



Oldfield Primary & Nursery

Putting Children First



Safeguarding, Child Protection and Prevent Duty Policy- September 2025

School	Designate Safeguarding Lead (DSL)	Safeguarding Governance Lead
Oldfield	James Travers	Sophie Jonas



1.0 Introduction

1.1 This policy has been developed in accordance with the principles established by the Children Acts 1989 and 2004; the Education Act 2002, and in line with government publications: 'Working Together to Safeguard Children' 2018 (plus updates), 'What to do if You are Worried a Child is Being Abused' 2015 and '**Keeping Children Safe in Education**' 2025.

1.2 The Trust works alongside its key partners:

- Bradford Council (Children's Services)
- Airedale Clinical Commissioning Group in Health (Bradford District)
- West Yorkshire Police

These partners are known together as The Bradford Partnership. For general enquiries and signposting to the three partners, the contact details are:

TBP safeguardingchildren@bradford.gov.uk

Tel: 01274 434361 (non-emergency)

If you are concerned about the safety or welfare of a child in the Bradford District, these are the numbers that you can call for advice and to make a referral:

During office hours call Children's Social Care Initial Contact Point - **01274 435600**
- (8.30am to 5pm Monday to Thursday, 8.30am to 4.30pm on Friday)

At all other times, Social Services Emergency Duty Team - **01274 431010**

If you have reason to believe that a child is at **immediate risk of harm**, contact the police on **999**

1.3 Oldfield Primary takes seriously its responsibility under Section 175 of the Education Act 2002 to safeguard and promote the welfare of children; and to work together with other agencies to ensure adequate arrangements within our school to identify, assess, and support those children who are suffering harm.

1.4 We recognise that all adults, including temporary staff¹, volunteers, members, trustees and governors, have a full and active part to play in protecting our pupils from harm, and that the child's welfare is our paramount concern.

¹ Wherever the word "staff" is used, it covers ALL staff on school sites, including ancillary supply and self-employed staff, contractors, volunteers working with children etc, and governors



1.5 All staff believe that Oldfield Primary should provide a caring, positive safe and stimulating environment that promotes the social, physical and moral development of the individual child.

1.6 The aims of this policy are:

- 1.5.1 To support the child's development in ways that will foster security, confidence and independence
- 1.5.2 To provide an environment in which children and young people feel safe, secure, valued and respected, and feel confident, and know how to approach adults if they are in difficulties, believing they will be effectively listened to
- 1.5.3 To raise the awareness of all teaching and non-teaching staff of the need to safeguard children and of their responsibilities in identifying and reporting possible cases of abuse
- 1.5.4 to provide a systematic means of monitoring children known or thought to be at risk of harm, and ensure we, Bronte Academy Trust, contributes to assessments of need and support packages for those children
- 1.5.5 To emphasise the need for good levels of communication between all members of staff
- 1.5.6 To develop a structured procedure within the Trust, which will be followed by all members of the school communities in cases of suspected abuse
- 1.5.7 To develop and promote effective working relationships with other agencies and our three main safeguarding partners: Police, Social Care and medical professionals
- 1.5.8 To ensure that all staff working within our Trust who have substantial access to children, have been checked as to their suitability; including verification of their identity, qualifications, and a satisfactory DBS check (according to guidance) and a central record is kept in each school for audit

2. Safe Schools, Safe Staff

2.1 We will ensure that:

- 2.1.1 All members of the Academy Governance Committee (ACG) understand and fulfil their responsibilities, namely to ensure that:
 - There is a Child Protection Policy together with a staff behaviour (code of conduct) section accessible in each school
 - The Trust operates safer recruitment procedures by ensuring that there is at least one person on every recruitment panel that has completed Safer Recruitment training.
 - Each school has procedures for dealing with allegations of abuse against staff and volunteers and to make a referral to the DBS if a person in regulated activity has been dismissed or removed due to safeguarding concerns, or would have had they not resigned.
 - A senior leader in each school has lead Safeguarding responsibility (and is known as the Designated Safeguarding Lead).
 - On appointment, the DSL/Deputy DSLs undertake DSL 'new to role' training and attend an 'update' course every 2 years.



- All other have Safeguarding training, updated annually
 - Any weaknesses in Child Protection are remedied immediately.
 - A member of each school's Governing Body is nominated to liaise with the LA on Child Protection issues and in the event of an allegation of abuse made against the Headteacher.
 - Child Protection policies and procedures are reviewed annually and that the Child Protection policy is available on the Bronte Academy Trust website or by other means.
 - The Governing Body of each school considers how children may be taught about Safeguarding. This may be part of a broad and balanced curriculum covering relevant issues through personal social health and economic education (PSHE) and/or for maintained schools through Relationships and Sex Education (RSE) and Health Education.
- 2.1.2 All members of staff and volunteers are provided with safeguarding and child protection awareness information at induction, including access to each school's safeguarding statement on school websites, so that they know who to discuss a concern with.
- 2.1.3 Staff are trained in and receive regular updates in e-safety and reporting concerns.
- 2.1.4 We also cover checking children for injury, questioning children and ratifying accounts given by external sources.
- 2.1.5 All other staff and governors, have child protection awareness training, updated as appropriate, to maintain their understanding of the signs and indicators of abuse.
- 2.1.6 All members of staff, volunteers, and governors know how to respond to a pupil who discloses abuse through delivery of Child Protection Training.
- 2.1.7 All parents/carers are made aware of the responsibilities of staff members with regard to child protection procedures through publication of the school's Child Protection Policy on each school's website.
- 2.1.8 Each school's lettings policy will seek to ensure the suitability of adults working with children on school sites at any time.
- 2.1.9 Community users organising activities for children are aware of each school's child protection guidelines and procedures.
- 2.1.10 We will ensure that child protection type concerns or allegations against adults working in Bronte Academy Trust schools are referred to the Local Authority Designated Officer (LADO)for advice, and that any member of staff found not suitable to work with children will be notified to the Disclosure and Barring Service (DBS)² for consideration for barring, following resignation, dismissal, or when we cease to use their service as a result of a substantiated allegation, in the case of a volunteer.
- 2.2 Our procedures will be regularly reviewed and up-dated.
- 2.3 The name of the designated members of staff for Child Protection (the Designated Safeguarding Leads) will be clearly advertised in each school, with the Bradford flow chart explaining the school's role in referring and monitoring cases of suspected abuse.



² Contact the LADO for guidance in any case



- 2.4 All new members of staff will be directed to a copy of the safeguarding and child protection policy, with the Safeguarding Leads' names clearly displayed, as part of their induction into the school.
- 2.5 The policy is available publicly either on each school's website or by other means. Parents/carers are made aware of this policy and their entitlement to have a copy of it via the school website.

3. Responsibilities

- 3.1 The Designated Safeguarding Lead **Mr. James Travers** is responsible for:
 - 3.1.1 Referring a child if there are concerns about possible abuse, to the Local Authority Child Protection Team and acting as a focal point for staff to discuss concerns. Referrals should be made in writing, following a telephone call using the Referral Form
 - 3.1.2 Keeping written records of concerns about a child even if there is no need to make an immediate referral. ***These are not shared automatically with parents as they belong to the child.***
 - 3.1.3 Ensuring that all such records are kept confidentially and securely and are separate from Pupil Records, until a child's 25th birthday, and are copied on to the child's next school or college. ***They belong to the child and a parent does not have the automatic right to see them. Only the Headteacher can authorize this.***
 - 3.1.4 Liaising with other agencies and professionals including, as stated in 1.5.7.
 - 3.1.5 Ensuring that either they or the staff member attend case conferences, core groups, or other multi-agency planning meetings, contribute to assessments, and provide a report which has been shared with parents if deemed necessary
 - 3.1.6 Ensuring that any child currently with a child protection plan who is absent in the educational setting without explanation for two days is referred to their key worker's Social Care Team.
 - 3.1.7 Organising child protection induction, and update training every year, for all school staff.
 - 3.1.8 Providing an annual report for the school's ACG, detailing any changes to the policy and procedures; training undertaken by the Safeguarding Leads, and by all staff and governors; number and type of incidents/cases, and number of children on the child protection register



4. Supporting Children

- 4.1.1 We recognise that a child who is abused or witness's violence may feel helpless and humiliated, may blame themselves, and find it difficult to develop and maintain a sense of self-worth.



- 4.2.1. We recognise that school may provide the only stability in the lives of children who have been abused or who are at risk of harm.
- 4.2.2. We accept that research shows that the behaviour of a child in these circumstances may range from that which is perceived to be normal to aggressive or withdrawn.
- 4.2.3. Repeated poor behaviour will be dealt with in accordance to our Behaviour policy.
- 4.3. Oldfield staff will support all children by:
 - 4.4.1 Encouraging self-esteem and self-assertiveness, through the curriculum as well as our relationships, whilst not condoning aggression or bullying.
 - 4.4.2 Promoting caring, safe and positive environments within each school.
 - 4.4.3 Liaising and working together with all other support services and those agencies involved in the safeguarding of children.
 - 4.4.4 Notifying Social Care as soon as there is a significant concern.
 - 4.4.5 Providing continuing support to a child about whom there have been concerns who leaves Bronte Academy Trust, by ensuring that appropriate information is copied under confidential cover to the child's new setting and ensuring the school medical records are forwarded as a matter of priority.

5. Confidentiality

- 5.1 We recognise that all matters relating to child protection are confidential. Notes belong to the child only.
- 5.2 The DSLs or Deputy DSLs will disclose any information about a child to other members of staff or parent on a need to know basis only.
- 5.3 All staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard children.
- 5.4 All staff must be aware that they cannot promise a child to keep secrets which might compromise the child's safety or wellbeing.
- 5.5 We may check a child's injury or if we suspect an injury has occurred. Staff are trained on how to do this each September and this is done with a DSL. Parents are not always informed if this is part of our monitoring process, under our duty of care.
- 5.6 We will always undertake to share our intention to refer a child to Social Care with their parents /carers, unless to do so could put the child at greater risk of



harm, or impede a criminal investigation. If in doubt, we will consult Children's Social Care.

- 5.7 Records belong to the child. They will not be shared with Parents if the DSL deems it to place the child at greater risk or if we are monitoring a situation of time.
- 5.8 The schools will work closely with the other Bronte schools. Should records exist of families from a previous association these are shared with the school.
- 5.9 We keep records of concerns, these are not automatically shared with parents

6. Supporting Staff

- 6.1 We recognise that staff working in a Bronte Academy Trust 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.



- 6.2 We will support such staff by providing an opportunity to talk through their anxieties with the DSLs and to seek further support, as appropriate.

7. Allegations Against Staff

- 7.1 All school staff should take care not to place themselves in a vulnerable position with a child. It is always advisable for interviews or work with individual children or parents to be conducted in view of other adults.
- 7.2 All Staff should be aware of each school's own Behaviour Management policy and Whistleblowing Policy.
- 7.3 Guidance about conduct and safe practice, including safe use of mobile phones by staff and volunteers will be given at induction and is outlined in each school's Social Media and ICT policy.
- 7.4 Staff should always raise concerns they may have about perceived radicalisation or extremist views expressed by colleagues.
- 7.5 We understand that a child may make an allegation against a member of staff.
- 7.6 If such an allegation is made, or information is received which suggests that a person may be unsuitable to work with children, the member of staff receiving the allegation or aware of the information, will immediately inform the Headteacher of their school or if it is about the Headteacher. The CEO of the Trust.
- 7.7 The Headteacher or CEO on all such occasions, will discuss the content of the allegation with the Local Authority Designated Officer (LADO)
- 7.8 If the allegation made to a member of staff concerns the Headteacher, the person receiving the allegation will immediately inform the CEO who will consult (as in 7.6 above) without notifying the Headteacher first.
- 7.9 We will follow Bradford's procedures for managing allegations against staff. Under no circumstances will schools send a child home (pending such an investigation) unless this advice is given exceptionally, as a result of a consultation with the LADO.
- 7.10 Suspension of the member of staff (excluding a Headteacher) against whom an allegation has been made, needs careful consideration and the Headteacher will seek the advice of the LADO and HR Consultant in making this decision.



7.11 In the event of an allegation against the Headteacher, the decision to suspend will be made by the CEO and Trustees with advice as in 7.8 above.

8. Whistle-blowing

8.1 We recognise that children cannot be expected to raise concerns in an environment where staff fail to do so.

8.2 All staff should be aware of their duty to raise concerns, where they exist, about the management of child protection, which may include the attitude or actions of colleagues. If it becomes necessary to consult outside the school, they should speak in the first instance, to the Area Education Officer/LADO (following each school's Whistleblowing Policy).

8.3 Whistle-blowing regarding the Headteacher should be made to the CEO whose contact details are readily available to school staff.

9. Physical Intervention

9.1 We acknowledge 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.

9.2 Such events should be recorded on a Physical Restraint form and signed by staff involved and a member of the school's Senior Leadership Team. In the event of exclusion, these are documented on the Bradford form which parents get a copy of

9.3 Staff who are likely to need to use physical intervention should be appropriately trained.

9.4 We understand that physical intervention of a nature which causes injury or distress to a child may be considered under child protection or disciplinary procedures.

9.5 We recognise that touch is appropriate in the context of working with children, and all staff and governors have been given 'Safe Practice' guidance to ensure they are clear about their professional boundary.⁴

9.6 In all cases, please refer to the 'Use of Reasonable Force' (July 2013)

10. Anti-Bullying



⁴ 'Guidance on Safer Working Practices is available on the DfE website



- 10.1 Our policies on anti-bullying are set out in separate Bronte Academy Trust schools' documents and the Trust acknowledges that to allow or condone bullying may lead to consideration under child protection procedures. This includes all forms, eg: cyber, racist, homophobic and gender related bullying. We keep a record of known bullying incidents. All staff are aware that children with SEND and/or differences/perceived differences are more susceptible to being bullied /victims of child abuse.

11. Racist Incidents

- 11.1 Repeated racist incidents or a single serious incident may lead to consideration under child protection procedures.

- 11.2 We keep a record of racist incidents.

12. Prevention

- 12.1 We recognise Oldfield plays a significant part in the prevention of harm to children, by providing them with good lines of communication with trusted adults, supportive friends and an ethos of protection.

- 12.2 The school communities will therefore:

12.2.1 Work to establish and maintain an ethos where children feel secure and are encouraged to talk and are always listened to.

12.2.2 Include regular consultation with children eg. through safety questionnaires, participation in anti-bullying week, asking children to report whether they have had happy/sad at lunchtimes/playtimes

12.2.3 Ensure that all children know there is an adult in the school whom they can approach if they are worried or in difficulty.

12.2.4 Include safeguarding across the curriculum, including PSHE, opportunities which equip children with the skills they need to stay safe from harm and to know to whom they should turn for help. In particular this will include anti-bullying work, e-safety, road safety, pedestrian and cycle training. Also focused work will be undertaken in Year 6 to prepare for transition to Secondary school and more personal safety/independent travel.

12.2.5 Ensure all staff are aware of school guidance for their use of mobile technology and have discussed safeguarding issues around the use of mobile technologies and their associated risks.

Child-on-child Abuse

- 12.3 Oldfield recognises that children are capable of abusing their peers. Peer abuse should never be tolerated or passed off as 'banter' or 'part of growing up' and the victims of peer on peer abuse will be supported. The



risk is minimised through strong behaviour systems, PSHE work and effective safeguarding. For pupils who may pose a risk, targeted work on appropriate touch, personal space and mutual respect is initiated.

Different forms are:

- Inappropriate sexual play
- Harmful sexual behaviour
- Sexting
- Grooming
- Gender based bullying

12.4 There are different gender issues that can be prevalent when dealing with peer on peer abuse. This could, for example, include girls being sexually touched/assaulted or boys being subject to initiation/hazing type violence.

12.5 If an allegation/suspected incident of peer on peer abuse comes to the school's attention:

- The incident should be referred to the DSL as soon as possible
- The DSL should hold an initial review meeting with appropriate school staff
- There should be subsequent interviews with the children involved (if appropriate)
- Parents should be informed at an early stage and involved in the process unless there is good reason to believe that involving parents would put the young person at risk of harm
- At any point in the process, if there is a concern a young person has been harmed or is at risk of harm, a referral should be made to children's social care and / or the police immediately

Also, CP policies must contain clear definitions of different forms of abuse, using the wording from Working Together to Safeguard Children 2018. These are quite lengthy, so hyperlinks can be added to the policy instead.

14 E-Safety

Using ICT in lessons, schools must ensure:

- Security software is installed on all PCs., laptops and the network to filter inappropriate network sites
- Security software prevents access to social networking sites
- Anti-viral software is installed on all hardware and renewed when required
- The use of the internet is monitored using security software to ensure effective safeguarding within and beyond the school (eg remote learning)



- All network access points are placed in a safe adequately monitored area to prevent unauthorised access and physical tampering
- All wireless access points are secured using administrative passwords

14.2 In using hardware, all staff are expected to report indecent content found on a computer to a senior leader as soon as possible.

Please read this policy in conjunction with the following policies

- Code of Conduct Policies
- Data and E-security Policy
- Data Protection Policy
- E-Safety Policy
- Pupil Remote Learning Policy
- Remote Learning Guidance

Mobile phones are not permitted by children in classes. These are handed to the office. SMART watches must not be worn in school or on trips. Use of air tags are prohibited

15 Mental Health

15.1 The mental health of everyone at Bronté is a key priority for us. We know that if we ensure the wellbeing of all, we can do the best for our children. This is why each school has two trained and accredited Mental Health Leaders(MHFA) who support both the children and the staff. All staff know who they are and their names are available to parents should they be required.

15.2 We support mental health through:

- Training for staff
- Pupil voice
- Good home school communication
- Curriculum offer
- Good relationships and an ethos of 'open-door' and collaboration



THE 'PREVENT' DUTY

Statement of intent

Protecting children from the risk of radicalisation is part of Bronte Academy Trust's wider safeguarding duties. Each school will actively assess the risk of children being drawn into terrorism. Staff will be alert to changes in children's behaviour which could indicate that they may be in need of help or protection. Staff will use their professional judgement to identify children who may be at risk of radicalisation and act appropriately – which may include making a referral to the Channel programme. The school will work with the Local Children's Safeguarding Board as appropriate.

Radicalisation: a process by which an individual or group comes to adopt increasingly extreme political, social, or religious ideals and aspirations that reject or undermine the status quo or reject and/or undermine contemporary ideas and expressions of freedom of choice.

Extremism: holding extreme political or religious views; fanaticism.

1. Training

The DSL/Deputy DSLs will undertake a risk assessment for their schools and be available to provide advice and support to other staff on how to protect children against the risk of radicalisation. The Designated Safeguarding Lead will facilitate formal training sessions for all members of staff and school governors, to ensure they are aware of the risk indicators and their duties regarding preventing radicalisation.

2. Risk indicators

Indicators of an identity crisis:

- Distancing themselves from their cultural/religious heritage
- Uncomfortable with their place in society
- Changing style of dress or personal experience to accord with a particular group
- Conversation increasingly focused on a particular (potentially extremist) ideology
- Possession of materials or symbols associated with an extremist cause.

Indicators of a personal crisis:

- Family tensions
- A sense of isolation
- Low self-esteem
- Disassociation from existing friendship groups
- Loss of interest in activities which they previously engaged with
- Searching for answers to questions about identity, faith and belonging.

Indicators of vulnerability through personal circumstances:

- Migration
- Local community tensions
- Events affecting their family's country or region of origin
- Alienation from UK values
- A sense of grievance triggered by personal experience of racism or discrimination.



Indicators of vulnerability through unmet aspirations:

- Perceptions of injustice
- Feelings of failure
- Rejection of civic life/local community values

Other indicators:

- Using derogatory language about a particular group
- Inappropriate forms of address
- Possession of prejudice related material
- Property damage
- Refusal to cooperate with staff requests
- Condoning or supporting engagement with extremist ideologies or groups.

Making a judgement

When making a judgement, Brontë Academy Trust staff will ask themselves the following questions:

- Does the child have access to extremist influences?
- Does the child access the internet for the purposes of extremist activities (e.g. using closed network groups, accessing or distributing extremist material, contacting covertly using Skype, etc.)?
- Is there a reason to believe that the child has been, or is likely to be, involved with extremist organisations?
- Is the child known to possess or actively seek extremist literature/other media likely to incite racial or religious hatred?
- Does the child sympathise with or support illegal/illicit groups?
- Does the child support groups with links to extremist activity?
- Has the child encountered peer, social, family or faith group rejection?
- Is there evidence of extremist ideological, political or religious influence on the child?
- Have international events in areas of conflict and civil unrest had a noticeable impact on the child?
- Has there been a significant shift in the child's outward appearance that suggests a new social, political or religious influence?
- Has the child come into conflict with family over religious beliefs, lifestyle or dress choices?
- Does the child vocally support terrorist attacks; either verbally or in their written work?
- Has the child witnessed or been the victim of racial or religious hate crime?
- Is there a pattern of regular or extended travel within the UK?
- Has the child travelled for extended periods of time to international locations?
- Does the child have experience of poverty, disadvantage, discrimination or social exclusion?
- Does the child display a lack of affinity or understanding for others?
- Is the child the victim of social isolation?
- Does the child demonstrate a simplistic or flawed understanding of religion or politics?
- Is the child a foreign national, refugee or awaiting a decision on their/their family's immigration status?
- Does the child have insecure, conflicted or absent family relationships?
- Has the child experienced any trauma in their lives, particularly trauma associated with war or sectarian conflict?



- Is there evidence that a significant adult or other person in the child's life has extremist views or sympathies?

Critical indicators include where the child is:

- In contact with extremist recruiters
- Articulating support for extremist causes or leaders
- Accessing extremist websites
- Possessing extremist literature
- Using extremist narratives and a global ideology to explain personal disadvantage
- Justifying the use of violence to solve societal issues
- Joining extremist organisations
- Making significant changes to their appearance and/or behaviour

3. Referrals

At Oldfield, we are committed to protecting our children from radicalisation through a process of early intervention.

All staff are encouraged to raise any concerns they might have about a child with their school's Designated Safeguarding Lead. The Designated Safeguarding Lead will then assess the situation and decide whether further action is required. If so, they will then discuss any concerns with the Headteacher (if the Headteacher is not the DSL) and decide the best course of action regarding a referral to external agencies (eg. Social Care or the Channel Programme). Any decisions made will be made on a case-by-case basis and staff must be made aware that if they disagree with a decision not to refer, they are entitled to make a referral themselves where they harbour genuine concerns that a child is at risk.

Health and Safety

Bronte Academy Trust 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 and when undertaking school trips and visits.

Monitoring and Evaluation

Our Child Protection Policy and Procedures will be monitored and evaluated in each school by:

- Member/Trustee/ACG visits to the school
- SLT 'drop ins' and discussions with children and staff
- Pupil surveys and questionnaires
- Scrutiny of Attendance data
- Scrutiny of range of risk assessments
- Scrutiny of AGC minutes
- Logs of bullying/racist/behaviour incidents for SLT and AGC to monitor
- Review of parental concerns and parent questionnaires
- Review of the use of Nurture Room.

This policy also links to Trust/schools' policies on:



Behaviour, Whistleblowing, Anti-bullying, Health & Safety, Attendance, Curriculum, PSHE, Teaching and Learning, Administration of medicines, Drug Education, RSE, ICT and Social Media, E-safety, Intimate Care, Remote Learning, Covid-19

APPENDIX ONE

Recognising signs of child abuse

Categories of Abuse:

- Physical Abuse
- Emotional Abuse (including Domestic Abuse)
- Sexual Abuse
- Neglect

Signs of Abuse in Children:

The following non-specific signs may indicate something is wrong:

- Significant change in behaviour
- Extreme anger or sadness
- Aggressive and attention-seeking behaviour
- Suspicious bruises with unsatisfactory explanations
- Marks and injuries
- Lack of self-esteem
- Self-injury
- Depression
- Age inappropriate sexual behaviour
- Child Sexual Exploitation.

Risk Indicators

The factors described in this section are frequently found in cases of child abuse. Their presence is not proof that abuse has occurred, but:

- Must be regarded as indicators of the possibility of significant harm or abuse
- Justifies the need for careful assessment and discussion with Designated Safeguarding Leads
- May require consultation with and/or referral to Children's Services.

The absence of such indicators does not mean that abuse or neglect has not occurred.

In an abusive relationship the child may:

- Appear frightened of the parent/s
- Act in a way that is inappropriate to her/his age and development (though full account needs to be taken of different patterns of development and different ethnic groups)

The parent or carer may:

- Persistently avoid child health promotion services and treatment of the child's episodic illnesses
- Have unrealistic expectations of the child
- Frequently complain about/to the child and may fail to provide attention or praise (high criticism/low warmth environment)
- Be absent from the home or may be misusing substances
- Persistently refuse to allow access on home visits
- Be involved in domestic abuse/violence



Oldfield staff should be aware of the potential risk to children when individuals, previously known or suspected to have abused children, move into the household.

Recognising Physical Abuse-

We reserve the right to check children for Physical injuries should pain arise from them and first aid is needed or a check is required such as of a dressing or plaster due to discomfort or pain. This is done in pairs of staff, one being the DSL or deputy and one is first aid trained. Children are always told to be as independent as possible if we have to give first aid or check if a child is in pain. This is recorded on CPOMS as a record. Please see first aid procedures in first aid policy.

The following are often regarded as indicators of concern:

- An explanation which is inconsistent with an injury
- Several different explanations provided for an injury
- Unexplained delay in seeking treatment
- The parents/carers are uninterested or undisturbed by an accident or injury
- Parents are absent without good reason when their child is presented for treatment
- Repeated presentation of minor injuries (which may represent a “cry for help” and if ignored could lead to a more serious injury)
- Family use of different doctors and A&E departments
- Reluctance to give information or mention previous injuries

Bruising

Children can have accidental bruising, but the following must be considered as non-accidental unless there is evidence or an adequate explanation provided:

- Bruising in or around the mouth, which may indicate force feeding
- 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
- 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
- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting
- Bruising around the face
- Grasp marks on children
- Bruising on the arms, buttocks and thighs (may be an indicator of sexual abuse).

Bite Marks

Bite marks can leave clear impressions of the teeth. Human bite marks are oval or crescent shaped. Those over 3 cm in diameter are more likely to have been caused by an adult or older child. A medical opinion 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, and will always require experienced medical opinion. Any burn with a clear outline may be suspicious e.g.:

- Circular burns from cigarettes (but may be friction burns if along the bony protuberance of the spine)
- 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 (a child getting into hot water is his/her own accord will struggle to get out and cause splash marks)
- 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.



Scars

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

Fractures

Fractures may cause pain, swelling and discolouration over a bone or joint.

There are grounds for concern if:

- The history provided is vague, non-existent or inconsistent with the fracture type
- 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.

Recognising Emotional Abuse

Emotional abuse may be difficult to recognise, as the signs are usually behavioural rather than physical. The manifestations of emotional abuse might also indicate the presence of other kinds of abuse.

The indicators of emotional abuse are often also associated with other forms of abuse.

The following may be indicators of emotional abuse:

- Developmental delay
- Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or not attachment
- Indiscriminate attachment or failure to attach
- Aggressive behaviour towards others
- Scape-goated within the family
- Frozen watchfulness
- Low self-esteem and lack of confidence
- Withdrawn or seen as a “loner” – difficulty relating to others.

Recognising Signs of Sexual Abuse

Boys and girls of all ages may be sexually abused and are frequently scared to say anything due to guilt and/or fear. This is particularly difficult for a child to talk about and full account should be taken of the cultural sensitivities of any individual child/family.

Recognition can be difficult, unless the child discloses and is believed. There may be no physical signs and indications are likely to be emotional/behavioural.

Some behavioural indicators associated with this form of abuse are:

- Inappropriate sexualised conduct
- Sexually explicit behaviour, play or conversation, inappropriate to the child’s age
- Continual and inappropriate or excessive masturbation
- Self-harm (including eating disorder), self-mutilation and suicide attempts
- An anxious unwillingness to remove clothes e.g. for sports events (but this may be related to cultural norms or physical difficulties)

Some physical indicators associated with this form of abuse are:

- Pain or itching of genital area
- Blood on underclothes
- Pregnancy in a younger girl where the identity of the father is not disclosed
- 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.

Sexual Abuse by Young People

The boundary between what is abusive and what is part of normal childhood or youthful experimentation can be blurred.

Developmental Sexual Activity encompasses those actions that are to be expected from children and young people as they move from infancy through to an adult understanding of their physical, emotional and behavioural relationships with each other. Such sexual activity is essentially information gathering and experience testing. It is characterised by mutuality and of the seeking of consent.

Inappropriate Sexual Behaviour can be inappropriate socially, inappropriate to development, or both. In



considering whether behaviour fits into this category, it is important to consider what negative effects it

has on any of the parties involved and what concerns it raises about a child or young person. It should be recognised that some actions may be motivated by information seeking, but still cause significant upset, confusion, worry, physical damage, etc. It may also be that the behaviour is “acting out” which may derive from other sexual situations to which the child or young person has been exposed.

If an act appears to have been inappropriate, there may still be a need for some form of behaviour management or intervention. For some children, educative inputs may be enough to address the behaviour.

Abusive sexual activity includes any behaviour involving coercion, threats, aggression together with secrecy, or where one participant relies on an unequal power base.

Assessment

In order to more fully determine the nature of the incident the following factors should be given consideration. The presence of exploitation in terms of:

- **Equality** – consider differentials (between the parties) of physical, cognitive and emotional development, power and control and authority, passive and assertive tendencies
- **Consent** – agreement including all the following:
 - Understanding that is proposed based on age, maturity, development level, functioning and experience
 - Knowledge of society’s standards for what is being proposed
 - Awareness of potential consequences and alternatives
 - Assumption that agreements or disagreements will be respected equally
 - Voluntary decision
 - Mental competence
- **Coercion** – the young perpetrator who abuses may use techniques like bribing, manipulation and emotional threats of secondary gains and losses that is loss of love, friendship, etc. Some may use physical force, brutality or the threat of these regardless of victim resistance.

In evaluating sexual behaviour of children and young people, the above information should be used only as a guide.

Recognising Neglect

Evidence of neglect is built up over a period of time and can cover different aspects of parenting. Indicators include:

- Failure by parents or carers to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene and medical care
- A child seen to be listless, apathetic and unresponsive with no apparent medical cause
- Failure of child to grow within normal expected pattern, with accompanying weight loss
- Child thrives away from home environment
- Child frequently absent from school
- Child left with adults who are intoxicated or violent
- Child abandoned or left alone for excessive periods

Child Sexual Exploitation

The following list of indicators is not exhaustive or definitive but it does highlight common signs which can assist professionals in identifying children or young people who may be victims of sexual exploitation.

Signs include:

- underage sexual activity
- inappropriate sexual or sexualised behaviour
- receiving unexplained gifts or gifts from unknown sources
- having multiple mobile phones and worrying about losing contact via mobile
- having unaffordable new things (clothes, mobile) or expensive habits (alcohol, drugs)
- changes in the way they dress
- seen at known places of concern
- moving around the country, appearing in new towns or cities, not knowing where they are

- getting in/out of different cars driven by unknown adults
- having older boyfriends or girlfriends
- contact with known perpetrators
- involved in abusive relationships, intimidated and fearful of certain people or situations
- hanging out with groups of older people, or anti-social groups, or with other vulnerable peers
- truancy, exclusion, disengagement with school, opting out of education altogether
- unexplained changes in behaviour or personality
- mood swings, volatile behaviour, emotional distress
- self-harming, suicidal thoughts, suicide attempts, overdosing, eating disorders
- drug or alcohol misuse
- getting involved in crime
- police involvement, police records

APPENDIX TWO

Forced Marriage (FM)

This is an entirely separate issue from arranged marriage. It is a human rights abuse and falls within the Crown Prosecution Service definition of domestic violence. Young men and women can be at risk in affected ethnic groups. Whistle-blowing may come from younger siblings. Other indicators may be detected by changes in adolescent behaviours. Never attempt to intervene directly as a school or through a third party.

Female Genital Mutilation (FGM)

It is essential that Brontë Academy Trust staff are aware of FGM practices and the need to look for signs, symptoms and other indicators of FGM.

What is FGM?

It involves procedures that intentionally alter/injure the female genital organs for non-medical reasons.

4 types of procedure:

Type 1 Clitoridectomy – partial/total removal of clitoris

Type 2 Excision – partial/total removal of clitoris and labia minora

Type 3 Infibulation entrance to vagina is narrowed by repositioning the inner/outer labia

Type 4 all other procedures that may include: pricking, piercing, incising, cauterising and scraping the genital area.

Why is it carried out?

Belief that:

- FGM brings status/respect to the girl – social acceptance for marriage
- Preserves a girl's virginity
- Part of being a woman / rite of passage
- Upholds family honour
- Cleanses and purifies the girl
- Gives a sense of belonging to the community
- Fulfils a religious requirement
- Perpetuates a custom/tradition
- Helps girls be clean / hygienic
- Is cosmetically desirable
- Mistakenly believed to make childbirth easier

Is FGM legal?

FGM is internationally recognised as a violation of human rights of girls and women. It is **illegal** in most countries including the UK.

Circumstances and occurrences that may point to FGM happening

- Child talking about getting ready for a special ceremony
- Family taking a long trip abroad
- Child's family being from one of the 'at risk' communities for FGM (Kenya, Somalia, Sudan, Sierra Leon, Egypt, Nigeria, Eritrea as well as non-African communities including Yemeni, Afghani, Kurdistan, Indonesia and Pakistan)
- Knowledge that the child's sibling has undergone FGM
- Child talks about going abroad to be 'cut' or to prepare for marriage

Signs that may indicate a child has undergone FGM:

- Prolonged absence from school and other activities
- Behaviour change on return from a holiday abroad, such as being withdrawn and appearing subdued
- Bladder or menstrual problems
- Finding it difficult to sit still and looking uncomfortable
- Complaining about pain between the legs
- Mentioning something somebody did to them that they are not allowed to talk about
- Secretive behaviour, including isolating themselves from the group
- Reluctance to take part in physical activity
- Repeated urinal tract infection
- Disclosure

The 'One Chance' rule

As with Forced Marriage there is the 'One Chance' rule. It is essential that settings /schools/colleges take action **without delay**.

Appendix 3

Reporting safeguarding concerns process

Introduction

Safeguarding is the responsibility of all school staff; therefore, the process outlined within the first section should be followed where anyone has a safeguarding concern about a child. Where a referral has been made, the process outlined in the second section should be followed. The actions taken by the school are outlined in yellow, whereas actions taken by another agency are outlined in blue.

It is worth noting that all safeguarding and child protection concerns, discussions and decisions is recorded in writing on the school's CPOMs system. Where there is a safeguarding concern, a pupil's situation should be reviewed at each stage of the referral process and, therefore, the continuous monitoring of a pupil is important. We follow the Bradford process for referrals.



Declaration of Responsibility

This Safeguarding, Child Protection and Prevent Duty Policy was reviewed and formally adopted by Bronte Academy Trust on:

Signed September 25

Reviewed yearly

A photograph of a handwritten signature in black ink on a light-colored surface. The signature appears to be 'Denise Booth'.

Denise Booth- Chair of governors

