



Child Protection Policy

September 2019

Statutory Policy

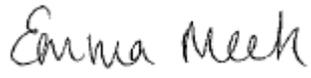
Gurnard Primary School

Policy Review

This policy was first adopted and agreed by the Governing Board on 11th September 2019.

It will be reviewed annually by the Governing Board and is due for review in September 2020.

Signature  Headteacher Date: 11th September 2019

Signature  Chair of Governors Date: 11th September 2019

All the governors and staff of Gurnard Primary School are committed to sharing a common objective to help keep the children and staff of the school community safe. We ensure that consistent effective safeguarding procedures are in place in order to support families, children and staff of the school.

Revision Record

Revision No.	Date Issued	Prepared By	Approved	Comments
1	September 2019	VH	FGB	Adoption of Hampshire County Council's model child protection policy.
2				
3				
4				

Child Protection Policy September 2019

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Gurnard Primary School Child Protection Policy

Policy Statement

We recognise our moral and statutory responsibility to safeguard and promote the welfare of all children. We make every effort to provide a safe and welcoming environment underpinned by a culture of openness where both children and adults feel secure, able to talk and believe that they are being listened to.

We maintain an attitude of “**it could happen here**” where safeguarding is concerned.

The purpose of this policy is to provide staff, volunteers and governors with the framework they need in order to keep children safe and secure in our school and to inform parents and guardians how we will safeguard their children whilst they are in our care. Specific guidance is available to staff within the procedure documents.

Definitions

Within this document:

Child protection is an aspect of safeguarding, but is focused on how we respond to children who have been significantly harmed or are at risk of significant harm.

The term **staff** applies to all those working for or on behalf of the school, full time or part time, in either a paid or voluntary capacity. This also includes parents and governors.

Child refers to all young people who have not yet reached their 18 birthday. On the whole, this will apply to pupils of our school; however the policy will extend to visiting children and students from other establishments

Parent refers to birth parents and other adults in a parenting role for example adoptive parents, step parents, guardians and foster carers.

Abuse could mean neglect, physical, emotional or sexual abuse or any combination of these. Parents, carers and other people can harm children either by direct acts and / or failure to provide proper care. Explanations of these are given within the procedure document.

Aims

- To provide staff with the framework to promote and safeguard the wellbeing of children and in so doing ensure they meet their statutory responsibilities.
- To ensure consistent good practice across the school.
- To demonstrate our commitment to protecting children.

Principles and Values

- Children have a right to feel secure and cannot learn effectively unless they do so.
- All children have a right to be protected from harm.
- All staff have a key role in prevention of harm and an equal responsibility to act on any suspicion or disclosure that may indicate a child is at risk of harm, either in the school or in the community (taking into account *contextual safeguarding*, in accordance with the guidance).
- We acknowledge that working in partnership with other agencies protects children and reduces risk and so we will engage in partnership working throughout the child protection process to safeguard children.
- Whilst the school will work openly with parents as far as possible, it reserves the right to contact Children's Social Care or the police, without notifying parents if this is believed to be in the child's best interests.

Leadership and Management

We recognise that staff anxiety around child protection can compromise good practice and so have established clear lines of accountability, training and advice to support the process and individual staff within that process.

In this school any individual can contact the Designated Safeguarding Lead (DSL) or the Deputy (DDSL) if they have concerns about a young person.

The Designated Safeguarding Lead (DSL) for the school is: **Mrs Lynn Torrance** (Deputy Headteacher and SENCO)

The Deputy Designated Safeguarding Leads are: **Miss Vanessa Hicks** (Headteacher); **Mrs Liz Denham** (Family Liaison Officer); **Mr David Finch** (Assistant Head); and **Mrs Angela McLuckie** (School Business Manager).

There is a nominated safeguarding governor, **Mrs Emma Meek** (Chair of Governors), who will take leadership responsibility for safeguarding. The Chair of Governors will receive reports of allegations against the headteacher and act on the behalf of the Governing Board.

As an employer we follow safer recruitment guidance as set out in KCSiE 2019.

Training

All staff in our school are expected to be aware of the signs and symptoms of abuse and must be able to respond appropriately. Training is provided as required. Any member of staff who has regular face to face contact with children attends a Safeguarding Foundation Level 2 course. This training is refreshed every 3 years through whole staff face to face training. Separate face to face training is provided to all new staff on appointment. The Designated Safeguarding Lead and nominated deputies will attend Level 3 Designated Safeguarding Lead (Education Settings) training at least every other year to enable them to fulfil their role. Delegates will also attend the annual DSL Conference as continuous professional development which includes the latest updates relevant to DSLs.

Any update in national or local guidance will be shared with all staff in termly briefings/staff meetings and then captured in the next whole school training. This policy will be updated during the year to reflect any changes brought about by new guidance.

Referral

Following any concerns raised, the DSL will assess the information and consider if significant harm has happened or there is a risk that it may happen. If the evidence suggests the threshold of significant harm, or risk of significant harm has been reached, or if it is not clear if the threshold is met, then the DSL will contact Children's Social Care and if appropriate the police. If the DSL or DDSLs are not available or there are immediate concerns, the staff member will refer directly to Children's Social Care and the police if appropriate.

Generally the DSL will inform the parents prior to making a referral. However there are situations where this may not be possible or appropriate, particularly when informing parents/carers may place the child at further risk.

The exception to this process will be in those cases of known FGM where there is a mandatory requirement for the teacher to report directly to the police. The DSL should also be made aware.

Confidentiality

- We maintain that all matters relating to child protection are to be treated as confidential and only shared as per the 'Information Sharing Advice for Practitioners' (DfE 2015) guidance
- There is a lawful basis for child protection concerns to be shared with agencies who have a statutory duty for child protection.
- Information will be shared with individuals within the school who 'need to know'.
- All staff are aware that they cannot promise a child to keep a disclosure confidential.

As a school we will educate pupils to recognise when they are at risk and how to get help when they need it through:

- The content of the curriculum
- A school ethos which helps children to feel safe and able to talk freely about their concerns, believing that they will be listened to and valued.

Dealing with allegations against staff

If a concern is raised about the practice or behaviour of a member of staff this information will be recorded and passed to the headteacher **Miss Vanessa Hicks**. The Local Authority Designated Officer (LADO) will be contacted and the relevant guidance will be followed. If the allegation is against the headteacher, the person receiving the allegation will contact the LADO or Chair of Governors directly.

Dealing with allegations against pupils

If a concern is raised that there is an allegation of a pupil abusing another pupil within the school, the 'Peer on Peer Abuse' guidance will be followed.

Legal context

Section 175 of the Education Act 2002; Children Act 2004 & 1989

Guidance:

Hampshire and Isle of Wight Safeguarding Children Partnership protocols and guidance and their procedures

[Working Together to Safeguard Children \(2018\)](#)

[Keeping Children Safe in Education \(2019\)](#)

[FGM Act 2003 Mandatory Reporting Guidance \(2016\)](#)

Policy review

As a school, we review this policy at least annually in line with DfE, HSCP and IWCC requirements and other relevant statutory guidance.

Date approved by Governing Board: 11th September 2019

Date reviewed by Governing Board: N/A

Roles and responsibilities within Gurnard Primary School

Staff responsibilities

All staff have a key role to play in identifying concerns early and in providing help for children. To achieve this they will:

- Establish and maintain an environment where children feel secure, are encouraged to talk and are listened to.
- Ensure children know that there are adults in the school who they can approach if they are worried or have concerns.
- Plan opportunities within the curriculum for children to develop the skills they need to recognise, assess and manage risk appropriately and keep themselves safe.
- Attend training in order to be aware of and alert to the signs of abuse.
- Maintain an attitude of “**it could happen here**” with regards to safeguarding.
- Record their concerns if they are worried that a child is being abused and report these to the DSL as soon as practical that day. If the DSL is not contactable immediately a DDSL should be informed.
- Be prepared to refer directly to social care, and the police if appropriate, if there is a risk of significant harm and the DSL or DDSL is not available.
- Follow the allegations procedures if the disclosure is an allegation against a member of staff.
- Follow the procedures set out by the Isle of Wight Safeguarding Children Partnership and take account of guidance issued by the DfE.
- Support pupils in line with their child protection plan.
- Treat information with confidentiality but never promising to “keep a secret”.
- Notify the DSL or DDSL of any child on a child protection plan or child in need plan who has unexplained absence.
- Have an understanding of Early Help and be prepared to identify and support children who may benefit from early help.
- Liaise with other agencies that support pupils and provide early help.
- Ensure they know who the DSL and DDSL are and know how to contact them.
- Have an awareness of the Child Protection Policy, the Behaviour Policy, the Staff Code of Conduct, procedures relating to the safeguarding response for children who go missing from education and the role of the DSL.

Senior Management Team responsibilities:

- Contribute to inter-agency working in line with Working Together to Safeguard Children 2018 guidance
- Provide a co-ordinated offer of early help when additional needs of children are identified
- Ensure staff are alert to the various factors that can increase the need for early help (para 18 KCSiE 2019)
- Working with Children’s Social Care, support their assessment and planning processes including the school’s attendance at conference and core group meetings.
- Carry out tasks delegated by the Governing Board such as training of staff, safer recruitment and maintaining a single central register.

- Provide support and advice on all matters pertaining to safeguarding and child protection to all staff regardless of their position within the school.
- Treat any information shared by staff or pupils with respect and follow agreed policies and procedures.
- Ensure that allegations or concerns against staff are dealt with in accordance with guidance from Department for Education (DfE) and the Isle of Wight Safeguarding Children Partnership (IWSCP) procedures

Governing Board responsibilities

- Ensure the school has effective safeguarding policies and procedures including a Child Protection Policy, a Staff Code of Conduct, a Behaviour Policy and a response to children who go missing from education.
- Ensure IWSCP is informed in line with local requirements about the discharge of duties via the annual safeguarding audit
- Recruitment, selection and induction follows safer recruitment practice including all appropriate checks.
- Allegations against staff are dealt with by the headteacher. Allegations against the headteacher are dealt with by the Chair of Governors
- A member of the Senior Leadership Team is appointed as Designated Safeguarding Lead (DSL) and has this recorded in their job description
- Staff have been trained appropriately and this is updated in line with guidance
- Any safeguarding deficiencies or weaknesses are remedied without delay
- A nominated governor for safeguarding is identified

DSL responsibilities *(to be read in conjunction with DSL role description in KCSiE)*

The Designated Safeguarding Lead (DSL) for the school is: **Mrs Lynn Torrance** (Deputy Headteacher and SENCO)

The Deputy Designated Safeguarding Leads are: **Miss Vanessa Hicks** (Headteacher); **Mrs Liz Denham** (Family Liaison Officer); **Mr David Finch** (Assistant Head); and **Mrs Angela McLuckie** (School Business Manager).

In addition to the role of all staff and the senior management team the DSL will:

- Refer cases to social care, and the police where appropriate, in a timely manner avoiding any delay that could place the child at more risk.
- Assist the Governing Board in fulfilling their safeguarding responsibilities set out in legislation and statutory guidance
- Attend appropriate training and demonstrate evidence of continuing professional development to carry out the role.
- Ensure every member of staff knows who the DSL and the Deputy DSLs are, have an awareness of the DSL role and know how to contact them.
- Ensure all staff and volunteers understand their responsibilities in being alert to the signs of abuse and responsibility for referring any concerns about a child to the DSL and concerns about an adult to the Headteacher.
- Ensure whole school training occurs regularly with at least annual updates so that staff and volunteers can fulfil their responsibilities knowledgeably.

- Ensure any members of staff joining the school outside of the agreed training schedule receive induction prior to commencement of their duties
- Keep records of child protection concerns securely and separately from the main pupil file and use these records to assess the likelihood of risk
- Ensure that safeguarding records are transferred accordingly (separate from pupil files) and in a timely fashion when a child transfers school
- Ensure that where a pupil transfers school and is on a child protection plan or is a child looked after, their information is passed to the new school immediately and that the child's social worker is informed. Consideration is given to a transition meeting prior to moving if the case is complex or ongoing.
- Be aware of the training opportunities and briefings provided by IWSCP to ensure staff are aware of the latest local guidance on safeguarding
- Develop, implement and review procedures in the school that enable the identification and reporting of all cases, or suspected cases, of abuse
- Meet any other expectations set out for DSLs in KCSiE 2019

Gurnard Primary School Child Protection Procedures

Overview

The following procedures apply to all staff working in the school and will be covered by training to enable staff to understand their role and responsibility. The aim of our procedures is to provide a robust framework which enables staff to take appropriate action when they are concerned that a child is being harmed or is at risk of harm.

The prime concern at all stages must be the interests and safety of the child. Where there is a conflict of interest between the child and an adult, the interests of the child must be paramount.

All staff are aware that very young children and those with disabilities, special needs or with language delay may be more likely to communicate concerns with behaviours rather than words. Additionally staff will question the cause of knocks and bumps in children who have limited mobility which will include children visiting the site as well as those who are pupils.

If a member of staff suspects abuse, spots signs or indicators of abuse, or they have a disclosure of abuse made to them they must:

1. Make an initial record of the information.
2. Report it to the DSL immediately
3. The DSL will consider if there is a requirement for immediate medical intervention, however urgent medical attention should not be delayed if the DSL is not immediately available
4. Make an accurate record using the secure online Edaware system (which may be used in any subsequent court proceedings) as soon as possible and within 24 hours of the occurrence, of all that has happened, including details of:
 - Dates and times of their observations
 - Dates and times of any discussions in which they were involved.
 - Any injuries
 - Explanations given by the child / adult
 - What action was taken
 - Any actual words or phrases used by the child

The secure online Edaware system digitally signs and dates this record.

5. In the absence of the DSL or their Deputies, be prepared to refer directly to Children's Social Care (and the police if appropriate) if there is the potential for immediate significant harm.

Following a report of concerns the DSL must:

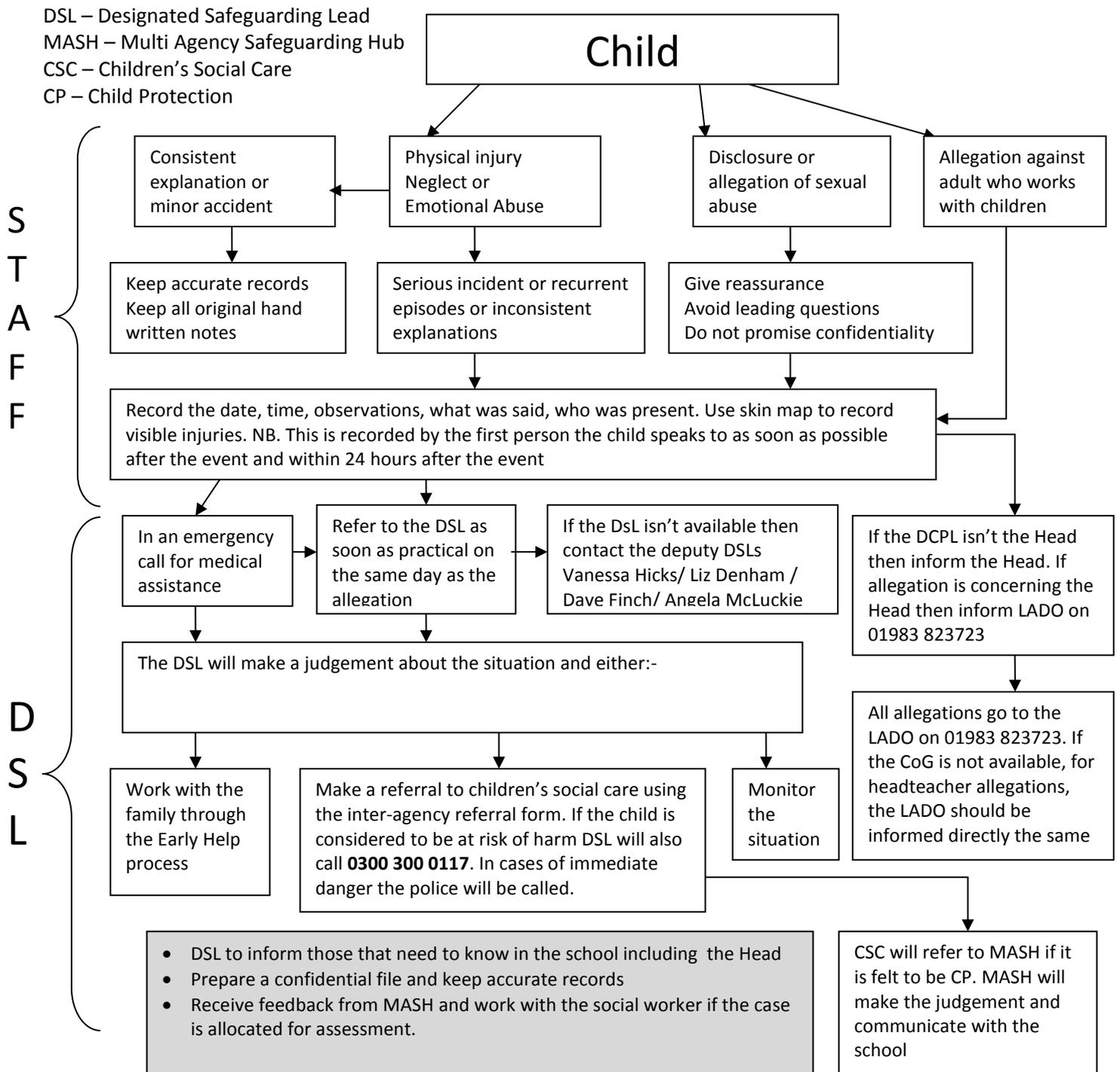
1. Decide whether or not there are sufficient grounds for suspecting significant harm in which case a referral must be made to Children's Social Care and the police if it is appropriate. The rationale for this decision should be recorded by the DSL

2. Normally the school should try to discuss any concerns about a child's welfare with the family and where possible to seek their agreement before making a referral to Children's Social Care. However, in accordance with DfE guidance, this should only be done when it will not place the child at increased risk or could impact a police investigation. Where there are doubts or reservations about involving the child's family, the DSL should clarify with Children's Social Care or the police whether the parents should be told about the referral and, if so, when and by whom. This is important in cases where the police may need to conduct a criminal investigation. If appropriate, the child's views should also be taken into account.
3. If there are grounds to suspect a child is suffering, or is likely to suffer, significant harm the DSL (or Deputy) must contact Children's Social Care via the Inter-Agency Referral Form (IARF) making a clear statement of:
 - the known facts
 - any suspicions or allegations
 - whether or not there has been any contact with the child's family

If there is indication that the child is suffering significant harm, a call will also be made to Children's Social Care on 0300 300 0117 (24 hour number)

4. If a child is in immediate danger and urgent protective action is required, the police must be called. The DSL must then notify Children's Social Care of the occurrence and what action has been taken
5. When a pupil needs *urgent* medical attention and there is suspicion of parental abuse causing the medical need, the DSL or their Deputy should take the child to the accident and emergency unit at the nearest hospital, while Children's Social Care are informed. Advice should be sought from Children's Social Care about informing the parents, remembering that parents should normally be informed that a child requires urgent hospital attention.
6. If there is not a risk of significant harm, the DSL will either actively monitor the situation or consider the Early Help process

Flowchart for child protection procedures



** In the cases of known FGM, the teacher who was made aware will also make contact with the police*

Dealing with disclosures**All staff should:**

A member of staff who is approached by a child should listen positively and try to reassure them. They cannot promise complete confidentiality and should explain that they may need to pass information to other professionals to help keep the child or other children safe. The degree of confidentiality should always be governed by the need to protect the child.

Additional consideration needs to be given to children with communication difficulties and for those whose preferred language is not English. It is important to communicate with them in a way that is appropriate to their age, understanding and preference.

All staff should know who the DSL is and who to approach if the DSL is unavailable. Ultimately, all staff have the right to make a referral to the police or social care directly and should do this if, for whatever reason, there are difficulties following the agreed protocol, e.g. they are the only adult on the school premises at the time and have concerns about sending a child home.

Guiding principles, the seven Rs**Receive**

- Listen to what is being said, without displaying shock or disbelief
- Accept what is said and take it seriously
- Make a note of what has been said as soon as practicable

Reassure

- Reassure the pupil, but only so far as is honest and reliable
- Don't make promises you may not be able to keep e.g. 'I'll stay with you' or 'everything will be alright now' or 'I'll keep this confidential'
- Do reassure e.g. you could say: 'I believe you', 'I am glad you came to me', 'I am sorry this has happened', 'We are going to do something together to get help'

Respond

- Respond to the pupil only as far as is necessary for you to establish whether or not you need to refer this matter, but do not interrogate for full details
- Do not ask 'leading' questions i.e. 'did he touch your private parts?' or 'did she hurt you?' Such questions may invalidate your evidence (and the child's) in any later prosecution in court
- Do not ask the child why something has happened.
- Do not criticise the alleged perpetrator; the pupil may care about him/her, and reconciliation may be possible
- Do not ask the pupil to repeat it all for another member of staff. Explain what you have to do next and whom you have to talk to. Reassure the pupil that it will be a senior member of staff

Report

- Share concerns with the DSL as soon as possible
- If you are not able to contact your DSL or the Deputy, and the child is at risk of immediate harm, contact the children's services department directly

Record

- If possible make some very brief notes at the time, and record them on Edaware as soon as possible
- Record the date, time, place, persons present and noticeable non verbal behaviour, and the words used by the child. If the child uses sexual 'pet' words, record the actual words used, rather than translating them into 'proper' words
- Complete a body map on Edaware to indicate the position of any noticeable bruising
- Record facts and observable things, rather than your 'interpretations' or 'assumptions'

Remember

- Support the child: listen, reassure, and be available
- Complete confidentiality is essential. Share your knowledge only with appropriate professional colleagues
- Try to get some support for yourself if you need it

Review (led by DSL)

- Has the action taken provided good outcomes for the child?
- Did the procedure work?
- Were any deficiencies or weaknesses identified in the procedure? Have these been remedied?
- Is further training required?

What happens next?

It is important that concerns are followed up and it is everyone's responsibility to ensure that they are. The member of staff should be informed by the DSL what has happened following the report being made. If they do not receive this information they should be proactive in seeking it out.

If a staff member believes that their concerns have not been referred on or that the child remains at risk, they should initially ask the DSL to reconsider ensuring that the risks are understood. If this does not result in a satisfactory outcome, or the DSL rational appears to miss the risk to the child, then the Whistleblowing procedures of the school should be followed. If the DSL is unhappy with the response from Children's Social Care, they should consider following the IWSCP escalation protocol.

Receiving a disclosure can be upsetting for the member of staff and schools should have a procedure for supporting them after the disclosure. This might include reassurance that they have followed procedure correctly and that their swift actions will enable the allegations to be handled appropriately. For some staff, use of an employee based counselling service may be appropriate.

Allegations against adults who work with children

Working Together to Safeguard Children (2018) states that organisations should have clear policies in line with those from the LSCB for dealing with allegations against people who work with children. Those policies should make a clear distinction between an allegation, a complaint or a concern about the quality of care or practice.

Allegations as defined by KCSiE should be reported to the Local Authority Designated Officer. Complaints or concerns can be managed independently by the school under internal procedures.

Complaints could include:

- Breaches of the Staff Code of Conduct
- Failure to follow policy, procedure or guidance
- Any breach of data protection or confidentiality
- Poor behaviour management
- Inappropriate use of social media
- Misadministration of medication

Concerns could include:

- Inappropriate use of language, shouting or swearing
- Discussing personal or sexual relationships with, or in the presence, of pupils
- Making (or encouraging others to make) unprofessional comments which scapegoat, demean or humiliate children, or might be interpreted as such.

Allegations Procedure

This procedure should be used in all cases in which it is alleged a member of staff or volunteer in a school, or another adult who works with children has:

- **behaved in a way that has harmed a child, or may have harmed a child;**
- **possibly committed a criminal offence against or related to a child; or**
- **behaved towards a child or children in a way that indicates he or she would pose a risk of harm to children**

In dealing with allegations or concerns against an adult, staff must:

- Report any concerns about the conduct of any member of staff or volunteer to the Headteacher as soon as possible
- If an allegation is made against the Headteacher, the concerns need to be raised with the Chair of Governors as soon as possible. If the Chair of Governors is not available, then the LADO should be contacted directly.

- There may be situations when the Headteacher or Chair of Governors will want to involve the police immediately if the person is deemed to be an immediate risk to children or there is evidence of a possible criminal offence.
- Once an allegation has been received by the Headteacher or Chair of Governors they will contact the LADO on 01983 823723 or **Email:** lado@iow.gov.uk **Secure email:** lado@private.iow.gov.uk as soon as possible and before carrying out any investigation into the allegation other than preliminary enquiries.
- Inform the parents of the allegation unless there is a good reason not to

In liaison with the LADO, the school will determine how to proceed and if necessary the LADO will refer the matter to Children's Social Care and/or the police.

If the matter is investigated internally, the LADO will advise the school to seek guidance from their personnel/HR provider in following procedures set out in chapter 4 of 'Keeping Children Safe in Education' (2019) and the HSCP procedures.

What is child abuse?

The following definitions are taken from *Working Together to Safeguard Children* HM Government (2018). In addition to these definitions, it should be understood that children can also be abused by being sexually exploited, honour based violence, forced marriage or female genital mutilation.

What is abuse and neglect?

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger. They may be abused by an adult or adults, or another child or children.

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.

Emotional abuse

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 a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

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.

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)
- ensure access to appropriate medical care or treatment

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs. Hampshire and Isle of Wight safeguarding children partnership neglect strategy is used to provide a more detailed summary of neglect and the local thresholds for referrals.

Indicators of abuse

Neglect

The nature of neglect

Neglect is a lack of parental care but poverty and lack of information or adequate services can be contributory factors. Far more children are registered to the category of neglect on child protection plans than to the other categories. As with abuse, the number of children experiencing neglect is likely to be much higher than the numbers on the plans.

Neglect can include parents or carers failing to:

- provide adequate food, clothing and shelter
- protect a child from physical and emotional harm or danger
- ensure adequate supervision or stimulation
- ensure access to appropriate medical care or treatment.

NSPCC research has highlighted the following examples of the neglect of children under 12:

- frequently going hungry
- frequently having to go to school in dirty clothes
- regularly having to look after themselves because of parents being away or having problems such as drug or alcohol misuse
- being abandoned or deserted
- living at home in dangerous physical conditions
- not being taken to the doctor when ill
- not receiving dental care.

Neglect is a difficult form of abuse to recognise and is often seen as less serious than other categories. It is, however, very damaging: children who are neglected often develop more slowly than others and may find it hard to make friends and fit in with their peer group. Neglect is often noticed at a stage when it does not pose a risk to the child. The duty to safeguard and promote the welfare of children (*What to do if You're Worried a Child is Being Abused* DfE 2015) would suggest that an appropriate intervention or conversation at this early stage can address the issue and prevent a child continuing to suffer until it reaches a point when they are at risk of harm or in significant need.

Neglect is often linked to other forms of abuse, so any concerns school staff have should at least be discussed with the DSL.

Indicators of neglect

The following is a summary of some of the indicators that may suggest a child is being abused or is at risk of harm. It is important to recognise that indicators alone cannot confirm whether a child is being abused. Each child should be seen in the context of their family and wider community and a proper assessment carried out by appropriate persons. What is important to keep in mind is that if you feel unsure or concerned, do something about it. Don't keep it to yourself. The neglect toolkit provides a more detailed list of indicators of neglect and is available to all staff

Physical indicators of neglect

- Constant hunger and stealing food
- Poor personal hygiene - unkempt, dirty or smelly
- Underweight
- Dress unsuitable for weather
- Poor state of clothing
- Illness or injury untreated

Behavioural indicators of neglect

- Constant tiredness
- Frequent absence from school or lateness
- Missing medical appointments
- Isolated among peers
- Frequently unsupervised
- Stealing or scavenging, especially food
- Destructive tendencies

Emotional abuse

The nature of emotional abuse

- Most harm is produced in *low warmth, high criticism* homes, not from single incidents.
- Emotional abuse is difficult to define, identify/recognise and/or prove.
- Emotional abuse is chronic and cumulative and has a long-term impact.
- All kinds of abuse and neglect have emotional effects although emotional abuse can occur by itself.
- Children can be harmed by witnessing someone harming another person – as in domestic violence.

It is sometimes possible to spot emotionally abusive behavior from parents and carers to their children, by the way that the adults are speaking to, or behaving towards children. An appropriate challenge or intervention could affect positive change and prevent more intensive work being carried out later on.

Indicators of emotional abuse

Developmental issues

- Delays in physical, mental and emotional development
- Poor school performance
- Speech disorders, particularly sudden disorders or changes.

Behaviour

- Acceptance of punishment which appears excessive
- Over-reaction to mistakes
- Continual self-deprecation (I'm stupid, ugly, worthless etc)
- Neurotic behaviour (such as rocking, hair-twisting, thumb-sucking)
- Self-mutilation
- Suicide attempts
- Drug/solvent abuse
- Running away
- Compulsive stealing, scavenging
- Acting out
- Poor trust in significant adults
- Regressive behaviour – e.g., wetting
- Eating disorders
- Destructive tendencies
- Neurotic behaviour
- Arriving early at school, leaving late

Social issues

- Withdrawal from physical contact
- Withdrawal from social interaction
- Over-compliant behaviour
- Insecure, clinging behaviour
- Poor social relationships

Emotional responses

- Extreme fear of new situations
- Inappropriate emotional responses to painful situations (“I deserve this”)
- Fear of parents being contacted
- Self-disgust
- Low self-esteem
- Unusually fearful with adults
- Lack of concentration, restlessness, aimlessness
- Extremes of passivity or aggression

Physical abuse

The nature of physical abuse

Most children collect cuts and bruises quite routinely as part of the rough and tumble of daily life. Clearly, it is not necessary to be concerned about most of these minor injuries. But accidental injuries normally occur on the *bony prominences* – e.g., shins. Injuries on

the *soft* areas of the body are more likely to be inflicted intentionally and should therefore make us more alert to other concerning factors that may be present.

A body map can assist in the clear recording and reporting of physical abuse. The body map should only be used to record observed injuries and no child should be asked to remove clothing by a member of staff of the school.

Indicators of physical abuse / factors that should increase concern

- Multiple bruising or bruises and scratches (especially on the head and face)
- Clusters of bruises – e.g., fingertip bruising (caused by being grasped)
- Bruises around the neck and behind the ears – the most common abusive injuries are to the head
- Bruises on the back, chest, buttocks, or on the inside of the thighs
- Marks indicating injury by an instrument – e.g., linear bruising (stick), parallel bruising (belt), marks of a buckle
- Bite marks
- Deliberate burning may also be indicated by the pattern of an instrument or object – e.g., electric fire, cooker, cigarette
- Scalds with upward splash marks or *tide marks*
- Untreated injuries
- Recurrent injuries or burns
- Bald patches.

In the social context of the school, it is normal to ask about a noticeable injury. The response to such an enquiry is generally light-hearted and detailed. So, most of all, concern should be increased when:

- the explanation given does not match the injury
- the explanation uses words or phrases that do not match the vocabulary of the child (adults words)
- no explanation is forthcoming
- the child (or the parent/carer) is secretive or evasive
- the injury is accompanied by allegations of abuse or assault

You should be concerned if the child or young person:

- is reluctant to have parents/carers contacted
- runs away or shows fear of going home
- is aggressive towards themselves or others
- flinches when approached or touched
- is reluctant to undress to change clothing for sport
- wears long sleeves during hot weather
- is unnaturally compliant in the presence of parents/carers.
- has a fear of medical help or attention
- admits to a punishment that appears excessive.

Sexual abuse

The nature of sexual abuse

Sexual abuse is often perpetrated by people who are known and trusted by the child – e.g., relatives, family friends, neighbours, babysitters, people working with the child in school, faith settings, clubs or activities. Children can also be subject to child sexual

exploitation. Child Sexual Exploitation (CSE) is seen as a separate category of sexual abuse. Indicators of CSE can be found in the schools safeguarding policy.

Characteristics of child sexual abuse:

- it is often planned and systematic – people do not sexually abuse children by accident, though sexual abuse can be opportunistic
- grooming the child – people who abuse children take care to choose a vulnerable child and often spend time making them dependent
- grooming the child's environment – abusers try to ensure that potential adult protectors (parents and other carers especially) are not suspicious of their motives.

Most people who sexually abuse children are men, but some women sexually abuse too.

Indicators of sexual abuse

Physical observations

- Damage to genitalia, anus or mouth
- Sexually transmitted diseases
- Unexpected pregnancy, especially in very young girls
- Soreness in genital area, anus or mouth and other medical problems such as chronic itching
- Unexplained recurrent urinary tract infections and discharges or abdominal pain

Behavioural observations

- Sexual knowledge inappropriate for age
- Sexualised behaviour or affection inappropriate for age
- Sexually provocative behaviour/promiscuity
- Hinting at sexual activity
- Inexplicable decline in school performance
- Depression or other sudden apparent changes in personality as becoming insecure or clinging
- Lack of concentration, restlessness, aimlessness
- Socially isolated or withdrawn
- Overly-compliant behaviour
- Acting out, aggressive behaviour
- Poor trust or fear concerning significant adults
- Regressive behaviour,
- Onset of wetting, by day or night; nightmares
- Onset of insecure, clinging behaviour
- Arriving early at school, leaving late, running away from home
- Suicide attempts, self-mutilation, self-disgust
- Suddenly drawing sexually explicit pictures
- Eating disorders or sudden loss of appetite or compulsive eating
- Regressing to younger behaviour patterns such as thumb sucking or bringing out discarded cuddly toys
- Become worried about clothing being removed
- Trying to be 'ultra-good' or perfect; overreacting to criticism.