ALMUÑÉCAR INTERNATIONAL SCHOOL



Policy -Child Protection

Reviewed September 2026 by F. Jacobs

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Changes from the previous version are highlighted in pink

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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 taking action to enable all children to have the best 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 the Behaviour & Anti-Bullying Policy.

Purpose of a Child Protection Policy

- To inform staff, parents, volunteers, appropriate authorities and governors about the school's responsibilities for safeguarding children.
- To enable everyone to have a clear understanding of how these responsibilities should be carried out.

UK Child Protection and Safeguarding Children Procedures

- The school follows the procedures established by the authorities in the UK and those in Spain.

School Staff & 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 should have an International Child protection certificate (ICPC) or CRB check (updated) and the Spanish certificado (sexual offences).
- All school staff and volunteers will be informed of the safeguarding policy, so that they are knowledgeable and aware of their role in the early recognition of the indicators of abuse or neglect and of the appropriate procedures to follow. All teachers will complete the TES Develop safeguarding course for international Schools
- Temporary staff will be made aware of the safeguarding policies and procedures by the Designated Safeguarding Lead, Head teacher or the management team .

Mission Statement

- Establish and maintain an environment where children/staff/volunteers feel secure, are encouraged to talk, and are listened to when they have a worry or concern.
- Ensure children know that there are adults in the school whom they can approach if they are worried.
- Ensure that children who have been abused will be supported in line with a child protection plan, where deemed necessary.
- Include opportunities in the PSHE curriculum for children to develop the skills they need to recognise and stay safe from abuse.

Contribute to the five outcomes which are key to children's wellbeing:

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution
- achieve economic wellbeing

2. Statutory Framework

In order to safeguard and promote the welfare of children, the school will act in accordance with the following legislation and guidance:

- The Children Act 1989
- The Children Act 2004
- Education Act 2002 (section 175)
- Hertfordshire Safeguarding Children Board Inter-agency Child Protection and Safeguarding Children Procedures
- Safeguarding Children and Safer Recruitment in Education (DfES 2006)
- Working Together to Safeguard Children (2018)
- The Education (Pupil Information) (England) Regulations 2005
- Dealing with Allegations of Abuse Against Teachers and Other Staff (DfE 2011)
- Keeping Children Safe in Education (2024)
- Prevent Duty for England and Wales (2015) under section 26 of the Counter-Terrorism and Security Act (2015), in the exercise of their functions to have "due regard to the need to prevent people from being drawn into terrorism." KCSiE (DfE 2021)
- Section 5B of the Female Genital Mutilation Act 2003 (as inserted by section 74 of the Serious Crime Act 2015)
- LSCB interagency child protection and safeguarding procedures ?
- The Children and Social work Act 2017
- Sexual violence and sexual harassment between children in schools and colleges (2018) xx review
- section 26 of the CounterTerrorism and Security Act 2015 (the CTSA 2015) xx
- The Anti-social Behaviour, Crime and Policing Act 2014 - for Forced Marriage
- KCSIE 2021 - Keeping Children safe in Education
- The latest statutory guidance for schools in England is Keeping Children Safe in Education (KCSIE) 2026, which came into force on **1 September 2026**. [1]

Also the appropriate Spanish legislation.

Schools are also expected to ensure that they have appropriate procedures in place for responding to situations in which they believe that a child has been abused or are at risk of abuse - these procedures should also cover circumstances in which a member of staff is accused of, or suspected of, abuse.

Safeguarding Children and Safer Recruitment in Education (DfES 2006) places the following responsibilities on all schools:

- Staff should be alert to signs of abuse and know to whom they should report any concerns or suspicions – DSL, and/or Head teacher

- Schools should have procedures (of which all staff are aware) for handling suspected cases of abuse of pupils, including procedures to be followed if a member of staff is accused of abuse, or suspected of abuse

- A Designated Senior Person should have responsibility for co-ordinating action within the school and liaising with other agencies (Safety manager and Head teacher)

Safeguarding Children and Safer Recruitment in Education (DfES 2006) also states:

"All parents need to understand that schools and FE colleges have a duty to safeguard and promote the welfare of children who are their pupils or students, that this responsibility necessitates a child protection policy and procedures, and that a school or FE college may need to share information and work in partnership with other agencies when there are concerns about a child's welfare."

3. The Designated Safety Person

The Designated Senior Persons for Child Protection in this school are:

NAMES:
Sherri Morrisette (Wilmo) Safeguarding Lead
safety@almunecarinternationalschool.com

Fiona Jacobs (Safeguarding Deputy)
headteacher@almunecarinternationalschool.com

It is the role of the Designated Senior Person for Child Protection to:

- Ensure that he/she keeps his or her knowledge and skills up to date Level 3 safeguarding)
- Ensure that all staff who work with children are equipped to carry out their responsibilities for safeguarding children effectively. All should train in International safeguarding TES training area
- Ensure that new staff are made aware of policy within 7 working days of commencement of their contract
- Ensure that temporary staff and volunteers are made aware of the school's arrangements for safeguarding children within 7 working days of their commencement of work.
- Ensure that the school operates within the legislative framework and recommended guidance for both the UK and Spain.
- Develop effective working relationships with other agencies and services
- Decide upon the appropriate level of response to specific concerns about a child e.g. discuss with parents, offer an assessment under the Common Assessment Framework (CAF) or refer to Children, Schools and Families social care.
- 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, including notifying Children's Services: Safeguarding and Specialist Services when there is an unexplained absence of more than two days for a child who is the subject of a child protection plan

- Provide guidance to parents, children and staff about obtaining suitable support

- Discuss with new parents the role of safeguarding in the school. Make parents aware of the safeguarding procedures used and how to access the child protection policy.

4. The Governing Body

The Governing Body with the head teacher have overall responsibility for ensuring that there are sufficient measures in place to safeguard the children in their establishment.

In particular the Governing Body/ headteacher, must ensure:

- Child protection policy and procedures

- Safe recruitment procedures

- Appointment of a DSL who is a senior member of school leadership team

- Safe management of allegations

- Deficiencies or weaknesses in safeguarding arrangements are remedied without delay

- Safeguarding policies and procedures are reviewed annually and information provided to the local authority about them and about how the above duties have been discharged

5. School Procedures - Staff Responsibilities

If any member of staff is concerned about a child he or she must inform their Senior Manager who will pass this on to the Head teacher.

The member of staff must record information regarding the concerns on the same day. (A form is with the Safeguard lead). The recording must be a clear, precise, factual account of the observations. The Head teacher will decide whether the concerns should be referred to Children's Services. If it is decided to make a referral to Children's Services this will be discussed with the parents, unless to do so would place the child at further risk of harm.

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

If a pupil who is/or has been the subject of a child protection plan changes school, the Head teacher will inform the social worker responsible for the case and transfer the appropriate records to the Designated Safeguarding Lead at the receiving school, in a secure manner, and separate from the child's academic file.

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 ethnic groups)

- 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 it might not be possible to keep
- Not promise confidentiality – it might be necessary to refer to Children's 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 criticise 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 Senior Management 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 Senior Management.

8. Confidentiality

Safeguarding children raises issues of confidentiality that must be clearly understood by all staff/volunteers in schools.

- All staff in schools, both teaching and non-teaching staff, have a responsibility to share relevant information about the protection of children with other professionals, particularly the investigative agencies (Children's Services: Safeguarding and Specialist Services and the Police).

- 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 to 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

We 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.

- Parents should contact the headteacher in the first instance, if they have any concerns.

10. Record Keeping

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

- Make brief notes as soon as possible after the conversation. Use the school 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
- Draw a diagram to indicate the position of any injuries
- Record statements and observations rather than interpretations or assumptions

All records need to be given to the DSL/Headteacher promptly. No copies should be retained by the member of staff or volunteer.

The Head teacher will ensure that all safeguarding records are managed in accordance with the Education (Pupil Information) (England) Regulations 2005.

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 s/he would pose a risk of harm if they work regularly or closely with children

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

To reduce the risk of allegations, all staff should be aware of safer working practice

The person to whom an allegation is first reported should take the matter seriously and keep an open mind. S/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 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 Head Teacher.

If the concerns are about the Head Teacher, then the Chair of Governors should be contacted. The Chair of Governors in this school is:

NAME: Luis Daza CONTACT NUMBER:

_____ ____958 635911

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 Head Teacher will investigate the allegation itself, or take written or detailed statements

12. Children With Special Educational Needs or Disabilities

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

We recognise that children who are abused or witness violence may find it difficult to develop a sense of self-worth. They may feel helplessness, humiliation and some sense of blame. The setting may be the only stable, secure and predictable element in the lives of children at risk. When attending the setting their behaviour may be challenging and defiant or they may be withdrawn. The setting will endeavour to support the children through:

- Key person
- The content of the activities
- The setting's ethos which promotes a positive, supportive and secure environment and gives children a sense of being valued
- Liaison with other agencies supporting the child such as Children's Social Care, Children's Centres, etc. In order to create a culture of safety in the set

13. Female Genital Mutilation (FGM) and Forced Marriage

Rationale: Almunecar International School has robust and rigorous safeguarding procedures and takes its responsibilities of child protection seriously.

Female Genital Mutilation is a form of child abuse and as such is dealt with under the schools Child Protection/Safeguarding policy.

The school uses the World Health Organisation definition as written below.

Definition of FGM: "Female Genital Mutilation (FGM) comprises of all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural or non-therapeutic reasons." (World Health Organisation-1997)

See Appendix 3 for further information

14. Radicalisation and Extremism

When operating this policy Almunecar International School uses the following accepted Governmental definition of radicalisation and extremism which is:

Radicalisation – 'the process by which a person comes to support terrorism and forms of extremism leading to terrorism' (Prevent Strategy)

Extremism – 'vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect tolerance of different faith and beliefs; and/or calls for the death of members in our armed forces, whether in this country or overseas'

See Appendix 4 for further information.

15. Sexual Violence and Sexual Harassment Between Children In School

What do we mean by sexual violence and sexual harassment between children?

Context:

- Sexual violence and sexual harassment can occur between two children of any age and sex. It can also occur through a group of children sexually assaulting or sexually harassing a single child or group of children.

- Children who are victims of sexual violence and sexual harassment will likely find the experience stressful and distressing. This will, in all likelihood, adversely affect their educational attainment. Sexual violence and sexual harassment exist on a continuum and may overlap, they can occur online and offline (both physically and verbally) and are never acceptable. It is important that all victims are taken seriously and offered appropriate support.

- Reports of sexual violence and sexual harassment are extremely complex to manage. It is essential that victims are protected, offered appropriate support and every effort is made to ensure their education is not disrupted. It is also important that other children, adult students and school and college staff are supported and protected as appropriate.

What we need to be aware of:

- making clear that sexual violence and sexual harassment is not acceptable, will never be tolerated and is not an inevitable part of growing up;

- not tolerating or dismissing sexual violence or sexual harassment as "banter", "part of growing up", "just having a laugh" or "boys being boys";

- challenging behaviour (potentially criminal in nature), such as grabbing bottoms, breasts and genitalia and flicking bras and lifting up skirts. Dismissing or tolerating such behaviours risks normalising them; and

- understanding that all of the above can be driven by wider societal factors beyond the school, such as everyday sexist stereotypes and everyday sexist language.

- Children who are lesbian, gay, bi, or trans (LGBT) can be targeted by their peers. In some cases, a child who is perceived by their peers to be LGBT (whether they are or not) can be just as vulnerable as children who identify as LGBT.

Sexual violence.

It is important that schools and colleges are aware of sexual violence and the fact children can, and sometimes do, abuse their peers in this way. (see Appendix 5)

Sexual harassment. When referring to sexual harassment we mean 'unwanted conduct of a sexual nature' that can occur online and offline. Sexual harassment is likely to: violate a child's dignity, and/or make them feel intimidated, degraded or humiliated and/or create a hostile, offensive or sexualised environment (see Appendix 5)

Harmful sexual behaviour. Children's sexual behaviour exists on a wide continuum, from normal and developmentally expected to inappropriate, problematic, abusive and violent. Problematic, abusive and violent sexual behaviour is developmentally inappropriate and may cause developmental damage. (see Appendix 5)

Upskirting. The Voyeurism (Offences) Act, which is commonly known as the Upskirting Act, came into force on 12 April 2019. 'Upskirting' is where someone takes a picture under a person's clothing (not necessarily a skirt) without their permission and or knowledge, with the intention of viewing their genitals or buttocks (with or without underwear) to obtain sexual gratification, or cause the victim humiliation, distress or alarm. It is a criminal offence. Anyone of any gender, can be a victim.

16. Related Policies

- Code of conduct
- Whistleblowing
- Behaviour
- Health & Safety
- Recruitment
- E Safety

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 leg
- Petechial 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 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 diffused 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:

- 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 but 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, 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.

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, somatising disorder 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 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 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

- 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

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 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.

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 surgery 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 physicalchastisement.

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 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 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

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 the parent

- 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, clothing, warmth, 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 marginalised 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, 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

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.

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 sexualised 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, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.
- Family member is a sex offender.

Appendix 2 - Child Sexual Exploitation (CSE) and Child Criminal Exploitation (CCE)

Both CSE and CCE are forms of abuse and both occur where an individual or group takes advantage of an imbalance in power to coerce, manipulate or deceive a child into sexual or criminal activity. 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. In some cases, the abuse will be in exchange for something the victim needs or wants and/or will be to the financial benefit or other advantage (such as increased status) of the perpetrator or facilitator. The abuse 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. It can 9 involve force and/or enticement-based methods of compliance and may, or may not, be accompanied by violence or threats of violence. Victims can be exploited even when activity appears consensual and it should be noted exploitation as well as being physical can be facilitated and/or take place online.

Indicators of Child Criminal Exploitation

- children who appear with unexplained gifts or new possessions
- children who associate with other young people involved in exploitation
- children who suffer from changes in emotional well-being
- children who misuse drugs and alcohol
- children who go missing for periods of time or regularly come home late
- children who regularly miss school or education or do not take part in education.

Indicators of Child Sexual Exploitation

- children who have older boyfriends or girlfriends
- children who suffer from sexually transmitted infections or become pregnant.

Appendix 3 - Guidelines re FGM (Female Genital Mutilatgion) and Forced Marriage

The school uses the World Health Organisation definition as written below. Definition of FGM:

"Female Genital Mutilation (FGM) comprises of all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural or non-therapeutic reasons." (World Health Organisation-1997)

Government documents: The school has taken information from several documents to write this appendix. Including Protection Procedures Guidelines from the Government Home Office guidelines and Ofsted guidelines for "Inspecting Safeguarding".

The UK Government has written advice and guidance on FGM that states; "FGM is considered child abuse in the UK and a grave violation of the human rights of girls and women. In all circumstances where FGM is practised on a child it is a violation of the child's right to life, their right to their bodily integrity, as well as their right to health. The UK Government has signed a number of international human rights laws against FGM, including the Convention on the Rights of the Child." "Girls are at particular risk of FGM during school summer holidays. This is the time when families may take their children abroad for the procedure. Many girls may not be aware that they may be at risk of undergoing FGM. 14 Child Protection policy and procedures UK communities that are most at risk of FGM include Kenyans, Somalis, Sudanese, Sierra Leoneans, Egyptians, Nigerians and Eritreans. However women from non-African communities that are at risk of FGM include Yemeni, Kurdish, Indonesian and Pakistani women."

As from January 2013 Ofsted have included FGM in their "Inspecting Safeguarding" briefing for Inspectors.

Indications that FGM has taken place:

- Prolonged absence from school with noticeable behaviour change – especially after a return from holiday.
- Long periods of time are away from the class during the day.
- A child who has undergone FGM should be seen as a child protection issue and referred as such. Medical assessment and therapeutic services to be considered at the initial Strategy Meeting.

Indications that a child is at risk of FGM:

- The family comes from a community that is known to practice FGM - especially if there are elderly women present.
- In conversation a child may talk about FGM.
- A child may express anxiety about a special ceremony. • The child may talk or have anxieties about forthcoming holidays to their country of origin.
- Parent/Guardian requests permission for authorised absence for overseas travel or you are aware that absence is required for vaccinations.
- If a woman has already undergone FGM – and it comes to the attention of any professional, consideration needs to be given to any Child Protection implications e.g. for younger siblings, extended family members and a referral made to Social Care or the Police if appropriate. 15 Child Protection policy and procedures If we have concerns that children in our school community are at risk or victims of Female Genital Mutilation then we refer to the Child Protection Procedures Guidelines for FGM We may do the following;

ASK

Ask children to tell us about their holiday. Sensitively and informally ask the family about their planned extended holiday ask questions like;

- Who is going on the holiday with the child?
- How long they plan to go for and is there a special celebration planned?
- Where are they going?
- Are they aware that the school cannot keep their child on roll if they are away for a long period?
- Are they aware that FGM including Sunna is illegal in the U.K even if performed abroad?

If you suspect that a child is a victim of FGM you may ask the child;

- Your family is originally from a country where girls or women are circumcised – do you think you have gone through this?
- Do you want to talk to someone who will understand you better?
- Would you like support in contacting other agencies for support, help or advice?

These questions and advice are guidance and each case should be dealt with sensitively and considered individually and independently. Using this guidance is at the discretion of the Head teachers.

Record

All interventions should be accurately recorded. Refer Child Protection lead or the Head teachers needs to seek advice about making referrals to the Safeguarding Team and to follow Child Protection Procedure Guidelines on FGM and CP referrals.

Useful documents include:

- Multi-Agency Practice Guidelines: Female Genital Mutilation (HM Government, 2011)
- Briefings and Information for Use During Inspections of Maintained Schools and Academies (Ofsted, updated December 2012).
- Working together to safeguard children, HM Government (2010), paragraphs 6.14 to 6.19.1
- Safeguarding children and safer recruitment in education, DfE

Forced Marriage

A forced marriage is one entered into without the full and free consent of one or both parties and where 16 Under Section 5B(11)(a) of the Female Genital Mutilation Act 2003, "teacher" means, in relation to England, a person within section 141A(1) of the Education Act 2002 (persons employed or engaged to carry out teaching work at schools and other institutions in England). 17 Section 5B(6) of the Female Genital Mutilation Act 2003 states teachers need not report a case to the police if they have reason to believe that another teacher has already reported the case. 24 violence, threats or any other form of coercion is used to cause a person to enter into a marriage. Threats can be physical or emotional and psychological. A lack of full and free consent can be where a person does not consent or where they cannot consent (if they have learning disabilities, for example). Nevertheless, some perpetrators use perceived cultural practices as a way to coerce a person into marriage.

Appendix 4 - Guidelines on Radicalisation and Extremism

Objectives

The Preventing Extremism and Radicalisation Policy is intended to provide a framework for dealing with issues relating to vulnerability, radicalisation and exposure to extreme views.

There are different forms of extremist organisations in the UK and the world, ie – ISIL (Islamic State), Al-Qaeda, Boko Harram, British Defence League, Animal Rights extremist groups such as SPEAK, Irish Republican Army (IRA), Anti-Abortion groups, to name a few. We recognise that we are well placed to be able to identify safeguarding issues linked to the dangers of extremist views and this policy clearly sets out how the school will deal with such incidents and identifies how the curriculum and ethos underpins our actions.

The objectives are that:

- All governors, teachers, teaching assistants and non-teaching staff will have an understanding of what radicalisation and extremism are is and why we need to be vigilant in school.
- All governors, teachers, teaching assistants and non-teaching staff will know what the school policy is on tackling extremism and radicalisation and will follow the policy guidance swiftly when issues arise.
- All members of staff are able to identify children who may be vulnerable to radicalisation and respond by following whole school safeguarding procedures with immediate effect.
- All pupils will understand the dangers of radicalisation and exposure to extremist views; learning about key British values to build resilience against these views and knowing what to do if they experience them.
- All parents/carers and pupils will know that the school has policies in place to keep pupils safe from harm and that the school regularly reviews its systems to ensure they are appropriate and effective.

Definitions

When operating this policy Almunecar International School uses the following accepted Governmental definition of radicalisation and extremism which is:

Radicalisation – 'the process by which a person comes to support terrorism and forms of extremism leading to terrorism' (Prevent Strategy)

Extremism – 'vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect tolerance of different faith and beliefs; and/or calls for the death of members in our armed forces, whether in this country or overseas'

Ethos and Practice

There is no place for extremist views of any kind in our school, whether from internal, sources – pupils, staff or governors, or external sources – school community, external agencies or individuals. Our pupils see our school as a safe place where they can explore controversial issues safely and where our teachers encourage and facilitate this – we have a duty to ensure this happens.

As a school we recognise that extremism and exposure to extremist materials and influences can lead to poor outcomes for pupils and so should be addressed as a safeguarding concern as set out in this policy. We also recognise that if we fail to challenge extremist views we are failing to protect our pupils. Extremists of all persuasions aim to develop destructive relationships between different communities by promoting division and mistrust of others based on ignorance or prejudice and thereby limiting the life chances of young people.

Education is a powerful weapon against this; equipping young people with the knowledge, skills and critical thinking to challenge and debate in an informed way. Therefore at Almunecar International School we will provide a broad and balanced curriculum so that our pupils are enriched, understand and become tolerant of difference and diversity and also to ensure that they thrive, feel valued and not marginalised.

Furthermore at this School we are aware that young people can be exposed to extremist influences or prejudiced views from an early age which emanate from a variety of sources and media, including via the internet and at times pupils may themselves reflect or display views that may be discriminatory, prejudiced or extremist, including using derogatory language.

Any prejudice, discrimination or extremist views, including derogatory language, displayed by pupils or staff will always be challenged and where appropriate death with in line with our Code of Behaviour for staff.

There is no single way of identifying a pupil who is likely to be susceptible to terrorist ideology. As part of wider safeguarding responsibilities staff will be alert to:

- Disclosures by pupils of their exposure to the extremist actions, views or materials of others outside of school such as in their homes or community groups, especially where pupils have not actively sought these out.
- Graffiti symbols, writing or art work promoting extremist messages or images
- Pupils accessing extremist material online, including through social networking sites
- Distributing extremist literature and documentation
- Parental reports of changes in behaviour, friendship or actions and requests for assistance

- Partner schools, local authority services and police reports of issues affecting pupils in other schools or settings
- Pupils voicing opinions drawn from extremist ideologies and narratives
- Changes in behaviour which could indicate that they are in need of help or protection
- Use of extremist or 'hate' terms to exclude others or incite violence Intolerance of difference, whether secular or religious or, in line within our equalities policy, views based on, but not exclusive to, gender, disability, homophobia, race, colour or culture
- Attempts to impose extremist views or practices on others Anti-Western or Anti-British views

Use of extremist language.

- 'Dawlah' – term used by ISIL to refer to the 'Islamic state'
- 'Jihad' – means 'struggle' or 'violence'
- 'Caliphate' – ISIL supporters describe the territory they control in Iraq /
- Syria 'Mujahid' – someone who wants to fight as part of the 'Jihad'
- 'Shahada' – refers to someone considered to be a martyr
- 'Kuffar' – a term used by ISIL to describe non-Muslims
- 'Ummah' – the phrase is used by ISIL to refer to the 'world community of Muslims'
- 'Rafidha' – word used by ISIL to refer to those who refuse to accept the Islamic state

We recognise that pupils in vulnerable social and domestic situations (mental health issues, single parent families, involvement in gangs) may be at greater risk of radicalisation than other pupils

In conclusion we will closely follow any locally agreed procedure as set out by the Local Authority and criteria for safeguarding individuals vulnerable to extremism and radicalisation.

Ethos and Approach

We will all strive to eradicate the myths and assumptions that can lead to some young people becoming alienated and disempowered, especially where the narrow approaches learners may experience elsewhere may make it harder for them to challenge or question these radical influences. This guidance and support will be delivered through the whole school curriculum and through PSHE programme.

We will ensure that all of our support and approaches will help our pupils build resilience to extremism and give them a positive sense of identity through the development of critical thinking skills.

We will develop strategies and staff training to ensure that all our staff are equipped to recognise extremism and are skilled and confident enough to

challenge it. We will be flexible enough to adapt our teaching approaches, as appropriate and address specific issues so as to become even more relevant to the current issues of extremism and radicalisation.

We will facilitate the following principles:

- Making a connection with young people through positive engagement and a pupil centred approach.
- Facilitating a 'safe space' for dialogue to ensure pupils feel safe and comfortable talking about their feelings and views on a wide range of social, political, religious and cultural issues.
- Equipping our pupils with the appropriate skills, knowledge, understanding and awareness for resilience.

Therefore this approach will be embedded within the ethos of our school so that pupils know and understand what safe and acceptable behaviour is in the context of extremism and radicalisation.

This will work in conjunction with our schools approach to the spiritual, moral, social and cultural development of pupils. We recognise the importance of guiding students to be intolerant of all forms of extremism, ie – violent animal rights extremism, political extremism.

Our goal is to build mutual respect and understanding and to promote the use of dialogue not violence as a form of conflict resolution. We will achieve this by using an approach that includes our PSHE programmes We will help support pupils who may be vulnerable to such influences as part of our wider safeguarding responsibilities.

The use of ICT

We strongly recognize the risk posed to our students of on-line radicalization, as terrorist organizations like ISIL seek to radicalize young people through the use of social media and the internet. Research shows that ISIL propaganda includes images and videos that present the group as an exciting alternative to life in the West and that it uses its social media to encourage supporters to share the material with a wider online audience. ISIL promotes an image of success online in order to attract young people. The propaganda claims it is the duty of Muslim men and women in the West to join the fight against the West. The seriousness of the potential online threat is highlighted by the fact that 95,000 pieces of terrorist content has been removed from the internet since 2010.

To combat this online threat we use a school system to filter and monitor student online behaviour on a daily basis. Students have a school email address that does not allow any emails from outside the school. The system also blocks sites that are not educationally acceptable and all of the social networks. The software system will send emails to the Headteacher, Key Stage head and administrator if

a student tries to go on a site that is not authorised by the school. The school will look at the site and decide if there was a reason for the student to access this, if not it will be dealt with using the disciplinary procedure by the school.

The Headteacher is notified of any inappropriate behaviour and appropriate steps are taken as required. This may involve speaking to the student, contacting parents.

E-safety is a key aspect of the school curriculum and equips pupils to stay safe online, both in school and outside. E-safety is delivered predominantly in the ICT curriculum with specific focus on the range of social media sites that could pose a threat to students. For example; ISIL supporters use Facebook to share content, such as news stories and Youtube videos, among their peer groups. Twitter is a popular platform for pro-ISIL accounts. It is easy to establish an account, stay relatively anonymous and share material. Youtube is used to host videos, both with official ISIL output and videos created by users themselves. Multiple 'dummy' accounts will be set up so that when videos are taken down they can be reposted quickly.

ASK.

- FM is sometimes used by people considering traveling to Syria or Iraq and provides information on travel, living standards, recruitment fighting and broader ideology.
- Instagram is used by fighters and ISIL supporters to share the photosets frequently used by ISIL media organisations.
- Tumblr is an online blogging site and is used by ISIL fighters to promote longer, theological reasons why people should travel to Syria and Iraq. It is popular with female ISIL supporters, who have written blogs addressing the concerns girls have about traveling to the region, such as leaving their families and living standards in Syria.
- Private messaging apps, such as WhatsApp, Kik, SureSpot and Viber, are also commonly used to share messages on what to pack to travel and who to contact when they arrive.

Appendix 5 - Sexual Violence and Sexual Harassment

When referring to sexual violence we are referring to sexual offences under the Sexual Offences Act 200313 as described below:

Rape: A person (A) commits an offence of rape if:

- he intentionally penetrates the vagina, anus or mouth of another person (B) with his penis, B does not consent to the penetration and A does not reasonably believe that B consents.

- Assault by Penetration: A person (A) commits an offence if: s/he intentionally penetrates the vagina or anus of another person (B) with a part of her/his body or anything else, the penetration is sexual, B does not consent to the penetration and A does not reasonably believe that B consents.

Sexual Assault: A person (A) commits an offence of sexual assault if:

- s/he intentionally touches another person (B), the touching is sexual, B does not consent to the touching and A does not reasonably believe that B consents.

What is consent?

Consent is about having the freedom and capacity to choose. Consent to sexual activity may be given to one sort of sexual activity but not another, e.g.to vaginal but not anal sex or penetration with conditions, such as wearing a condom. Consent can be withdrawn at any time during sexual activity and each time activity occurs. Someone consents to vaginal, anal or oral penetration only if s/he agrees by choice to that penetration and has the freedom and capacity to make that choice.

- a child under the age of 13 can never consent to any sexual activity;
- the age of consent is 16;
- sexual intercourse without consent is rape.

Sexual Harassment Whilst not intended to be an exhaustive list, sexual harassment can include:

- sexual comments, such as: telling sexual stories, making lewd comments, making sexual remarks about clothes and appearance and calling someone sexualised names;
- sexual "jokes" or taunting;
- physical behaviour, such as: deliberately brushing against someone, interfering with someone's clothes (schools and colleges should be considering when any of this crosses a line into sexual violence - it is important to talk to and consider the experience of the victim) and displaying pictures, photos or drawings of a sexual nature;
- online sexual harassment. This may be standalone, or part of a wider pattern of sexual harassment and/or sexual violence. It may include:
    - non-consensual sharing of sexual images and videos.
    - sexualised online bullying;
    - unwanted sexual comments and messages, including, on social media;
    - sexual exploitation; coercion and threats.

It is important that sexual harassment is considered in broad terms. Sexual harassment creates an atmosphere that, if not challenged, can normalise inappropriate behaviours and provide an environment that may lead to sexual violence.

Harmful Sexual Behaviour Harmful sexual behaviour can occur online and/or offline and can also occur simultaneously between the two. Harmful sexual behaviour should be considered in a child protection context.

When considering harmful sexual behaviour, ages and the stages of development of the children are critical factors to consider. Sexual behaviour between children can be considered harmful if one of the children is much older, particularly if there is more than two years' difference or if one of the children is pre-pubescent and the other is not. However, a younger child can abuse an older child, particularly if they have power over them, for example, if the older child is disabled or smaller in stature.

The Brook sexual behaviours traffic light tool can help when considering harmful sexual behaviour:

0 - 5 years

Green behaviours

- holding or playing with own genitals
- attempting to touch or curiosity about other children's genitals
- attempting to touch or curiosity about breasts, bottoms or genitals of adults
- games e.g. mummies and daddies, doctors and nurses
- enjoying nakedness
- interest in body parts and what they do
- curiosity about the differences between boys and girls

Amber behaviours

- preoccupation with adult sexual behaviour
- pulling other children's pants down/skirts up/trousers down against their will
- talking about sex using adult slang
- preoccupation with touching the genitals of other people
- following others into toilets or changing rooms to look at them or touch them
- talking about sexual activities seen on TV/online

Red behaviours

- persistently touching the genitals of other children
- persistent attempts to touch the genitals of adults
- simulation of sexual activity in play
- sexual behaviour between young children involving penetration with objects
- forcing other children to engage in sexual play

5 - 9 years

Green behaviours

- feeling and touching own genitals
- curiosity about other children's genitals
- curiosity about sex and relationships, e.g. differences between boys and girls, how sex happens, where babies come from, same-sex relationships
- sense of privacy about bodies
- telling stories or asking questions using swear and slang words for parts of the body

Amber behaviours

- questions about sexual activity which persist or are repeated frequently, despite an answer having been given
- sexual bullying face to face or through texts or online messaging
- engaging in mutual masturbation
- persistent sexual images and ideas in talk, play and art
- use of adult slang language to discuss sex

Red behaviours

- frequent masturbation in front of others
- sexual behaviour engaging significantly younger or less able children
- forcing other children to take part in sexual activities
- simulation of oral or penetrative sex
- sourcing pornographic material online

9 - 13 years

Green behaviours

- solitary masturbation
- use of sexual language including swear and slang words
- having girl/boyfriends who are of the same, opposite or any gender
- interest in popular culture, e.g. fashion, music, media, online games, chatting online
- need for privacy
- consensual kissing, hugging, holding hands with peer

Amber behaviours

- uncharacteristic and risk-related behaviour, e.g. sudden and/or provocative changes in dress, withdrawal from friends, mixing with new or older people, having more or less money than usual, going missing
- verbal, physical or cyber/virtual sexual bullying involving sexual aggression
- LGBT (lesbian, gay, bisexual, transgender) targeted bullying
- exhibitionism, e.g. flashing or mooning
- giving out contact details online
- viewing pornographic material
- worrying about being pregnant or having STIs

Red behaviours

- exposing genitals or masturbating in public
- distributing naked or sexually provocative images of self or others
- sexually explicit talk with younger children
- sexual harassment
- arranging to meet with an online acquaintance in secret
- genital injury to self or others
- forcing other children of same age, younger or less able to take part in sexual activities
- sexual activity e.g. oral sex or intercourse
- presence of sexually transmitted infection (STI)
- evidence of pregnancy

13 to 17 years

Green behaviours

- solitary masturbation
- sexually explicit conversations with peers
- obscenities and jokes within the current cultural norm
- interest in erotica/pornography
- use of internet/e-media to chat online
- having sexual or non-sexual relationships
- sexual activity including hugging, kissing, holding hands
- consenting oral and/or penetrative sex with others of the same or opposite gender who are of similar age and developmental ability
- choosing not to be sexually active

Amber behaviours

- accessing exploitative or violent pornography
- uncharacteristic and risk-related behaviour, e.g. sudden and/or provocative changes in dress, withdrawal from friends, mixing with new or older people, having more or less money than usual, going missing
- concern about body image
- taking and sending naked or sexually provocative images of self or others
- single occurrence of peeping, exposing, mooning or obscene gestures
- giving out contact details online
- joining adult- only social networking sites and giving false personal information
- arranging a face to face meeting with an online contact alone

Red behaviours

- exposing genitals or masturbating in public
- preoccupation with sex, which interferes with daily function
- sexual degradation/humiliation of self or others
- attempting/forcing others to expose genitals
- sexually aggressive/exploitative behaviour
- sexually explicit talk with younger children
- sexual harassment
- non-consensual sexual activity
- use of/acceptance of power and control in sexual relationships
- genital injury to self or others
- sexual contact with others where there is a big difference in age or ability
- sexual activity with someone in authority and in a position of trust
- sexual activity with family members
- involvement in sexual exploitation and/or trafficking
- sexual contact with animals
- receipt of gifts or money in exchange for sex

Traffic light information taken from:
https://www.brook.org.uk/our-work/the-sexual-behaviours-traffic-light-tool

Appendix 6 - Mental Health

Mental Health

All staff should also be aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation.

Only appropriately trained professionals should attempt to make a diagnosis of a mental health problem. Staff however, are well placed to observe children day-to-day and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one.

Where children have suffered abuse and neglect, or other potentially traumatic adverse childhood experiences, this can have a lasting impact throughout childhood, adolescence and into adulthood. It is key that staff are aware of how these children's experiences, can impact on their mental health, behaviour and education.

If staff have a mental health concern about a child that is also a safeguarding concern, immediate action should be taken, following their child protection policy and speaking to the designated safeguarding lead or a deputy.

Risk and protective factors that are believed to be associated with mental health outcomes

	Risk factors	Protective factors
In the child	Genetic influences Low IQ and learning disabilities Specific development delay or neuro-diversity Communication difficulties Difficult temperament Physical illness Academic failure Low self-esteem	Secure attachment experience Outgoing temperament as an infant Good communication skills, sociability Being a planner and having a belief in control Humour A positive attitude Experiences of success and achievement Faith or spirituality Capacity to reflect
In the family	Overt parental conflict including domestic violence Family breakdown (including where children are taken into care or adopted) Inconsistent or unclear discipline Hostile and rejecting relationships Failure to adapt to a child's changing needs Physical, sexual, emotional abuse, or neglect Parental psychiatric illness Parental criminality, alcoholism or personality disorder Death and loss – including loss of friendship	At least one good parent-child relationship (or one supportive adult) Affection Clear, consistent discipline Support for education Supportive long term relationship or the absence of severe discord
In the school	Bullying including online (cyber) Discrimination Breakdown in or lack of positive friendships Deviant peer influences Peer pressure	Clear policies on behaviour and bullying Staff behaviour policy (also known as code of conduct) 'Open door' policy for children to raise problems A whole-school approach to

	Peer on peer abuse Poor pupil to teacher/school staff relationships	promoting good mental health Good pupil to teacher/school staff relationships Positive classroom management A sense of belonging Positive peer influences Positive friendships Effective safeguarding and Child Protection policies. An effective early help process Understand their role in and be part of effective multi-agency working Appropriate procedures to ensure staff are confident to can raise concerns about policies and processes, and know they will be dealt with fairly and effectively
In the community	Socio-economic disadvantage Homelessness Disaster, accidents, war or other overwhelming events Discrimination Exploitation, including by criminal gangs and organised crime groups, trafficking, online abuse, sexual exploitation and the influences of extremism leading to radicalisation Other significant life events	Wider supportive network Good housing High standard of living High morale school with positive policies for behaviour, attitudes and anti-bullying Opportunities for valued social roles Range of sport/leisure activities

Further information available at:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/755135/Mental_health_and_behaviour_in_schools__.pdf