

## CHILD PROTECTION POLICY, PROCEDURE AND GUIDANCE

Signed	<i>V. Garrett</i>
Role	Chair
Date	16 February 2017

Approved by (Committee)	Full Governing Body
Date approved	16 February 2017
Review frequency	Annually
Date of next review	January 2018

	Content	Page
	Child Protection Policy	3
	Roles and Responsibilities	6
	Child Protection Procedures	8
Annex 1	Flowchart for child protection procedures	10
Annex 2	Recording Form	11
Annex 3	Skin Maps	12
Annex 4	Dealing with disclosures	14
Annex 5	Allegations against staff	16
Annex 6	Allegations against pupils	17
Annex 7	Briefing sheet for temporary staff	20
Annex 8	What is child abuse	21
Annex 9	Useful contacts	27

## Northwood 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 “it could be happen here” where safeguarding is concerned. The purpose of this policy is to provide staff, volunteers and governors with the framework they need 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.

### Definitions

**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 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<sup>th</sup> birthday. Overall, 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 regardless of age, gender, race, ability, sexuality, religion, culture or language have a right to be protected from harm.
- All staff have a key role in the prevention of harm and an equal responsibility to act on any suspicion or disclosure that may indicate a child is at risk of harm in accordance with the guidance.

- We acknowledge that working in partnership with other agencies protects children and reduces risk and so we will encourage in partnership working throughout the child protection process to safeguard children.
- Whilst the school will work openly with parents as far as possible, the school reserves the right to contact children's social care or the police, without notifying parents if this is in the child's best interest.

### **Leadership and Management**

We recognise that staff anxiety around child protection can undermine 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) if they have concerns about a young person.

**DSL is Sarah Hussey, Headteacher** and the **deputy DSL is Angie Strand, Assistant Headteacher**. The nominated governor is **Dean Thistlewood**, who will receive allegations against the Headteacher and act on behalf of the governing body.

As an employer, we comply with the "Disqualification under the childcare act 2006" guidance issued in February 2015.

### **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 every year with separate training to all new staff on appointment. The DSL will attend annual training to enable them to fulfil their role.

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

### **Referral**

Following any concerns raised by staff, the DSL will assess the information and consider if the significant harm has happened or there is a risk that it may happen. If the evidence suggests the threshold of significant harm, or risk if significant harm has been reached; or they are not clear if the threshold is met then the DSL will contact children's social care. If the DSL (or in their absence the deputy DSL) is not available or there are immediate concerns, the staff member will refer directly to children's social care.

Generally, the DSL will inform the parents prior to making a referral however there are situations where this may not be possible or appropriate.

***N.B. The exception to this process will be in those cases of known Female Genital Mutilation (FGM) where there is a mandatory requirement for the teacher to report directly to the police.***

## Confidentiality

- We maintain that all matters relating to child protection are to be treated as confidential and only shared as per the 'working together' guidance.
- Information will only be shared with agencies who we have a statutory duty to share with or 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 and encourage pupils to keep safe 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 **Sarah Hussey**. 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 the nominated governor 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 'dealing with allegations against pupils' guidance will be followed (Annex 6).

### Legal Context

Section 175 (maintained schools) or section 157 (independent schools and academies) of the Education Act 2002.

Childrens Act 1989 & 2004

### Guidance

[Isle of Wight Safeguarding Childrens Board](#)

[Working Together to Safeguard Children 2015](#)

[Keep Children Safe in Education 2016](#)

[Disqualification under the Childcare Act 2006](#)

## Annual Review

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

**DATE APPROVED BY GOVERNING BODY: FEBRUARY 2017**

**DATE REVIEWED BY GOVERNING BODY: FEBRUARY 2018**

**Roles and responsibilities within Northwood 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 whom they can approach if they are worried about any problems.
- Plan opportunities within the curriculum for children to develop the skills they need to assess and manage risk appropriately and keep themselves safe.
- Attend training 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 relevant person as soon as practical that day.
- If the disclosure is an allegation against a member of staff, they will follow the allegations' procedure (Annex 5)
- Follow the procedures set out by the Isle of Wight LSCB 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 DSL of any child on a Child Protection Plan who has unexplained absences
- In the context of Early Help, staff will notify colleagues and/or parents of any concerns about their child(ren), and provide them with, or signpost them to, opportunities to change the situation.
- Liaise with other agencies that support pupils and provide early help.
- Ensure they know who the DSL and Deputy DSL are and know how to contact them

**Senior Management Team Responsibilities:**

- Contribute to inter-agency working in line with guidance (Working Together 2015)
- Provide a co-ordinated offer of early help when additional needs of children are identified.
- Working with children's social care, support their assessment and planning processes including the school's attendance at Child Protection Conferences, Core Group and Child in Need (CIN) meetings.
- Carry out tasks delegated by the governing body such as training of staff; safe recruitment; maintaining a Single Central Record (SCR).
- 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 procedures.
- Ensure that allegations or concerns against staff are dealt with in accordance with guidance from DfE, LSCB and Isle of Wight Council.
- Provide copies of policies (including Child Protection Policy; Safeguarding Policy and Staff Behaviour Policy) and a copy of part one of Keeping Children Safe in Education to all staff at induction.

- Ensure all staff understand the role of DSL and are aware of the systems within their school which support safeguarding.

### **Governing Body Responsibility**

- The School has effective safeguarding policies & procedures including a Child Protection Policy and a Staff Behaviour Policy.
- The Isle of Wight LSCB is informed annually about the discharge of duties via the safeguarding audit.
- Recruitment, selection and induction follow safer recruitment practice.
- Allegations against staff are dealt with by the Headteacher.
- A member of the Senior staff team is designated as DSL and have 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.
- The Chair of Governors is responsible for managing allegations against the Headteacher
- Ensure that the Child Protection Policy is updated at least annually and available publicly.
- Ensure children are taught about safeguarding, including online, through teaching and learning opportunities.
- Ensure appropriate filters and appropriate monitoring systems are in place to safeguard pupils from potentially harmful and inappropriate online material.
- Provide opportunities for staff to contribute to and shape the safeguarding arrangements and Child Protection Policy so recognising the experience and expertise of their staff.
- Ensure that all staff read at least Part One of Keeping Children Safe in Education 2016.
- Ensure that mechanisms are in place to assist staff to understand and discharge their role and responsibilities as set out in Part One of Keeping Children Safe in Education 2016.

### **DSL Responsibilities**

**Sarah Hussey is the DSL**

**Angie Strand is the Deputy DSL**

In addition to fulfilling the responsibilities of staff and Senior Management Team, the DSL will also follow the role description set out in Annex B of Keeping Children Safe in Education.

## **Northwood 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 worried a child is being abused.

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.

**If a member of staff suspects 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/Deputy DSL immediately
3. The DSL/Deputy DSL will consider if there is a requirement for immediate medical intervention, however urgent medical attention should not be delayed if DSL or Deputy DSL are not immediately available
4. Make an accurate record (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 they were involved in
  - Any injuries
  - Explanation given by the child/adult
  - What action was taken
  - Any actual words or phrases used by the child.

The records must be signed and dated by the author.

**Following a report of concerns from a member of staff, the DSL (or Deputy) must:**

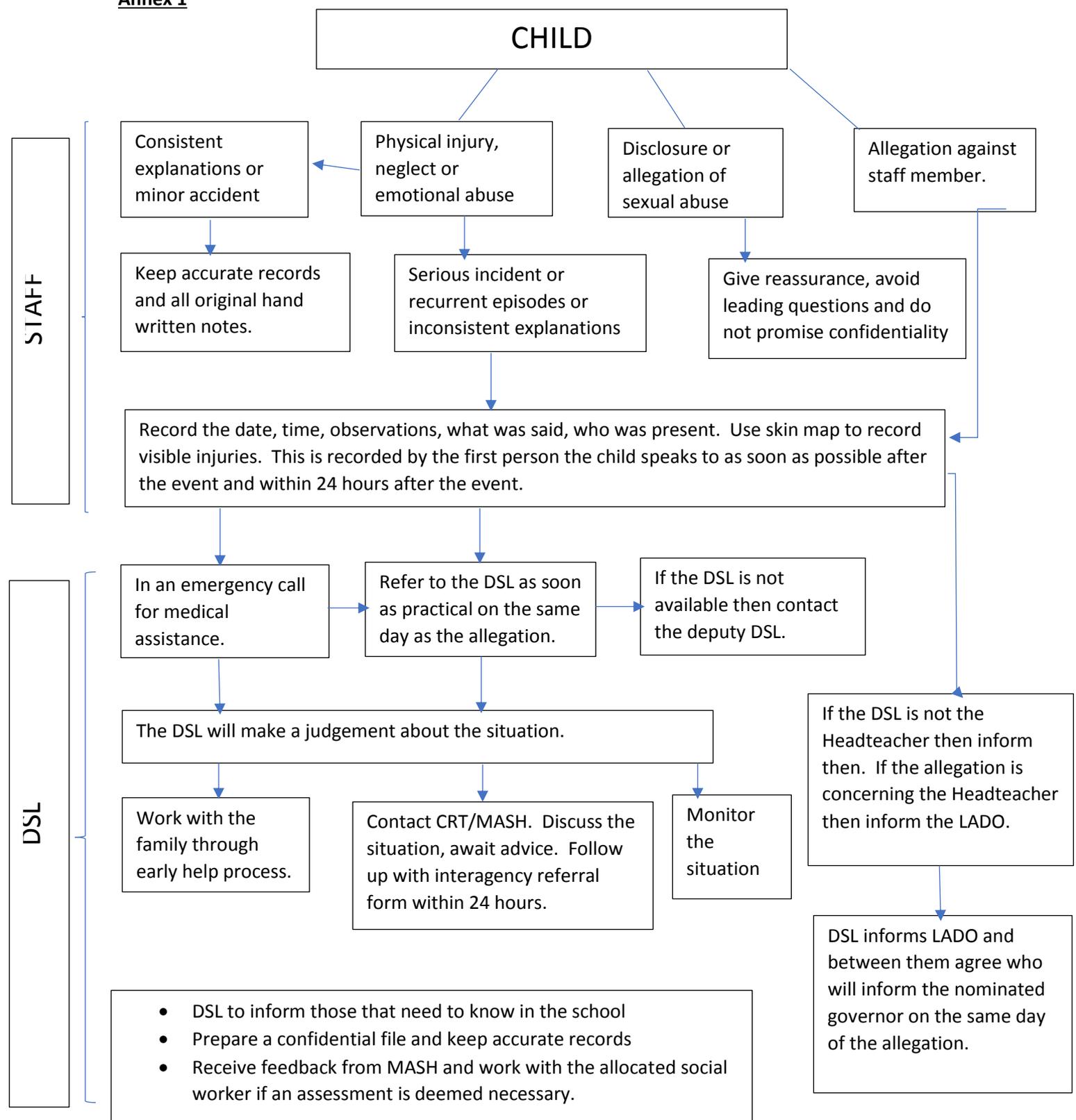
1. Decide whether there are sufficient grounds for suspecting significant harm in which case referral must be made to Children's Social Care.
2. Normally the school should try to discuss any concerns about a child's welfare with the family and where possible to seek their agreement before making a referral 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. The child's view should also be considered.
3. If there are grounds to suspect a child is suffering, or is likely to suffer, significant harm they must contact Children's Social Care via the Children's Reception Team(CRT)/MASH 0300 300 0117 and make a clear statement of:
  - The known facts
  - Any suspicions or allegations
  - Whether there has been any contact with the child's family

If the DSL feels unsure about whether a referral is necessary, they can phone CRT to discuss concerns.

4. If there is not a risk of significant harm, then the DSL/Deputy DSL will either actively monitor the situation or consider the Early Help process

5. The DSL/Deputy DSL must confirm any referrals in writing to Children's Social Care, within 24 hours, including the actions that have been taken. The written referral should be made using the Inter-Agency Referral Form ([IRAF](#)) which will provide Children's Social Care with the supplementary information required about the child and family's circumstance.
6. If a child is in immediate danger and urgent protective actions is required, the police should be called. The DSL should also notify Children's Social Care of the occurrence and what action has been taken.
7. Where there are doubts or reservations about involving the children's family, the DSL (or Deputy) 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.
8. When a pupil needs urgent medical attention and there is suspicion of abuse the DSL (or Deputy) should take the child to the A & E department at the nearest hospital, having first notified Children's Social Care. The DSL (or Deputy) should seek advice about what action Children's Social Care will take and about informing the parents, remembering that parents should normally be informed that a child requires urgent hospital attention.

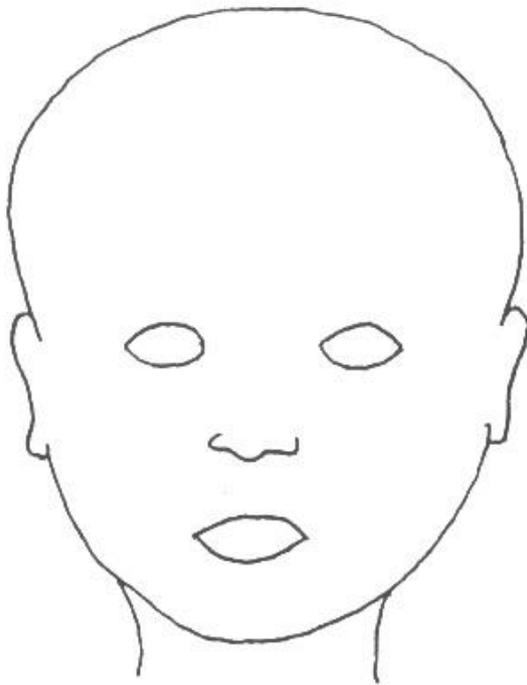
**Annex 1**



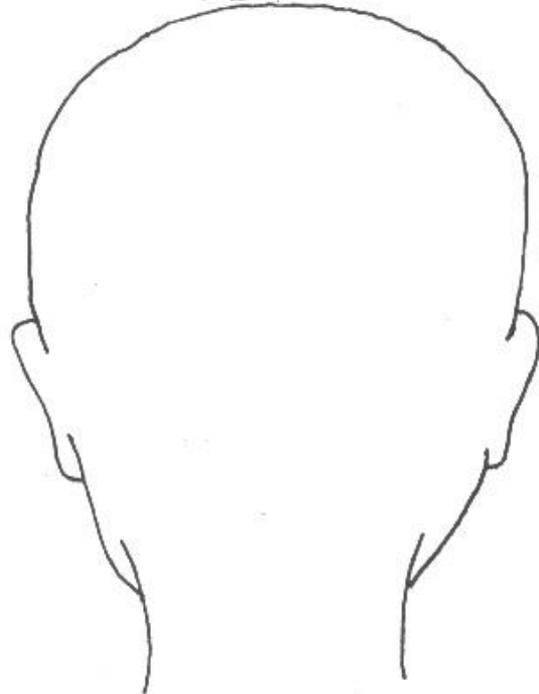
**Annex 2**

<b>Pupil Name</b>	<b>D.O.B</b>  <b>Class</b>
<b>Name of Person &amp; Designation completing Form</b>	<b>Time and Date</b>
<b>Details of Incident</b>	<b>Action Taken</b>
<b><u>Outcome (to be completed by DSL/Deputy DSL)</u></b>	
<b><u>Name &amp; Signature (DSL/Deputy DSL)</u></b>	<b><u>Date</u></b>

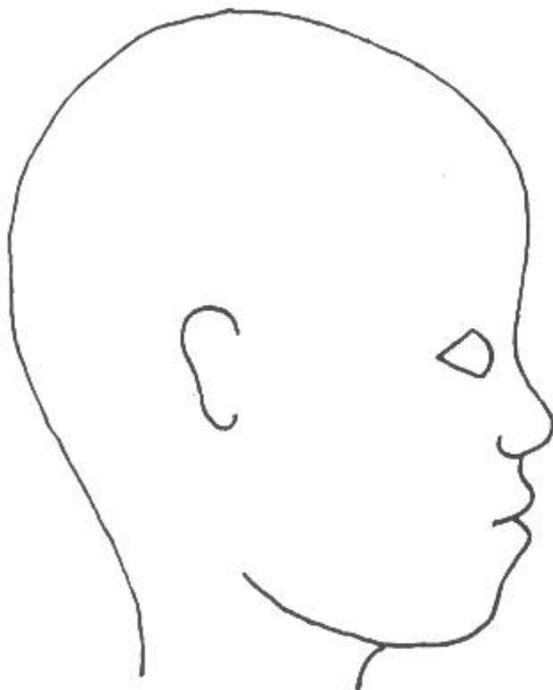
Annex 3



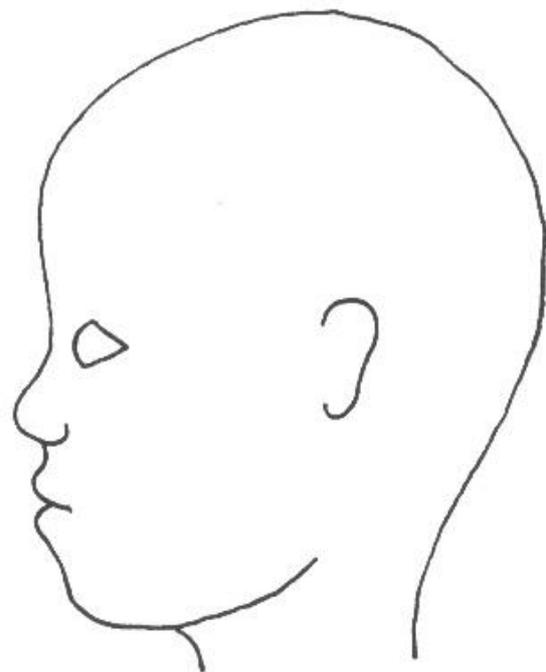
FRONT



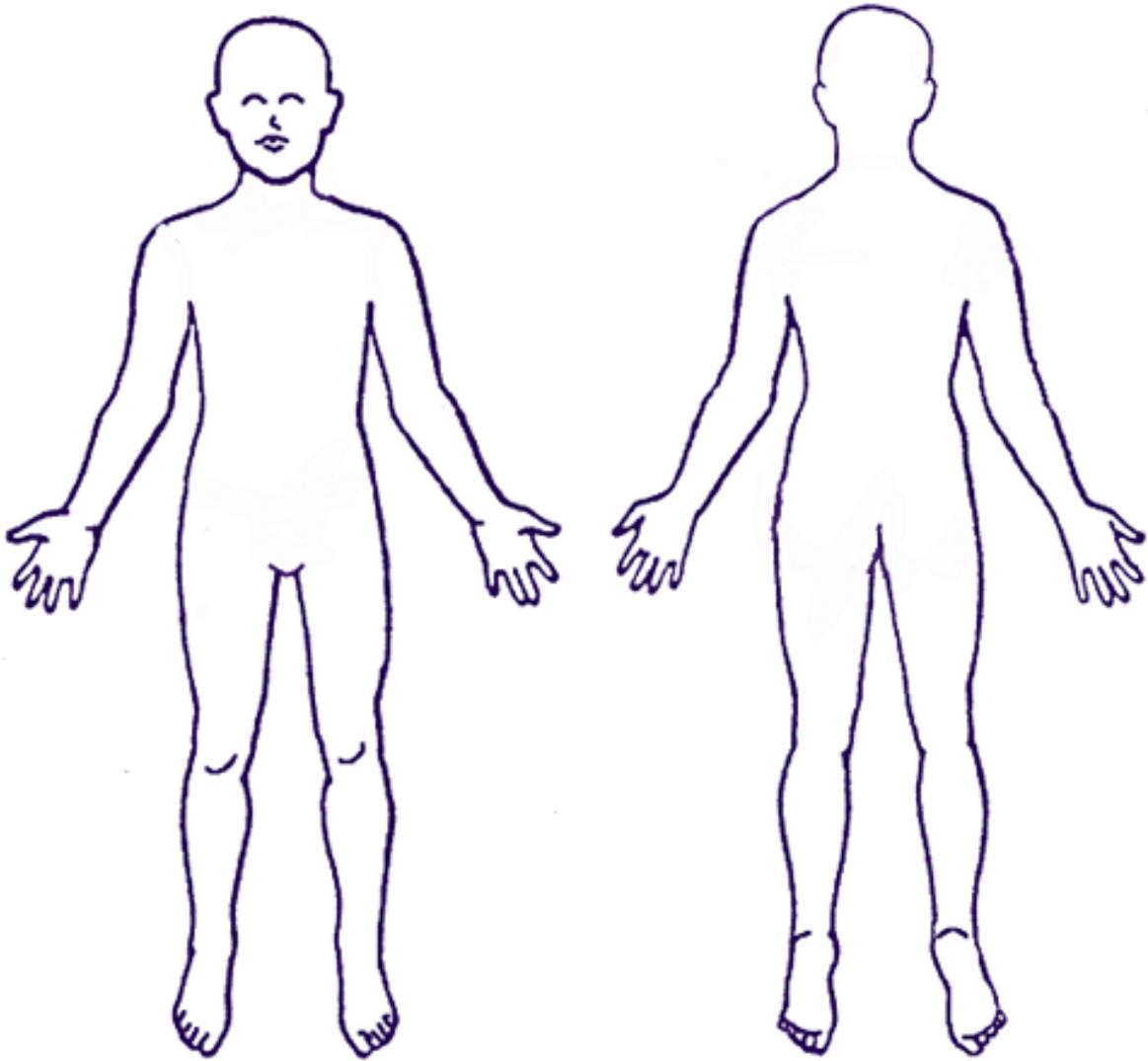
BACK



RIGHT



LEFT



Name of Child.....  
Date of Birth.....  
Date of Recording.....  
Name of Completer.....  
Additional information

## **Annex 4**

### **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 for their age, understanding and preference.

All staff should know who the DSL and if they are unavailable who the Deputy DSL is. 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 R's**

##### **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, but only so far as is necessary for you to establish whether 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 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 must do next and whom you must talk to. Reassure the pupil that it will be a senior member of staff.

##### **Report**

- Share concerns with DSL as soon as possible.
- If you are not able to contact your DSL or Deputy DSL, and the child is at risk of immediate harm, contact Children's Service Department directly
- If you are dissatisfied with level or response you receive following your concerns, you should press for re-consideration.

## **Record**

- If possible make some very brief notes at the time, and write them up as soon as possible.
- Keep your original notes on file
- Record the date, time, place, persons present and 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 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 and get some support for yourself if you need it.

## **Review**

- 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 they have concerns that the disclosure has not been acted upon appropriately they might inform the Safeguarding Governor of the school and/or ultimately contact the children's services department.

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.

In some cases, additional counselling might be needed and they should be encouraged to recognise that disclosures can have an impact on their own emotions.

## Annex 5

### Allegations against staff

#### **Procedure**

This procedure should be used in all cases in which it is alleged a member of staff or volunteer working for the school 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 in the school staff:

- Report any concerns about the conduct of any member of staff or volunteer to the DSL as soon as possible
- If an allegation is made against the Head Teacher, the concerns need to be raised with Safeguarding Governor or LADO as soon as possible.
- Once an allegation has been received by the Head Teacher, Chair of Governors or Safeguarding Governor they will contact the LADO on 01983 823723 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 Services and/or the Police.

If the matter is investigated internally, the LADO will advise the school to seek guidance from their HR provider in following procedures set out in 'Keeping Children Safe in Education (2016)' and the Isle of Wight LSCB procedures.

## **Annex 6**

### **Managing allegations against other pupils**

#### **Policy and Procedure**

DfE guidance 'Keeping Children Safe in Education' (2016) says the 'governing bodies should ensure that there are procedures in place to handle allegations against other children'. The guidance also states the importance of minimising the risks of peer-on-peer abuse. In most instances, the conduct of students towards each other will be covered by the school's Behaviour Policy. Some allegations are most likely to include physical abuse, emotional abuse, sexual abuse and sexual exploitation. It is likely that incidents dealt with under this policy will involve older students and their behaviour towards younger students or those who are vulnerable.

#### **The safeguarding implications of sexual activity between young people.**

The interventions of Child Protection agencies in situations involving sexual activity between children can require difficult professional judgements. Some situations are statutorily clear – for example, a child under the age of 13 cannot consent to sexual activity. But it will not necessarily be appropriate to initiate Safeguarding procedures where sexual activity involving children and young people below the age of legal consent (16 years) comes to notice. In our society, generally the age at which children become sexually active has steadily dropped. It is important to distinguish between consensual sexual activity between children of a similar age (where at least one is below the age of consent), sexual activity involving a power imbalance, or some form of coercion or exploitation. It may also be difficult to be sure that what has or has been alleged to have taken place defiantly does have a sexual component.

As usual, important decisions should be made on a case by case basis, based on an assessment of the children's best interests. Referral under safeguarding arrangements may be necessary, guided by an assessment of the extent to which a child is suffering, or is likely to suffer, significant harm. Key specific considerations will include:

- The age, maturity and understanding of the children;
- Any disability or special needs of the children;
- Their social and family circumstances;
- Any evidence in the behaviour or presentation of the children that might suggest they have been harmed;
- Any evidence of pressure to engage in sexual activity;
- Any indication of sexual exploitation;

There are also contextual factors. Gender, sexuality, race and levels of sexual knowledge can be used to exert power. A sexual predator may sometimes be a woman or girl and the victim a boy.

## **Policy**

At Northwood, Primary School we believe that all children have a right to attend school and learn in a safe environment. Children should be free from harm by adults in the school and other students

We recognise that some students will sometimes negatively affect the learning and wellbeing of others and their behaviour will be dealt with under the school's behaviour policy.

### **Prevention**

As a school, we will minimise the risk of allegations against other pupils: -

- Providing a developmentally appropriate PHSE syllabus which develops students understanding of acceptable behaviour and keeping themselves safe.
- Having systems in place for any student to raise concerns with staff, knowing that they will be listened to, believe and valued
- Delivering targeted work on assertiveness and keeping safe to those pupils identified as being at risk.
- Developing robust risk assessment & providing targeted work for pupils identified as being a potential risk to other pupils.

### **Allegations against other pupils which are safeguarding issues**

Occasionally, allegations may be made against students by others in the school, which are of a safeguarding nature. Safeguarding issues raised in this way may include physical abuse, emotional abuse, sexual abuse, and sexual exploitation. It is likely that, to be considered a safeguarding allegation against pupil, some of the following features will be found.

If the allegation: -

- Is made against an older pupil and refers to their behaviour towards a young pupil or a more vulnerable pupil.
- Is a risk of a serious nature, possibly including a criminal offence?
- Raises risk factors for other pupils in the school
- Indicates that other pupils may have been affected by this student
- Indicates that young people outside the school may be affected by this student

Examples of safeguarding issues against a student could include: -

#### **Physical Abuse**

- Violence, particularly pre-planned
- Forcing others to use drugs or alcohol

#### **Emotional Abuse**

- Blackmail or extortion
- Threats and intimidation

#### **Sexual Abuse**

- Indecent exposure, indecent touching or serious sexual assault
- Forcing others to watch pornography or take part in sexting

## **Sexual Exploitation**

- Encourage other children to engage in inappropriate sexual behaviour (for example – having an older boyfriend/girlfriend, associating with unknown adults or other sexually exploited children, staying out overnight).
- Photographing or videoing other children performing indecent acts.

## **Procedure**

- When an allegation is made by a pupil against another student, members of staff should consider whether the complaint raises a safeguarding concern. If there is a safeguarding concern the DSL should be informed.
- A factual record should be made of the allegation, but no attempt at this stage should be made to investigate the circumstances.
- The DSL should contact CRT/MASH to discuss the case
- The DSL will follow through the outcomes of the discussions and make a referral where appropriate.
- If the allegation indicates that a potential criminal offence has taken place CRT will refer the case to MASH where the police will become involved.
- Parents, both student being complained about and the alleged victim, should be informed and kept updated on the progress of the referral
- The DSL will make a record of the concern, the discussion and any outcome and keep a copy in the files of both pupils' files.
- It may be appropriate to exclude the pupil being complained about for a period per the school's behaviour policy and procedures.
- Where neither social services nor the police accept the complaint, a thorough school investigation should take place into the matter using the school's usual disciplinary procedures.
- In situations where the school considers a safeguarding risk is present, a risk assessment should be prepared along with a preventative, supervision plan.
- The plan should be monitored and a date set for a follow-up evaluation with everyone concerned.

## Annex 7

### Briefing sheet for temporary and supply staff

#### **For supply staff and those on short contracts at Northwood Primary School**

While working at Northwood Primary School, you have a duty of care towards the children/parents/staff here. This means that always you should act in a way that is consistent with their safety and welfare.

In addition, if at any time, you have a concern about a child or young person, particularly if you think they may be at risk of abuse or neglect, it is your responsibility to share that concern with the DSL who is Sarah Hussey or in her absences Angie Strand (Deputy DSL).

This is not an exhaustive list but you may have become concerned because of:

- Observing a physical injury, which you think may have been non-accidental
- Observing something in the appearance of a child or young person which suggests they are not being sufficiently well cared for.
- Observing behaviour that leads you to be concerned about a child or young person.
- A child or young person telling you that they have been subjected to some form of abuse.

If any of the circumstances listed here, you must write down what you saw or heard, date and sign your account, and give it to the DSL. This may be the beginning of a legal process – it is important to understand that legal action against a perpetrator can be seriously damaged by any suggestion that the child has been led in any way.

If a child talks to you about abuse, you should follow these guidelines:

- Rather than directly questioning a child, just listen and be supportive
- Never stop a child who is freely recalling significant events, but don't push the child to tell you more than they wish.
- Make it clear that you need to pass on information to staff in other agencies who may be able to help – do not promise confidentiality. You are obliged to share any information relating to abuse or neglect.
- Write an account of the conversation immediately, as close to verbatim as possible. Put the date and timings on it, and mention anyone else who was present. Then sign it, and give your record to the DSL (or Deputy) who should contact Children's Social Care.

The school has a policy on Safeguarding Children and Young People you can find, together with the local procedures to be followed by all staff, on the school's website or in the Head teacher's office.

**REMEMBER, IF YOU HAVE A CONCERN, DISCUSS IT WITH THE DSL OR DEPUTY DSL**

## **Annex 8**

### **What is child abuse**

The following definitions are taken from 'Working together to safeguard children' (2015). In addition to these definitions, children can also be abuse by Honour Based Violence (HBV), Forced Marriage or Female Genital Mutilation (FGM).

#### **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 institution 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 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 the 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 to frequently to feel frightened or in danger, or 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 the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include the 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/social media). 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 because 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
- Ensure access to appropriate medical care or treatment

It may also include neglect of, unresponsiveness to, a child's basic emotional needs.

### **Indicators of abuse**

#### **Neglect**

Neglect is a lack of parental care but poverty and lack of information or adequate services can be contributory factors.

#### **Neglect can include parents or carers failing to:**

- Provide adequate food, clothing and shelter
- Protecting 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 in dangerous physical conditions
- Not being taken to the doctor
- 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 difficult 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 your worried a child is being abused (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 DSL (or Deputy).

*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 should be seen in the context of their family and wider community and a proper assessment carried out by appropriate persons. What is important is that if you feel unsure or concerned, do something about it. Don't keep it to yourself.*

### **Physical indicators of neglect**

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

### **Behavioural indicators**

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

### **Emotional abuse**

#### **The nature of emotional abuse**

Most harm is produced in low warmth, high criticism, not from single incidents. Emotional abuse is difficult to define, identify and prove. Emotional abuse is chronic and cumulative and has 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 abuse.

It is sometimes possible to spot emotionally abusive behaviour 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.

#### **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
- Neurotic behaviour
- Self-mutilation
- Suicide attempts
- Drug/solvent abuse
- Running away
- Compulsive stealing
- Acting out

- Poor trust in significant adults
- Regressive behaviour
- Eating disorders
- Destructive tendencies
- 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
- 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 *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 (annex 3) 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 school staff.

#### **Indicators of physical abuse**

- Multiple bruising or bruises and scratches
- Clusters of bruises – e.g. fingertip bruising
- Bruises around the neck and behind the ears – the most common abusive injuries are to the head.
- Bruises on the back, chest, buttocks, or in 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
- Deliberately 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 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
- No explanation is forthcoming
- The child (or 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 presences 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.

#### **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 the 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 infections

- 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

**Annex 9****Useful contacts**

<b>Key Personnel</b>	<b>Name (s)</b>	<b>Telephone No.</b>
DSL	Sarah Hussey	01983 293392
Deputy DSL	Angie Strand	01983 293392
School's named 'Prevent' Lead	Sarah Hussey	
Chair of Governors	Viv Garrett	01983 293392
Children's Reception Team/MASH		0300 300 0117
Isle of Wight Children's Social Care (including Early Help)		01983 823434
Out of Hours		0300 300 0117
Police		101 or in emergencies 999
LADO		01983 823723
School Nursing Service		01983 821388