms of different types of abuse. This appendix will be updated as/when updated guidance/best practice is released.

It is important to remember that 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.

### A 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.***

#### 1. Indicators in the child

##### ***Bruising***

It is often possible to differentiate between accidental and inflicted bruises. The following must be considered as non-accidental unless there is evidence, or an adequate explanation provided:

- Bruising in or around the mouth
- Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive)
- Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally, for example the back, mouth, cheek, ear, stomach, chest, under the arm, neck, genital and rectal areas
- Variation in colour, possibly indicating injuries caused at different times
- The outline of an object used e.g. belt marks, hand prints or a hair brush
- Linear bruising at any site, particularly on the buttocks, back or face
- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting
- Bruising around the face
- Grasp marks to the upper arms, forearms or leg

- Petechial haemorrhages (pinpoint blood spots under the skin.) Commonly associated with slapping, smothering/suffocation, strangling and squeezing

### **Fractures**

Fractures may cause pain, swelling and discolouration over a bone or joint. It is unlikely that a child will have had a fracture without the carers being aware of the child's distress.

If the child is not using a limb, has pain on movement and/or swelling of the limb, there may be a fracture.

There are grounds for concern if:

- The history provided is vague, non-existent or inconsistent
- There are associated old fractures
- Medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement
- Rib fractures are only caused in major trauma such as in a road traffic accident, a severe shaking injury or a direct injury such as a kick.
- Skull fractures are uncommon in ordinary falls, i.e. from three feet or less. The injury is usually witnessed, the child will cry and if there is a fracture, there is likely to be swelling on the skull developing over 2 to 3 hours. All fractures of the skull should be taken seriously.

### **Mouth Injuries**

Tears to the frenulum (tissue attaching upper lip to gum) often indicates force feeding of a baby or a child with a disability. There is often finger bruising to the cheeks and around the mouth. Rarely, there may also be grazing on the palate.

### **Poisoning**

Ingestion of tablets or domestic poisoning in children under 5 is usually due to the carelessness of a parent or carer, but it may be self-harm even in young children.

### **Fabricated or Induced Illness**

Professionals may be concerned at the possibility of a child suffering significant harm as a result of having illness fabricated or induced by their carer. Possible concerns are:

- Discrepancies between reported and observed medical conditions, such as the incidence of fits
- Attendance at various hospitals, in different geographical areas
- Development of feeding / eating disorders, as a result of unpleasant feeding interactions
- The child developing abnormal attitudes to their own health



- Non-organic failure to thrive - a child does not put on weight and grow and there is no underlying medical cause
- Speech, language or motor developmental delays
- Dislike of close physical contact
- Attachment disorders
- Low self esteem
- Poor quality or no relationships with peers because social interactions are restricted
- Poor attendance at school and under-achievement

### ***Bite Marks***

Bite marks can leave clear impressions of the teeth when seen shortly after the injury has been inflicted. The shape then becomes a more defused ring bruise or oval or crescent shaped. Those over 3cm in diameter are more likely to have been caused by an adult or older child.

A medical/dental opinion, preferably within the first 24 hours, should be sought where there is any doubt over the origin of the bite.

### ***Burns and Scalds***

It can be difficult to distinguish between accidental and non-accidental burns and scalds. Scalds are the most common intentional burn injury recorded.

Any burn with a clear outline may be suspicious e.g. circular burns from cigarettes, linear burns from hot metal rods or electrical fire elements, burns of uniform depth over a large area, scalds that have a line indicating immersion or poured liquid.

Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation. Scalds to the buttocks of a child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

The following points are also worth remembering in relation to Burns and Scalds:

- A responsible adult checks the temperature of the bath before the child gets in.
- A child is unlikely to sit down voluntarily in a hot bath and cannot accidentally scald its bottom without also scalding his or her feet.
- A child getting into too hot water of his or her own accord will struggle to get out and there will be splash marks

## **Scars**

A large number of scars or scars of different sizes or ages, or on different parts of the body, or unusually shaped, may suggest abuse.

## **2. Emotional / behavioural presentation**

A child's emotional/behavioural presentation may also give rise to concerns relating to physical abuse. This could include the child\*:

- Refusal to discuss injuries
- Admission of punishment which appears excessive
- Fear of parents being contacted and fear of returning home
- Withdrawal from physical contact
- Arms and legs kept covered in hot weather
- Fear of medical help
- Aggression towards others
- Frequently absent from school
- An explanation which is inconsistent with an injury
- Several different explanations provided for an injury

## **3. Possible indicators\* of physical abuse in the parent/carer:**

- May have injuries themselves that suggest domestic violence
- Not seeking medical help/unexplained delay in seeking treatment
- Reluctant to give information or mention previous injuries
- Absent without good reason when their child is presented for treatment
- Disinterested or undisturbed by accident or injury
- Aggressive towards child or others
- Unauthorised attempts to administer medication
- Tries to draw the child into their own illness
- Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault
- Parent / carer may be over involved in participating in medical tests, taking temperatures and measuring bodily fluids
- Observed to be intensely involved with their children, never taking a much needed break nor allowing anyone else to undertake their child's care
- May appear unusually concerned about the results of investigations which may indicate physical illness in the child
- Wider parenting difficulties may (or may not) be associated with this form of abuse.
- Parent / carer has convictions for violent crimes

#### 4. Indicators in the family/environment:

- Marginalised or isolated by the community
- History of mental health, alcohol or drug misuse or domestic violence
- History of unexplained death, illness or multiple surgeries in parents and/or siblings of the family
- Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement

## B 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.***

#### 1. Possible indicators in the child

- Developmental delay
- Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or no attachment
- Aggressive behaviour towards others
- Child scapegoated within the family
- Frozen watchfulness, particularly in pre-school children
- Low self-esteem and lack of confidence

- Withdrawn or seen as a 'loner' - difficulty relating to others
- Over-reaction to mistakes
- Fear of new situations
- Inappropriate emotional responses to painful situations
- Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)
- Self-harm
- Fear of parents being contacted
- Extremes of passivity or aggression
- Drug/solvent abuse
- Chronic running away
- Compulsive stealing
- Low self-esteem
- Air of detachment – 'don't care' attitude
- Social isolation – does not join in and has few friends
- Depression, withdrawal
- Behavioural problems e.g. aggression, attention seeking, hyperactivity, poor attention
- Low self-esteem, lack of confidence, fearful, distressed, anxious
- Poor peer relationships including withdrawn or isolated behaviour

## **2. Possible indicators in the parent /carer**

- Domestic abuse, adult mental health problems and parental substance misuse may be features in families where children are exposed to abuse.
- Abnormal attachment to child e.g. overly anxious or disinterest in the child
- Scapegoats one child in the family
- Imposes inappropriate expectations on the child e.g. prevents the child's developmental exploration or learning, or normal social interaction through overprotection
- Wider parenting difficulties may (or may not) be associated with this form of abuse.

## **3. Indicators of in the family/environment**

- Lack of support from family or social network
- Marginalised or isolated by the community
- History of mental health, alcohol or drug misuse or domestic violence
- History of unexplained death, illness or multiple surgeries in parents and/or siblings of the family
- Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement

## C NEGLECT

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

Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- protect a child from physical and emotional harm or danger
- ensure adequate supervision (including the use of inadequate caregivers)
- ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

### 1. Possible indicators in the child

Physical presentation

- Failure to thrive or, in older children, short stature
- Underweight
- Frequent hunger
- Dirty, unkempt condition
- Inadequately clothed, clothing in a poor state of repair
- Red/purple mottled skin, particularly on the hands and feet, seen in the winter due to cold
- Swollen limbs with sores that are slow to heal, usually associated with cold injury
- Abnormal voracious appetite
- Dry, sparse hair
- Recurrent / untreated infections or skin conditions e.g. severe nappy rash, eczema or persistent head lice / scabies/ diarrhoea
- Unmanaged / untreated health / medical conditions including poor dental health
- Frequent accidents or injuries

Developmental presentation\*

- General delay, especially speech and language delay
- Inadequate social skills and poor socialisation

### Emotional/behavioural presentation\*

- Attachment disorders
- Absence of normal social responsiveness
- Indiscriminate behaviour in relationships with adults
- Emotionally needy
- Compulsive stealing
- Constant tiredness
- Frequently absent or late at school
- Poor self esteem
- Destructive tendencies
- Thrives away from home environment
- Aggressive and impulsive behaviour
- Disturbed peer relationships
- Self-harming behaviour

## 2. Possible indicators in the parent/carer

- Dirty, unkempt presentation
- Inadequately clothed
- Inadequate social skills and poor socialisation
- Abnormal attachment to the child e.g. anxious
- Low self- esteem and lack of confidence
- Failure to meet the basic essential needs e.g. adequate food, clothes, warmth, and hygiene
- Failure to meet the child's health and medical needs e.g. poor dental health; failure to attend or keep appointments with health visitor, GP or hospital; lack of GP registration; failure to seek or comply with appropriate medical treatment; failure to address parental substance misuse during pregnancy
- Child left with adults who are intoxicated or violent
- Child abandoned or left alone for excessive periods
- Wider parenting difficulties may (or may not) be associated with this form of abuse

## 3. Possible indicators in the family/environment

- History of neglect in the family
- Family marginalised or isolated by the community.
- Family has a history of mental health, alcohol or drug misuse or domestic violence.
- History of unexplained death, illness or multiple surgeries in parents and/or siblings of the family

- Family has a past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.
- Dangerous or hazardous home environment including failure to use home safety equipment; risk from animals
- Poor state of home environment e.g. unhygienic facilities, lack of appropriate sleeping arrangements, inadequate ventilation (including passive smoking) and lack of adequate heating
- Lack of opportunities for child to play and learn

## **D SEXUAL ABUSE**

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

***The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.***

***They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet).***

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

### **1. Possible indicators in the child**

Physical presentation

- Urinary infections, bleeding or soreness in the genital or anal areas
- Recurrent pain on passing urine or faeces
- Blood on underclothes
- Sexually transmitted infections
- Vaginal soreness or bleeding
- Pregnancy in a younger girl where the identity of the father is not disclosed and/or there is secrecy or vagueness about the identity of the father

- Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing

## 2. **Possible Emotional / behavioural presentation**

- Makes a disclosure
- Demonstrates sexual knowledge or behaviour inappropriate to age/stage of development, or that is unusually explicit
- Inexplicable changes in behaviour, such as becoming aggressive or withdrawn
- Self-harm - eating disorders, self-mutilation and suicide attempts
- Poor self-image, self-harm, self-hatred
- Reluctant to undress for PE
- Running away from home
- Poor attention / concentration (world of their own)
- Sudden changes in school work habits, become truant
- Withdrawal, isolation or excessive worrying
- Inappropriate sexualised conduct
- Sexually exploited or indiscriminate choice of sexual partners
- Wetting or other regressive behaviours e.g. thumb sucking
- Draws sexually explicit pictures
- Depression

## 3. **Possible indicators in the parents**

- Comments made by the parent/carer about the child.
- Lack of sexual boundaries
- Wider parenting difficulties or vulnerabilities
- Grooming behaviour
- Parent is a sex offender

## 4. **Possible indicators in the family/environment**

- Marginalised or isolated by the community
- History of mental health, alcohol or drug misuse or domestic violence
- History of unexplained death, illness or multiple surgeries in parents and/or siblings of the family
- Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement
- Family member is a sex offender



## 5. **Specific Safeguarding Issues:**

More information regarding these issues can be found on the government websites - links available on the first page of this policy.

## **APPENDIX B**

### **Children Missing in Education / Children Absent from Education (CME/CAFE)**

**Durrington High School** follows the policy and guidance for West Sussex Schools. We will always notify the Local Authority when a child is removed from or added to roll (for whatever reason) at a non-standard transition point and keep our own records of this.

The nominated person for Children Missing Education in West Sussex is;  
Sarah Hughes, Senior Investigating Officer: 0330 222 2059  
[Sara.Hughes@westsussex.gov.uk](mailto:Sara.Hughes@westsussex.gov.uk)

Although many children have a positive experience of Elective Home Education (EHE), for some this may mean they are less visible to services which may be able to support them.

If a parent/carer expresses their intent to home educate a child, the school will always work in partnership with the Local Authority and relevant agencies and coordinate a meeting involving the parent/carer. It will remain the aim of the school to keep the child on roll in school and in full time education. This is particularly important if a child has special educational needs (SEND), disabilities and/or has a Social Worker.

### **Children missing from education and Children Absent from Education**

All staff should be aware that children going missing, particularly repeatedly, can act as a vital warning sign of a range of safeguarding possibilities. Knowing where children are during school hours is an extremely important aspect of safeguarding. Missing school can be an indicator of abuse, exploitation and neglect and may also raise concerns about other safeguarding issues, including the criminal exploitation of children. It may indicate mental health problems, risk of substance abuse, risk of travelling to conflict zones, risk of female genital mutilation or risk of forced marriage.

Staff should be aware of their school or college's unauthorised absence and children missing from education procedures.

Staff with specific responsibilities will lead intervention to identify the existence of any underlying safeguarding risk and to help prevent the risks of a child going missing in future. Staff should be aware of their school or college's unauthorised absence and children missing from education procedures. Taking action regarding absence helps prevent the risk of pupils becoming a child missing from education in the future (DFE guidance: [Working together to improve school attendance](#))

We monitor attendance very carefully and at multiple points during the school day. We address poor or irregular attendance without delay and will always follow up with parents/carers when pupils are not at school. This means we need to have a least two up to date contacts numbers for parents/carers. Parents should remember to update the school as soon as possible if the numbers change.

In response to the guidance in Keeping Children Safe in Education (2024) the school has:

- Staff who understand what to do when children do not attend regularly
- Appropriate policies, procedures and responses for pupils who go missing from education (especially on repeat occasions).
- Staff who know the signs/triggers for travelling to conflict zones, FGM and forced marriage.
- Procedures to inform the local authority when we plan to take pupils off-roll when they:
  - leave school to be home educated
  - move away from the school's location
  - remain medically unfit beyond compulsory school age or are in custody for four months or more (and will not return to school afterwards); or are permanently excluded

We will ensure that pupils who are expected to attend the school but fail to take up the place will be promptly referred to the local authority.

When a pupil leaves the school, we will record the name of the pupil's new school and their expected start date.

## APPENDIX C

### Further information on Child Exploitation (Sexual and criminal), Serious Violence, Female Genital Mutilation, Preventing Radicalisation, Honour Based Abuse, Sexting, Upskirting and Child on Child Abuse

#### 1. Children with a parent/carer in custody or affected by parental offending

These children are at risk of poor outcomes including poverty, stigma, isolation and poor mental health. NICCO provides information designed to support professionals working with offenders and their children, to help mitigate negative consequences for those children.

#### 2. 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. It may involve an exchange for something the victim needs or wants, and/or 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. It may or may not, be accompanied by violence or threats of violence

Child sexual exploitation:

- does not always involve physical contact: it can also occur through the use of technology. Like all forms of child sex abuse, child sexual exploitation:
- can affect any child or young person (male or female) under the age of 18 years, including 16 and 17 year olds who can legally consent to have sex;
- can still be abuse even if the sexual activity appears consensual;
- can include both contact (penetrative and non-penetrative acts) and noncontact sexual activity;
- can take place in person or via technology, or a combination of both;
- can involve force and/or enticement-based methods of compliance and may, or may not, be accompanied by violence or threats of violence;
- may occur without the child or young person's immediate knowledge (e.g. through others copying videos or images they have created and posted on social media);

- can be perpetrated by individuals or groups, males or females, and children or adults. The abuse can be a one-off occurrence or a series of incidents over time, and range from opportunistic to complex organised abuse; and
- is typified by some form of power imbalance in favour of those perpetrating the abuse. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, sexual identity, cognitive ability, physical strength, status, and access to economic or other resources.

**Some of the following signs may be indicators of child sexual exploitation:**

Children who:

- appear with unexplained gifts or new possessions;
- associate with other young people involved in exploitation;
- have older boyfriends or girlfriends;
- suffer from sexually transmitted infections or become pregnant;
- suffer from changes in emotional well-being;
- misuse drugs and alcohol;
- go missing for periods of time or regularly come home late
- regularly miss school or education or do not take part in education.

### **3. Child Criminal Exploitation**

Child Criminal Exploitation (CCE/CE) is a growing issue where groups target vulnerable children to get them to carry out criminal activity. CCE/CE occurs in all sectors of society. Child criminal exploitation (CCE) is a form of abuse where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child into criminal activity. It may involve an exchange for something the victim needs or wants, and/or for the financial or other advantage of the perpetrator or facilitator, and/or through violence or the threat of violence.

Children who have been exploited and/or trafficked should be treated as victims rather than suspects and usual reporting procedures for children at risk of harm should be followed

Staff should be aware of possible indicators of exploitation as above.

### **4. Serious Violence**

All staff in our school will be aware of the indicators which may signal that children are at risk from, or involved with serious violent crime. Staff will be aware of indicators such as;

- Being male
- Having experienced maltreatment in earlier childhood
- Increased absence from school and emerging patterns of exclusion within and from school
- Change of friendships and/or friendships with older individuals or groups
- Significant decline in performance in school
- Signs of self-harm or significant change in emotional wellbeing
- Signs of assault or injuries
- Unexplained gifts or new possessions
- Involvement in offending behaviour within the wider community

It is understood that such cases may be difficult to identify. The school will do everything they can to hear the voice of the child, enabling children to share concerns and worries and feel enabled to ask for help.

If there are concerns that a child is at risk of serious violence, a referral will be submitted to IFD for consideration.

Recent developments in developing a contextual safeguarding network can significantly increase the support for young people at risk of exploitation. Networks look at different aspects of potential abuse outside of the home and rely on effective partnership working within the local community.

## **5. 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. 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 yet 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 already taken place, can be found on pages 11-12 of the Multi-Agency Practice Guidelines referred to above. Staff should activate local safeguarding procedures, using existing national and local protocols for multi-agency liaison with police and children's social care. There is a mandatory duty on teachers to report disclosures on FGM about a female under 18 to the police.

### **Signs and Symptoms of FGM *Immediate effects***

- severe pain
- shock
- bleeding

- wound infections, including tetanus and gangrene, as well as blood-borne viruses such as HIV, hepatitis B and hepatitis C
- inability to urinate
- injury to vulval tissues surrounding the entrance to the vagina
- damage to other organs nearby, such as the urethra (where urine passes) and the bowel

FGM can sometimes cause death.

## 6. The Prevent Duty

As part of the Counter Terrorism and Security Act 2015, schools have a duty to prevent people becoming involved with or supporting terrorism. This has become known as the 'Prevent Duty'.

Where staff are concerned that children and young people are developing extremist views or show signs of becoming radicalized, they should discuss this with the Designated Safeguarding Lead.

The Designated Safeguarding Lead has received training about the Prevent Duty and tackling extremism and is able to support staff with any concerns they may have. 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. We are committed to ensuring that our pupils are offered a broad and balanced curriculum that aims to prepare them for life in modern Britain. Teaching the school's core values alongside the fundamental British Values supports quality teaching and learning, whilst making a positive contribution to the development of a fair, just and civil society.

### Recognising Extremism

Early indicators of radicalisation or extremism may include:

- showing sympathy for extremist causes
- glorifying violence, especially to other faiths or cultures
- making remarks or comments about being at extremist events or rallies outside school
- evidence of possessing illegal or extremist literature
- advocating messages similar to illegal organisations or other extremist groups
- out of character changes in dress, behaviour and peer relationships (but there are also very powerful narratives, programmes and networks that young people

can come across online so involvement with particular groups may not be apparent.)

- secretive behaviour
- online searches or sharing extremist messages or social profiles
- intolerance of difference, including faith, culture, gender, race or sexuality
- graffiti, art work or writing that displays extremist themes
- attempts to impose extremist views or practices on others
- verbalising anti-Western or anti-British views
- advocating violence towards others

## **7. Honour Based Abuse (HBA)**

If staff gave a concern regarding a child that might be at risk from HBA or has suffered HBA should speak to the DSL.

Staff should be aware that safeguarding issues can manifest themselves via child on child abuse. This is most likely to include, but not 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;
- gender-based violence
- sexting (also known as youth produced sexual imagery); and • initiation-type violence and rituals.

Abuse is abuse and should never be tolerated or passed off as “banter” or “part of growing up”. Different gender issues can be prevalent when dealing with child on child abuse. This could for example include girls being sexually touched/assaulted or boys being subject to initiation-type violence.

The change in terminology from Honour Based Violence to Honour Based Abuse recognises the importance that non-violent forms of abuse can be as damaging for children and young people and should not be taken any less seriously.

At **Durrington High School** we believe that all children have a right to attend school and learn in a safe environment. Children should be free from harm by adults in the school and other pupils/ students.

We recognise that some pupils/ will sometimes negatively affect the learning and wellbeing of others and their behaviour will be dealt with under the school's Behaviour Policy.

## **8. Sexting**

In cases of 'sexting' we follow guidance given to schools and colleges. This includes:

- 'Sexting' in schools and colleges, responding to incidents, and safeguarding young people' (UK Council for Child Internet Safety (UKCCIS) published in 2017)
- Sharing nudes and semi-nudes and computer-generated imagery; advice for education settings working with children and young people.

## **9. Upskirting**

The school recognises that upskirting is a criminal offence and will take any allegations of such behaviour very seriously.

- Upskirting typically involves taking a picture up or under a person's clothing without them knowing. The picture is taken with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm.
- When an allegation is brought to the school's attention, the response will be in line with any other disclosure of potential abuse.
- The school will follow the principles of responding to reports of sexual violence and will take advice from IFD and the police on how to progress any allegation of upskirting.
- Where any suspect for a case of upskirting is identified as being a pupil within the school, the school will initially be guided by IFD/Police but will also seek to support and consider risk to that pupil as well as the alleged victim.

## **9. Child on Child abuse**

The school recognises that all children have a right to grow up and learn in a safe environment. Children should be free from harm both from adults and other children. We understand that child on child abuse can be a serious (and often complex) matter and as such disclosures/reports relating to this are managed



carefully by specialist staff. **The school takes a zero-tolerance approach to sexual violence and sexual harassment, that it is never acceptable, and it will not be tolerated.**

Child on child abuse can occur across multiple settings/environments both within and outside of school.

### **Definition**

Child on child abuse includes areas such as\*

- physical and sexual abuse
- sexual harassment and violence
- emotional harm
- on and offline bullying
- teenage relationship abuse
- gender-based abuse

It can even include children grooming other children for sexual and/or criminal exploitation. (Ofsted)

### **Key actions the school takes with the aim of preventing (where possible) child on child abuse\*.**

We recognise that the school plays a significant part in the prevention of harm to our children by providing them with supportive lines of communication and trusted adults with whom children can approach easily. The

The school will:

- Keeping an open mind and view that “it could happen here” in our approach to our day-to-day work
- As a whole school approach, staff will at all times model positive behaviour whilst treating each other with empathy and respect
- Ensure staff challenge derogatory and offensive behaviour and act to address this as relevant (for example homophobic slants, comments relating to physical presentation). Any statement that is, on the balance of probabilities intended to cause harm or upset is included within this and should be taken seriously
- Establish and maintain an ethos where children feel secure and are encouraged to talk and listened to. This includes ensuring that all children know there is an adult in the school whom they can approach if they are worried or in difficulty.
- Have in place additional named staff to engage with, listen to, and support pupils/students who may be more at risk of harm due to being part of a more marginalised group and/or having a protected characteristic.

- Include across the curriculum, particularly in social and moral education, opportunities which equip children with the skills they need to stay safe from harm and to know to whom (both individuals and organisations) they can turn for help.
- Work with all stakeholders to ensure that our school-wide culture continues to be strengthened. Specifically, everyone understands that abuse (in any format) is never tolerated or passed off as “banter” or “part of growing up”.
- Working closely with statutory agencies and specialists within the private and charity sectors to engage with specialist guidance and identify areas of potential areas of risk
- Continue to invest in staff development to ensure that we remain up-to-date in our knowledge and understanding of best practice in relation to child on child abuse (prevention and response)
- During the process of any physical changes to school buildings (temporary or permanent, structural and/or internal use changes) being mindful of minimising or creating areas that are secluded and/or harder to monitor by staff.
- Where possible using CCTV and/or mirrors (where appropriate) to increase staff ability to supervise and/or monitor children.
- Regularly review our approach (with staff, using data, in respect of updated publications) to ensure it remains “best practice”

### **Management of reports of child on child abuse**

Staff will recognise that not all children and young people will feel confident in verbalising concerns. Staff will be aware of non-verbal signs and behaviours and conversations that they may overhear, which may indicate there is a concern or issue that needs following up.

The staff member leading on the concern will work with parents/carers and external agencies to consider potential health needs that may arise from an alleged assault, including mental health support.

Key leaders receive additional training in areas of child on child abuse (both leading on preventative strategies within the school and community and also on how to best manage school-based responses). It is recognised and understood that child on child abuse is often a complex area of work.

A DSL trained member of staff will normally lead in investigating reports of child on child abuse, liaising as necessary with outside agencies to manage risk and ensure that support is available for all involved.

### **Further reference documentation**

The following specific documentation and professionally produced guidance is used to guide the school's response to individual cases of child on child abuse. The DFE documentation including:

- Sexual violence and sexual harassment between children in schools and colleges (Sept 2021)
- Sharing nudes, semi-nudes or computer –generated imagery: advice for education settings working with children and young people
- Behaviour in schools: advice for headteachers and school staff 2024
- Searching, screening and confiscation

Other useful reference documentation includes:

- The Brooks scale
- IFD/Police guidance documents
- **Durrington High School** Behaviour Policy

## **APPENDIX D      The role of the Designated Member of Staff**

**The broad areas of responsibility for the Designated Member of Staff are:**

### **a. Managing referrals and concerns regarding individual children:**

- Referring all cases of suspected abuse to the Integrated Front door (IFD) and, in cases where it is alleged or there is potential that a crime may have been committed, to the police.
- Sending a written record of the referral to the IFD by the end of the working day the referral is made.
- Keeping written records of concerns about a child even if there is no need to make an immediate referral, (the 'child protection file')
- Ensuring that all such records are kept confidentially and securely and are separate from child records, and if these are stored electronically, that they are differently password protected from the child's other files, and accessible only by the head teacher/designated leads.
- Ensuring that an indication of further record-keeping is marked on the child's records.
- Liaise with the headteacher to inform them of issues especially new or ongoing child protection investigation enquiries and police investigations.
- Act as a source of support, advice and expertise to staff on matters of safety and safeguarding and when deciding whether to make a referral by liaising with relevant agencies.

- Ensuring that an appropriate member of staff attends Child Protection Conferences, core groups, or other multi-agency planning meetings, contributes to assessments, and provides a report which will normally have been shared with the parents.
- (In some circumstances it may not be appropriate to share the report to conference with parents. If the DSL is uncertain on this point advice can be obtained from the allocated social worker).
- Ensuring that any child who is subject to a child protection plan and who is absent without explanation for two days or more is referred to their key worker's Social Care Team. In specific cases, any absence may be a cause for concern and warrant immediate reporting.
- Where children leave the school, ensure their child protection file is copied for any new school or college as soon as possible but transferred separately from the main child file. (The original child protection files being retained by the former school or college).
- Where a child has been part of a private fostering arrangement for more than 28 days a referral must be made to the IFD. Private Fostering is when a young person under 16
- years old (or 18 if they are registered disabled) is cared for and provided accommodation for by someone who is not a close relative.

## **b. Training**

The Designated Member of Staff for Child Protection (and deputies) will undertake regular professional development and training which will include the WSCC initial designated member of staff training and subsequent refresher courses every two years.

This will support them to ensure they:

- Understand the assessment process for providing early help and intervention, for example through locally agreed common and shared assessment processes such as early help assessments.
- Are alert to those children within the school who are at risk of: domestic violence; female genital mutilation; being missing from education; child trafficking; radicalisation; bullying (which includes race/hate or homophobic behaviour).
- Have a working knowledge of how the local authority conducts 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.
- 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.

- Obtain access to up-to-date resources and attend any relevant or refresher training courses.
- Organising and deliver up-to-date child protection training for all staff every two years. In addition to this the DSL or a deputy will deliver additional training and updates to staff as/when key update delivering.
- Are linked with the West Sussex Safeguarding Children Partnership (WSSCP) to make sure staff are aware of training opportunities and the latest local policies on safeguarding.
- In any protection measures taken, encourage a staff culture of listening to children, to take account of their wishes and feelings.

From 25.06.2019 the West Sussex Safeguarding Children Board was replaced by the West Sussex Safeguarding Children Partnership where three lead agencies; health partnership, Police and the Local Authority will work together as joint and equal partners to shape bespoke arrangements for the needs of children in West Sussex.

**Durrington High School's** governing body are committed to working with the Partnership and will enable governors and safeguarding leads to attend events and briefings on how the new partnership will support our children.

**c. In addition to the above the DSL will ensure:**

- All staff receive Child Protection training during their staff induction and all school policies and guidelines are made available to all staff and governors on the common drive. All information with appropriate links is made available to all staff in their induction packs.
- The child protection policy is reviewed annually, the procedures and implementation are updated and reviewed regularly, and work with governing bodies or proprietors regarding this.
- The child protection policy is available publicly and that parents are aware that referrals about suspected abuse, exploitation or neglect may be made and the role of the school in this.
- CPOMS is a robust, used, effective & regularly audited system in school where all concerns relating to safeguarding & child protection are recorded.