

CHILD PROTECTION POLICY
Collaton St Mary C of E Primary School



Policy Review

This policy will be reviewed in full by the Governing Body on an annual basis.

The policy was last reviewed and agreed by the Governing Body in February 2017

It is due for review in Feb 2018 (up to 12 months from the above date).

Signature Date

Head Teacher

Signature Date

Chair of Governors

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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 Safer Recruitment Policy, Behaviour Policy, Physical Intervention Policy, Anti-Bullying Policy and Mobile Phone Usage Policy.

Purpose of a Child Protection Policy	To inform staff, parents, volunteers 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.
Torbay Safeguarding Children Board Inter-agency Child Protection and Safeguarding Children Procedures	The school follows the procedures established by the Torbay Safeguarding Children Board; a guide to procedure and practice for all agencies in Torbay working with children and their families.
School Staff & Volunteers	<p>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.</p> <p>All school staff will receive appropriate safeguarding children training (which is updated regularly), 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. It is good practice for the Designated Senior Person to deliver an annual update.</p> <p>Temporary staff and volunteers will be made aware of the safeguarding policies and procedures by the Designated Senior Person.</p>
Mission Statement	<p>Establish and maintain an environment where children feel secure, are encouraged to talk, and are listened to when they have a worry or concern.</p> <p>Establish and maintain an environment where school staff and volunteers feel safe, are encouraged to talk and are listened to when they have concerns about the safety and well being of a child.</p>

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

The school will use every available opportunity to educate children about keeping themselves safe. This will include PSHCE lessons, esafety lessons, whole school assemblies, and individual conversations with children and their families.

Implementation, Monitoring and Review of the Child Protection Policy

The policy will be reviewed annually by the governing body. It will be implemented through the school's induction and training programme, and as part of day to day practice. Compliance with the policy will be monitored by the Designated Senior Person and through staff performance measures.

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:

- Teacher Standards 2012
- The Children Act 1989
- The Children Act 2004
- Education Act 2002 (section 175)
- Torbay Safeguarding Children Board Inter-agency Child Protection and Safeguarding Children Procedures
- 'Keeping Children Safe in Education' (DFE 2015).
- The Education (Pupil Information) (England) Regulations 2005
- Dealing with Allegations of Abuse Against Teachers and Other Staff (DfE 2011)

Working Together to Safeguard Children (DfE 2015):

- Working Together to Safeguard Children (DfE 2015) covers the legislative requirements and expectations on individual services to safeguard and promote the welfare of children; and provides a clear framework for Local Safeguarding Children Boards (LSCBs) to monitor the effectiveness of local services.

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.

Keeping Children Safe in Education (DfE July 2015):

- The statutory guidance Keeping Children Safe in Education 2015 is issued under Section 175 of the Education Act 2002, the Education (Independent School Standards) Regulations 2014 and the Education (Non-Maintained Special Schools) (England) Regulations 2011. Schools and colleges must have regard to this guidance when carrying out their duties to safeguard and promote the welfare of children. Unless otherwise stated, 'school' in this guidance means all schools, whether maintained, non-maintained or independent, including academies and free schools, alternative provision academies and pupil referral units. 'School' includes maintained nursery schools. 'College' means further education colleges and sixth form colleges as established under the Further and Higher Education Act 1992. And relates to their responsibilities to children under the age of 18.

Keeping Children Safe in Education (DfE July 2015) also states:

All staff and governors must read Part One of this guidance. It is a requirement to sign the registration document to confirm that this has been done.

3. THE DESIGNATED SENIOR PERSON (referred to in 'Keeping Children Safe in Education (DFE, July 2015) as Designated Safeguarding Lead')

The Designated Senior Person for Child Protection in this school is:

NAME: Mrs Cristy Nelson (Safeguarding Lead)

A Deputy DSP should be appointed to act in the absence/unavailability of the DSP.

The Deputy Designated Senior Person for Child Protection in this school is:

NAME: Mrs Catherine Willcocks (Assistant Head teacher)

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

- Ensure that he/she receives refresher training at two yearly intervals to keep his or her knowledge and skills up to date
- Ensure that all staff members receive appropriate child protection training which is regularly updated.
- Keep a record of staff attendance at child protection training
- Encourage a culture of listening to children and taking account of their wishes and feelings
- Ensure that new staff receive a safeguarding children induction 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
- Ensure that all staff and volunteers are aware of the TSCB Inter-agency Child Protection and Safeguarding Children Procedures and any other relevant local guidance e.g. safe drop off/collection of children guidance.
- Ensure that the Executive Head Teacher is kept fully informed of any concerns
- 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 Safeguarding Hub Evaluation Form (SHEF) or refer to Children's Services.

- Liaise and work with Children's Services: Torbay Safeguarding Hub over suspected cases of child abuse.
- 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
- Submit reports to, ensure the school's attendance at child protection conferences and contribute to decision making and delivery of actions planned to safeguard the child
- Ensure that the school effectively monitors children about whom there are concerns, including notifying Children's Services: Safeguarding Hub 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 the DSP and the role of safeguarding in the school. Make parents aware of the safeguarding procedures used and how to access the child protection policy.

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

- Ensure that he/she receives refresher training at two yearly intervals to keep his or her knowledge and skills up to date
- In the absence of the designated person, carries out those functions necessary to ensure the ongoing safety and protection of pupils. In the event of the long-term absence of the designated person, the deputy will assume all of the functions above.

4. THE GOVERNING BODY

The Governing Body has overall responsibility for ensuring that there are sufficient measures in place to safeguard the children in their establishment. It is recommended that a nominated governor for child protection is appointed to take lead responsibility.

The nominated governor for child protection is:

NAME Mrs Di Hatherley

In particular the Governing Body must ensure:

- Child protection policy and procedures

- Safe recruitment procedures
- Appointment of a DSP who is a senior member of school leadership team
- Relevant safeguarding children training for school staff is attended
- Safe management of allegations
- Deficiencies or weaknesses in safeguarding arrangements are remedied without delay
- A member of the Governing Body (usually the Chair) is nominated to liaise with the local authority and/or partner agencies on issues of child protection and in the vent of allegations of abuse made against the headteacher
- Safeguarding policies and procedures are reviewed annually

5. SCHOOL PROCEDURES - STAFF RESPONSIBILITIES

If any member of staff is concerned about a child he or she must inform the Designated Senior Person.

The member of staff must record information regarding the concerns on the same day. The recording must be a clear, precise, factual account of the observations.

The Designated Senior Person will decide whether the concerns should be referred to Children's Services: Torbay Safeguarding Hub. If it is decided to make a referral to the Safeguarding Hub 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 Designated Senior Person will inform the social worker responsible for the case and transfer the appropriate records to the Designated Senior Person at the receiving school, in a secure manner, and separate from the child's academic file.

The Designated Senior Person is responsible for making the senior leadership team aware of trends in behaviour that may affect pupil welfare. If necessary, training will be arranged.

As a person who works with children, staff have a duty to refer safeguarding concerns to the designated senior person for child protection. However if:

- concerns are not taken seriously an organisation or

- action to safeguard the child is not taken by professionals and
- the child is considered to be at continuing risk of harm

Then Staff should speak to a DSP in their school or contact Torbay Safeguarding Hub on 01803 208100 (out of hours number 0300 456 4876).

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 Torbay Safeguarding Hub
- 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 the Designated Senior Person without delay

Support

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

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 (Torbay Safeguarding Hub 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

Collaton St Mary CE Primary School will:

Undertake appropriate discussion with parents prior to involvement of another agency unless to do so would place the child at further risk of harm.

Ensure that parents have an understanding of the responsibilities placed on the school and staff for safeguarding children.

10. RECORD KEEPING

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

- Make brief notes as soon as possible after the conversation. Use the school record of concern sheet wherever possible.
- Not destroy the original notes in case they are needed by a court
- Record the date, time, place and any noticeable non-verbal behaviour and the words used by the child
- 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 Designated Senior Person promptly. No copies should be retained by the member of staff or volunteer.

The Designated Senior Person 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 and should be familiar with the guidance contained in the staff handbook, school code of conduct or Government document '*Guidance for Safer Working Practice for Adults who work with Children and Young People in Education Settings*'.

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: Mrs Jackie Gator CONTACT NUMBER: 01803

In the absence of the Chair of Governors, the Vice Chair should be contacted.

NAME: Mrs Di Hatherley CONTACT NUMBER: 01803 844804

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 not investigate the allegation itself, or take written or detailed statements, but will assess whether it is necessary to refer the concern to the Local Authority Designated Officer: John Edwards 01803 208411 or john.edwards@torbay.gcsx.gov.uk

Children's Services – 01803 208102

Torbay Safeguarding Hub – 01803 208100 (Out of Hours Service) – 0300 456 4876

If the allegation meets any of the three criteria set out at the start of this section, contact should always be made with the Local Authority Designated Officer without delay.

If it is decided that the allegation meets the threshold for safeguarding, this will take place in accordance with section 10 of the Torbay Safeguarding Children Board Inter-agency Child Protection and Safeguarding Children Procedures.

If it is decided that the allegation does not meet the threshold for safeguarding, it will be handed back to the employer for consideration via the school's internal procedures.

The Head Teacher should, as soon as possible, **following briefing** from the Local Authority Designated Officer inform the subject of the allegation.

12 SAFER RECRUITMENT

We endeavour to ensure that we do our utmost to employ safe staff by following the guidance in Keeping Children Safe in Education (2015).

Safer recruitment means that applicants will:

- complete an application form which includes their employment history and explains any gaps in that history
- provide two referees, including at least one who can comment on the applicant's suitability to work with children
- provide evidence of identity and qualifications
- if offered employment, be checked in accordance with the Disclosure and Barring Service (DBS) regulations as appropriate to their role. This will include an enhanced DBS check and a barred list check for those engaged in Regulated Activity
- if offered employment, provide evidence of their right to work in the UK
- be interviewed, if shortlisted.

The school will also

- verify the preferred candidate's mental and physical fitness to carry out their work responsibilities
- obtain references for all shortlisted candidates, including internal candidates
- carry out additional or alternative checks for applicants who have lived or worked outside the UK
- ensure that applicants for teaching posts are not subject to a prohibition order issued by the Secretary of State

At least one member of each recruitment panel will have attended safer recruitment training.

All new members of staff will undergo an induction that includes familiarisation with the school's child protection policy and staff behaviour policy and identification of their child protection training needs.

All staff sign to confirm they have received a copy of the Safeguarding Policy and the Guide to Staff Contact with Pupils.

Trainee teachers will be checked either by the school or by the training provider, from whom written confirmation will be obtained.

The school maintains a single central record of recruitment checks undertaken.

13. IMAGES AND PHOTOGRAPHY

To protect our children we will:

- seek their consent for photographs to be taken or published (for example, on

- our website or in newspapers or publications)
- seek parental consent
 - use only the pupil's first name with an image
 - ensure pupils are appropriately dressed
 - encourage pupils to tell us if they are worried about any photographs that are taken of them
 - insist that visitors who take photos of pupils only use them for personal purposes and never upload them to the internet. Should this occur, we take steps to have the images removed.

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

Fractures

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

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

There are grounds for concern if:

- The history provided is vague, non-existent or inconsistent
- There are associated old fractures
- Medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement

Rib fractures are only caused in major trauma such as in a road traffic accident, a

severe shaking injury or a direct injury such as a kick.

Skull fractures are uncommon in ordinary falls, i.e. from three feet or less. The injury is usually witnessed, the child will cry and if there is a fracture, there is likely to be swelling on the skull developing over 2 to 3 hours. All fractures of the skull should be taken seriously.

Mouth Injuries

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

Poisoning

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

Fabricated or Induced Illness

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

- Discrepancies between reported and observed medical conditions, such as the incidence of fits
- Attendance at various hospitals, in different geographical areas
- Development of feeding / eating disorders, as a result of unpleasant feeding interactions
- The child developing abnormal attitudes to their own health
- Non organic failure to thrive - a child does not put on weight and grow and there is no underlying medical cause
- Speech, language or motor developmental delays
- Dislike of close physical contact
- Attachment disorders
- Low self esteem
- Poor quality or no relationships with peers because social interactions are restricted
- Poor attendance at school and under-achievement

Bite Marks

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

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

Burns and Scalds

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

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

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

The following points are also worth remembering:

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

Scars

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

Emotional/behavioural presentation

Refusal to discuss injuries

Admission of punishment which appears excessive

Fear of parents being contacted and fear of returning home

Withdrawal from physical contact

Arms and legs kept covered in hot weather

Fear of medical help

Aggression towards others

Frequently absent from school

An explanation which is inconsistent with an injury

Several different explanations provided for an injury

Indicators in the parent

May have injuries themselves that suggest domestic violence
Not seeking medical help/unexplained delay in seeking treatment
Reluctant to give information or mention previous injuries
Absent without good reason when their child is presented for treatment
Disinterested or undisturbed by accident or injury
Aggressive towards child or others
Unauthorised attempts to administer medication
Tries to draw the child into their own illness.
Past history of childhood abuse, self harm, 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 physical chastisement.

NEGLECT

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

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

- provide adequate food, clothing and shelter (including exclusion 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, clothes, 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 – OTHER FORMS OF ABUSE

CHILDREN WITH SEXUALLY HARMFUL BEHAVIOUR

Children may be harmed by other children or young people. Staff will be aware of the harm caused by bullying and will use the school's **anti-bullying procedures** where necessary. However, there will be occasions when a pupil's behaviour warrants a response under child protection rather than anti-bullying procedures. In particular, research suggests that up to 30 per cent of child sexual abuse is committed by someone under the age of 18.

The management of children and young people with sexually harmful behaviour is complex and the school will work with other relevant agencies to maintain the safety of the whole school community. Young people who display such behaviour may be victims of abuse themselves and the child protection procedures will be followed for both victim and perpetrator. Staff, who become concerned about a pupil's sexual behaviour, including any known online sexual behaviour, should speak to the DSL as soon as possible.

SEXUAL EXPLOITATION OF CHILDREN

Sexual exploitation involves an individual or group of adults taking advantage of the vulnerability of an individual or groups of children or young people, and victims can be boys or girls. Children and young people are often unwittingly drawn into sexual exploitation through the offer of friendship and care, gifts, drugs and alcohol, and sometimes accommodation. Sexual exploitation is a serious crime and can have a long-lasting adverse impact on a child's physical and emotional health. It may also be linked to child trafficking.

The school includes the risks of sexual exploitation in the PSHE and SRE curriculum. A common feature of sexual exploitation is that the child often doesn't recognise the coercive nature of the relationship and doesn't see themselves as a victim. The child may initially resent what they perceive as interference by staff, but staff must act on their concerns, as they would for any other type of abuse. All staff are made aware of the indicators of sexual exploitation and all concerns are reported immediately to the DSL. School will engage with, and make referrals to, the Safeguarding Hub when and where appropriate and make an enquiry for any child that goes missing if they are not known to Children's Services.

FEMALE GENITAL MUTILATION

FGM is the collective name given to a range of procedures involving the partial or total removal of external female genitalia for non-medical reasons. It has no health benefits and harms girls and women in many ways. The practice, which is most commonly carried out without anaesthetic, can cause intense pain and distress and long-term health consequences, including difficulties in childbirth.

FGM is carried out on girls of any age, from young babies to older teenagers and adult women, so school staff are trained to be aware of risk indicators. Many such procedures are carried out abroad and staff should be particularly alert to suspicions or concerns expressed by female pupil about going on a long holiday during the summer vacation period

In England, Wales and Northern Ireland, the practice is illegal under the Female Genital Mutilation Act 2003. Any person found guilty of an offence under the Female Genital Mutilation Act 2003 is liable to a maximum penalty of 14 years imprisonment or a fine, or both. *TSCB guidance for further information*

FORCED MARRIAGE

A forced marriage is a marriage in which a female (and sometimes a male) does not consent to the marriage but is coerced into it. Coercion may include physical, psychological, financial, sexual and emotional pressure. It may also involve physical or sexual violence and abuse.

A forced marriage is not the same as an arranged marriage. In an arranged marriage, which is common in several cultures, the families of both spouses take a leading role in arranging the marriage but the choice of whether or not to accept the arrangement remains with the prospective spouses.

Children may be married at a very young age and well below the age of consent in England. School staff receive training and should be particularly alert to suspicions or concerns raised by a pupil about being taken abroad and not be allowed to return to England.

Since June 2014 forcing someone to marry has become a criminal offence in England and Wales under the Anti-Social Behaviour, Crime and Policing Act 2014. *See TSCB guidance for further information.*

RADICALISATION AND EXTREMISM

The government defines extremism as vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs.

Some children are at risk of being radicalised: adopting beliefs and engaging in activities which are harmful, criminal or dangerous. Islamic extremism is the most widely publicised form and schools should also remain alert to the risk of radicalisation into white supremacy extremism.

School staff receive training to help to identify signs of extremism. Opportunities are provided in the curriculum to enable pupils to discuss issues of religion, ethnicity and culture and the school follows the DfE advice Promoting fundamental British Values as part of SMCS (spiritual, moral, social and cultural education) in Schools (2014)

Further information on Preventing Radicalisation' has been included in *Keeping Children Safe in Education* in line with:

Prevent Duty Guidance: for England and Wales, published in March 2015 as part as the UK's Counter Terrorism strategy. (p.10-15 for schools, registered childcare providers and further education).

The Prevent Duty, Departmental advice for schools and childcare providers, published in June 2015. This non-statutory departmental advice is for governing bodies, Headteachers / Principals, Designated Safeguarding Leads and school staff. The document clarifies what the *prevent* duty means for schools and what actions are necessary to demonstrate compliance with the duty. It also provides sources of information, advice and support.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/380595/SMSC_Guidance_Maintained_Schools.pdf

PRIVATE FOSTERING ARRANGEMENTS

A private fostering arrangement occurs when someone other than a parent or a close relative cares for a child for a period of 28 days or more, with the agreement of the child's parents. It applies to children under the age of 16, or aged under 18 if the child is disabled. Children looked after by the local authority or who are placed in a residential school, children's home or hospital are not considered to be privately fostered.

Private fostering occurs in all cultures, including British culture and children may be privately fostered at any age.

Most privately fostered children remain safe and well but safeguarding concerns have been raised in some cases so it is important that schools are alert to possible safeguarding issues, including the possibility that a child has been trafficked into the country

By law, a parent, private foster carer or other persons involved in making a private fostering arrangement must notify children's services as soon as possible