Safeguarding and Child Protection Policy

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Contents

1. Introduction

Safeguarding is defined as protecting children from maltreatment, preventing impairment of health and/or development, ensuring that children grow up in the provision of safe and effective care and optimizing children's life chances.

This Child Protection Policy forms part of a suite of documents and policies which relate to the safeguarding responsibilities of the school.

In particular this policy should be read in conjunction with:

- Safer Recruitment Policy
- Behaviour Policy
- Intimate Care Policy
- Anti-Bullying Policy

Mission Statement

To establish and maintain an environment where children feel secure, are encouraged to talk and are listened to when they have a worry or concern. Wellbeing and safeguarding are priorities and the responsibility of all SES community.

To establish and maintain an environment where school staff and volunteers feel safe, are encouraged to talk and are listened to when they have concerns about the safety and well-being of a child.

To ensure children know who the adults are in the school whom they can approach if they are worried.

Purpose of a Safeguarding and Child Protection Policy

To inform and guide the behaviour of staff, parents, volunteers and governors relating to the school's responsibilities for safeguarding children.

To enable everyone in the SES community to have a clear understanding of how these responsibilities should be carried out.

Procedures

SES follows the safeguarding procedures of the UAE, as well as following UK guidance. Child protection and safeguarding training is compulsory for all SES staff and Governors, and is currently provided through EDUCARE as required and during the September training week. Staff employed by outside providers also receive appropriate training.

School Staff and Volunteers

School staff and volunteers are particularly well placed to observe outward signs of abuse, changes in behaviour and failure to develop because they have daily contact with children. All school staff and volunteers will be made aware of this policy so that they are aware of their role in the early recognition of the indicators of abuse or neglect and of the appropriate procedures to follow.

Review of the Child Protection Policy

The policy will be reviewed annually by the School Executive Team and the review confirmed by the Governors. It will be implemented through the school's induction and training program, and as part of day to day practice. Compliance with the policy will be monitored by the Designated Senior Lead and through staff performance measures.

2. Statutory Framework – Local and UK Context

Child protection is the responsibility of all adults and especially those working with children. The development of appropriate school procedures and the monitoring of good practice are the responsibilities of the Designated Safeguarding Lead (DSL)

In Sharjah and the United Arab Emirates there is now an infrastructure of Educational Safeguarding and/or Social Care Services. In April 2012, it was reported that the UAE had "embraced a new policy to protect children against all forms of violence, abuse, exploitation and neglect and offer support and care for those in need." The policy "aims to provide protection to Emirati and expatriate children under the age 18 who live permanently or temporarily in the UAE." The UAE Strategic Plan 2015 calls for the provision of "proper social services to meet the requirements of the local community." In November 2012, the UAE Cabinet approved "Wadeema's Law" to "protect children in the UAE. The law includes creating special units that intervene when children are at risk and stresses that all children have rights regardless of religion and nationality."

Wadeema's Law makes it a statutory obligation on the Principal and school to address and report concerns to the appropriate authorities, including the police. In serious cases, the UAE Consulate or Embassy of the child's country of nationality could also be an option for reporting.

As of September 2022 we are now also guided by the National Child Protection Policy in Educational Institutions in the United Arab Emirates.

This policy and all related guidelines have been written within the context of 'Keeping Children safe in Education 2022' (updated Sept 1st 2022) which is the DfE statutory guidance for safeguarding and safer recruitment in England. Adaptations have been made according to local context where applicable.

3. The Designated Safeguarding Lead (DSL)

The Designated Safeguarding Lead for Child Protection in this school is:

- NAME: Principal principal@sharjahenglishschool.org

The Deputy DSL(s), for Child Protection, (DDSLs) appointed to act in the absence/unavailability of the DSL in this school are:

- NAME: Head of Secondary
  Head of Primary
  School Counsellor/s

It is the role of the Designated Safeguarding Lead for Child Protection to:

- Ensure that he/she receives refresher training at two yearly intervals to keep his or her knowledge and skills up to date – this requires training up to Level 3 Ofqual recognised
- Ensure that DSLs and DDSLs are appropriately qualified to a Level 3 Ofqual recognised equivalent
- Ensure that all staff are appropriately trained on a yearly basis in safeguarding and child protection.
- Ensure that temporary staff and volunteers are made aware of the school's arrangements for safeguarding children within one month of their commencement of work.
- Ensure that the school operates within the legislative framework and recommended guidance - UAE and England - see legal framework above.
- Ensure that the relevant staff are kept fully informed of any concerns.
- Where possible, develop effective working relationships with other agencies and services.
- Ensure that accurate safeguarding records relating to individual children are kept separate from the academic file in a secure place, marked 'Strictly Confidential' and are passed securely should the child transfer to a new provision
- Ensure that the school effectively monitors children about whom there are concerns.
- Provide guidance to parents, children and staff about obtaining suitable support.
- Discuss with new parents the role of the DSL and the role of safeguarding in the school. Make parents aware of the safeguarding procedures used and how to access the child protection policy.
- Ensuring best practice safer recruitment policies and procedures are in place and implemented
- Report annually to the Board of Governors regarding staff training, critical concerns, systems and analysis of trends

4. The Board of Governors

The Governing Body has overall responsibility for ensuring that there are sufficient measures in place to safeguard the children in their establishment. A nominated governor for child protection

is appointed to take lead responsibility.

The nominated governor for child protection is:

Mrs. Valerie Thompson (valerie_thompson@hotmail.com)

In particular the Governing Body must ensure:

- Child protection policy and procedures exist, are implemented and are up to date
- Safe recruitment procedures exist, are implemented and are up to date
- Appointment of a DSL who is a senior member of the school leadership team.
- Relevant safeguarding children training for school staff/volunteers is attended
- Safe management of allegations
- Deficiencies or weaknesses in safeguarding arrangements are remedied without delay
- A member of the Governing Body (usually the Chair) is nominated to be responsible in the event of an allegation of abuse being made against the Principal
- Safeguarding policies and procedures are reviewed annually and information provided to the local authorities (if appropriate) about them and about how the above duties have been discharged (if required)
- Safeguarding is a standing agenda item at every Board meeting

5. School Procedures – Staff Responsibilities

A member of staff may notice signs of abuse or have a safeguarding concern themselves, may be informed by someone else or a child may make a disclosure.

The member of staff must record information regarding the concerns on the same day using the school safeguarding referral form - see Appendix 3. The recording must be a clear, precise and factual account of the observations. This should be sent via email or handed as a hard copy to the relevant DSL or Deputy DSL.

The DSL or Deputy DSL will hold meetings with students and/or parents where necessary, record further notes on the safeguarding form and action where needed.

If serious, the DSL or Deputy DSL (usually in consultation with Counsellors) will decide whether the concerns should be referred to the relevant authorities. If it is decided to make a referral this will be discussed with the parents, unless to do so would place the child at further risk of harm.

In a serious case a student may be the subject of a child protection plan. This will be overseen by the DSL or Deputy DSL and regular monitoring will take place.

If a student who is/or has been the subject of a child protection plan changes school, the Designated Senior Lead will transfer the appropriate records to the Designated Senior Lead at the receiving school, in a secure manner, and separate from the child's academic file.

The Designated Senior Lead is responsible for making the senior leadership team and the BoG via the Safeguarding Governor aware of trends in behaviour that may affect pupil safeguarding. If necessary, training will be arranged for staff and/or students and parents.

6. When to be concerned

All staff and volunteers should be aware that the main categories of abuse are:

- Physical abuse
- Emotional abuse
- Sexual abuse
- Neglect

All staff and volunteers should be concerned about a child if he/she presents with indicators of possible significant harm – see Appendix 1 for details

Generally, in an abusive relationship the child may:

- Appear frightened of the parent/s or other household members e.g. siblings or others outside of the home
- Act in a way that is inappropriate to her/his age and development (full account needs to be taken of different patterns of development and different cultural expectations.)
- Display insufficient sense of 'boundaries', lack stranger awareness
- Appear wary of adults and display 'frozen watchfulness'

7. Dealing with a disclosure

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

- Listen to what is being said without displaying shock or disbelief
- Accept what is being said
- Allow the child to talk freely
- Reassure the child, but not make promises which might not be possible to keep
- Not promise confidentiality – it might be necessary to refer to Children's Services: Safeguarding and Specialist Services
- Reassure him or her that what has happened is not his or her fault – Stress that it was the right thing to tell
- Listen, only asking questions when necessary to clarify
- Not criticize the alleged perpetrator
- Explain what has to be done next and who has to be told
- Make a written record (see Record Keeping)
- Pass the information to the Designated Senior Person without delay

Support

Dealing with a disclosure from a child, and safeguarding issues can be stressful. The member of staff/volunteer should, therefore, consider seeking support for him/herself and discuss this with the Designated Senior Lead.

Encouraging Disclosures

SES will actively encourage students to speak up through various means such as a speak up policy, ask it basket and student Pulse surveys. All students have access to the School Counsellor and his/her role is promoted via assemblies and newsletters.

8. Confidentiality

Safeguarding children raises issues of confidentiality. The policy is as follows:

All staff in school, both teaching and non-teaching staff, have a responsibility to share relevant information about the protection of children with other professionals, particularly the investigation agencies

- If a child confides in a member of staff/volunteer and requests that the information is kept secret, it is important that the member of staff/volunteer tell the child in a manner appropriate to the child's age/stage of development that they cannot promise complete confidentiality – instead they must explain that they may need to pass information it other professionals to help keep the child or other children safe.
- Staff/volunteers who receive information about children and their families in the course of their work should share that information only within appropriate professional contexts

9. Communication with Parents

Sharjah English School will:

- Undertake appropriate discussion with parents prior to involvement of another agency unless to do so would place the child at further risk of harm
- Ensure that parents have an understanding of the responsibilities placed on the school and staff for safeguarding children

10. Record Keeping

When a child/staff has made a disclosure, the member of staff/volunteer/DSL should:

- Make brief notes as soon as possible after the conversation. Use the school record of concern sheet wherever possible
- Not destroy the original notes in case they are needed by a court
- Record the date, time, place and any noticeable non-verbal behaviour and the words

used by the child

All records need to be given to the Designated Senior Lead promptly. No copies should be retained by the member of staff or volunteer.

SES uses a tiered system based upon the level of seriousness in order to manage cases and analyse trends.

SES will be introducing a new whole school safeguarding online system called MyConcern. This will begin in October 2022 and will be phased in during the course of 2022/23 academic year.

The Designated Senior Lead will ensure that all safeguarding records are managed appropriately. See section 5 above for further details.

11. Allegations involving school staff/volunteers

An allegation is any information which indicates that a member of staff/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 in they work regularly or closely with children

12. SEND student implications

Children with special educational needs or disabilities (SEND) or certain medical or physical health conditions can face additional safeguarding challenges both online and offline. The staff and volunteers should be aware that additional barriers can exist when recognising abuse and neglect in this group of children. These can include:

- Assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's condition
- the potential for children with SEND or certain medical conditions being disproportionately impacted by behaviours such as bullying, without outwardly showing any signs, and communication barriers and difficulties in managing or reporting these challenges.

This applies to any child the member of staff/volunteer has contact within their personal, professional or community life.

- 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.

Actions to be taken include:

1. 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.
2. This record should be signed, dated and immediately passed on to the DSL.
3. If the concerns are about the Principal, then the Safeguarding Governor should be contacted. The Safeguarding Governor in this school is:

- Name: Mrs Valerie Thompson
- Contact Email: valerie_thompson@hotmail.com

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.

The DSL will investigate the allegation itself, and will assess whether it is to refer the concern to the Local Authorities. (See Complaints Procedural Policy)

Appendix 1 – Indicators of Harm

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.

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 legs.
- Petechae hemorrhages (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 carelessness of a parent or carer, but 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. 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 shape. 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 or 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:

- 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.

Emotional/behavioural presentation

- 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

Indicators in the parent

- 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, 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 the 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/carers have convictions for violent crimes

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 surgery in parents and/or siblings of the family
- Past history of a childhood abuse, self-harm, or false allegations of physical or sexual assault or a culture of physical chastisement

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 views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction.

It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including 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, though it may occur alone.

Indicators in the child

- Development delay
- Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or no attachment
- Aggressive behaviour towards other
- 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 a new situation
- 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
- 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

Indicators in the parent

- Domestic abuse, adult mental health problems and parental substance misuse may be features in families where children are exposed to abuse

- Abnormal attachment to a child e.g. overly anxious or disinterested 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

Indicators in the family/environment

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

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 form 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

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 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 / diarrhea

- Unmanaged / untreated health / medical conditions including poor dental health.
- Frequent accidents or injuries

Development

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

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

Indicators in parent

- Dirty, unkempt presentation
- Inadequately clothed
- Inadequate social skills and poor socialization
- 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

Indicators in the family/environment

- History of neglect in the family
- Family marginalized or isolated by the community

- Family has history of mental health, alcohol or drug misuse or domestic violence. History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
- Family has a past history of childhood abuse, self-harm, 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

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 in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually appropriate ways, or grooming a child in preparation for abuse (including via the internet).

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

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

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 sexualized conduct
- Sexually exploited or indiscriminate choice of sexual partners
- Wetting or other regressive behaviours e.g. thumb sucking
- Draws sexually explicit pictures
- Depression

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

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 surgery in parents and/or siblings of the family
- Past history of childhood abuse, self-harm, or false allegations of physical or sexual assault or a culture of physical chastisement
- Family member is a sex offender

Child on child abuse

All staff and volunteers should recognise that children are capable of abusing other children (including online). SES recognises that even if there are no reported cases of child-on-child abuse, such abuse may still be taking place and is simply not being reported. The school enforces a zero-tolerance approach to abuse, and child on child incidents of abuse should never be passed off as “banter”, “just having a laugh”, “part of growing up” or “boys being boys” as this can lead to a culture of unacceptable behaviours and an unsafe environment for children.

General School Responsibilities:

The school will continue to promote and update (when necessary) the procedures to minimise the risk of child-on-child abuse. Using systems such as Pulse allows children to confidently report

abuse; their concerns will be treated seriously.

Incidents of child-on-child abuse will be recorded, investigated, and dealt with and children affected by child-on-child abuse will be supported.

Appendix 2 – eSafety

This section of the policy recognizes the growing dangers and risks posed to students by online access and vulnerabilities. The principles and practices here need to be read in conjunction with the school's guidance on Acceptable Use, Behaviour Policies, eSafety Curriculum etc. which are being updated or formulated. The eSafety portion of this Safeguarding and CP Policy requires updating annually.

General School Responsibilities:

In this rapidly evolving area of concern, SES can no longer separate what happens online between our students outside of school hours or off-site, and what happens on campus during the school day. We have a clear responsibility to educate, communicate about and report on off-site behavior, abuses or dangers. This will involve close work and liaison with parents.

The issues relating to eSafety have moved from the school policing activity during school hours, to the school seeing its commitment as a wider one involving parents and the broader community.

The school has obligations to ensure that staff and students receive regular, at least annual, training and education on the changing and evolving risks from online activity and access.

Our IT infrastructure and systems must be operated with protection and safety in mind – ensuring that access to our systems, filters, records of use and interactions, all support the goal of protecting children and permit us to record and have evidence of breaches and abuses.

The staff organization structure must identify the individuals with particular responsibility in this area (for example the eSafety Officer, the BoG representative who oversees eSafety etc.) Reporting procedures must be clear – every child and member of staff should be aware of the reporting processes and who to contact with worries or concerns.

Dealing with incidents must be immediate, sensitive and thorough; investigations will probably involve parents and carers, and at times we will need to report to outside agencies when more serious threats are identified.

1. Types of Risk: Contact

As the school promotes good Digital Citizenship, students must be educated on, and staff must be aware of the following:

- Children must be aware of the risks associated with removing of privacy settings
- Children must be educated to recognise suspicious approaches online
- School must be alert to the use of hotspots and VPNs etc. to bypass security and safety settings and the exposure this creates for students
- Student activity on-site must be moderated and offer protections such as filters, blocking etc.
- The pressure to acquire 'followers', 'friends', 'influencers', on various platforms and apps is intense – students must be educated about the falseness of the status this conveys
- Students must be aware of and confident in using reporting channels to the school and the staff responsible for eSafety – they must feel empowered to report and have the agency over their own safety.
- Training on content risks needs to start at a very early age, possibly from as young as 5, and be delivered in age appropriate ways
- School mush have and promote a culture of vigilance
- School must be responsive and timely in dealing with reports of unpleasant or illegal contacts
- Records must be kept of concerning contacts or breaches – these logs must be maintained and kept securely
- There is an understanding that parents will usually be involved in reports and incidents and higher authorities may need to be involved
- During distance learning periods, the dangers of inappropriate contacts increase, just because of the time children are spending online – school teaching platforms and policies must be robust enough to protect children in this new environment.

2. Types of Risk: Content

As the school promotes good Digital Citizenship, students must be educated on, and staff must be aware of, the following concerns with regard to online content:

Inappropriate materials or comments

- Students need to avoid posting or sharing inappropriate content and are required to report them once they have received anything of this nature

Illegal and upsetting, content including pornographic, violent or racist content

- Students must understand the rapidity with which this can spread once it is shared. Students need to be educated in identifying malware, phishing and scams; they need to report these and avoid the spreading or sharing of such content

Misleading/unreliable information

- The school's eLearning Policy should include instruction that is age appropriate and accessible, relating to the students' skills in checking URLs, cross-referencing sources, determining authorship, recognising bias etc.
- SES accepts the responsibility to have a high degree of monitoring in place – students need to be watched online, and such monitoring must extend to breaks, browser histories, even overheard conversations – in order to quickly pick up on concerns and risks.
- SES students need to be educated and to understand the concept of their 'digital footprint': they must realise the permanence of their online record, and the dangers this may present in future years for employment, college admission etc. The Child Protection and Safeguarding Policy must be supported by Behaviour Policies, IT Policies, Acceptable Use Policies etc. – expectations for students must be clear, education on these issues must be constantly evolving and include explicit sanctions.
- In its normal eSafety responsibilities, school must be proficient in assessing current levels of threat, have appropriate blocks and filters, be supported by up-to-date policies and the necessary documentation including that needed for reporting and record-keeping. School must develop policies for digital storage and content, including the security and eventual disposal of images (in accordance with prevailing Data Protection Laws)

3. <u>Types of Risk: Conduct</u>

- SES students must become good digital citizens, just as they should become good citizens of the real world
- The principle that they should not do or say anything online that they would not do in real life must be understood by all

The school should employ and promote the 3 Ps of being Polite, Positive and Productive, good online conduct can be tackled at policy and teaching levels under the sub-themes of:

1. Etiquette and behaviour
2. Digital responsibility and reputation
3. Digital health and well-being

- The students need to understand the risks and signs of cyberbullying and harassment and how they should deal with these if they are targeted or encounter it.
- How to share information online and the risks of oversharing (posting photographs with identifying names, classes, home locations, family information, contact details etc.) need to be stressed during teaching.
- Staff also must be alert to oversharing information on school media (school certificates that can identify a child by full name and class, for example) – the school should have a social media policy that covers this, one which is accessible and familiar to PSG, teachers, parents etc.

- Tech addiction is a real and growing concern – especially in a period that has been characterised by online / distance learning and the habit of children being online for much greater periods of their day.
- SES must be aware of the risks of shortening attention spans, the dopamine effect (the chemical which creates addiction) etc.
- SES can promote device free days, times and offer guidance to parents in the area of addiction, monitoring use and screen time etc. Regular parent updates and workshops will be a major part of addressing digital health for students
- SES policies on Digital Citizenship must become aligned with ages and teaching phases to be effective

Evaluating Provision

- SES needs to evaluate its eSafety provision on an annual basis, as part of the school SEF.

Appendix 3

Link to Safeguarding Referral Form