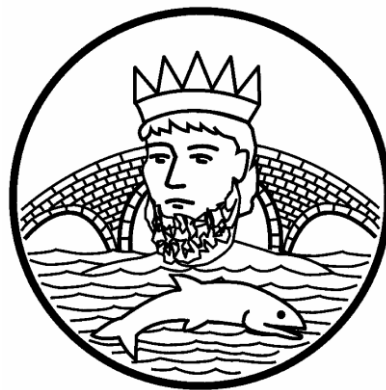


# King Athelstan Primary School

## Child Protection and Safeguarding Policy



**Responsibility: Headteacher**

**Date reviewed: March 2017**

**Next review date: March 2018**

King Athelstan Primary School fully recognises its responsibilities for child protection. This policy outlines these responsibilities and in particular that of the Designated Safeguarding Lead (DSL). It also outlines the procedures of the action to be taken where the abuse of a child is suspected.

The Designated Safeguarding Lead is the Assistant Headteacher, Timothy Holmes, and the Headteacher, Emily Newton, and the Nominated Governor for child protection is John Cannon. The role of the Nominated Governor is to meet regularly with the DSL to monitor that appropriate policies and procedures are in place and that they are being implemented correctly. Compliance with the policy will be monitored by the DSL and through staff performance measures.

The procedures used within King Athelstan Primary School are outlined below. They should be read in conjunction with other Safeguarding Policies including: E Safety, Home School Agreement, Anti-radicalisation, Staff Handbook, Attendance, Administration of Medicines and First Aid.

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## 1. INTRODUCTION

This policy applies to all children, staff, governors, visitors and volunteers in the school. This policy is reviewed on an annual basis. There are five main elements to our policy:

- Ensuring we practise safer recruitment in checking the suitability of staff and volunteers to work with children;
- Raising awareness of child protection issues and equipping children with the skills needed to keep them safe;
- Developing and then implementing procedures for identifying and reporting cases, or suspected cases, of abuse;
- Supporting pupils who have been abused in accordance with his/her agreed Child Protection Plan (or Child in Need Plan for lower level concerns);
- Establishing a safe environment in which children can learn and develop.

We recognise that because of the day-to-day contact with children, school staff are well placed to observe the outward signs of abuse. The school will therefore:

- 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;
- Include opportunities in the PSHE curriculum for children to develop the skills they need to recognise and stay safe from abuse.
- Ensure all staff members are aware of school guidance for use of mobile technology and their associated safeguarding risks.
- Remain alert to the safeguarding needs of pupils who go missing from education.

We will follow the procedures set out by the LSCB and take account of guidance issued by the DfE to safeguard children and promote their welfare:

### Policy Review

This policy will be reviewed in full by the Governing Body on annually. The policy was last reviewed and agreed by the Governing Body in March 2017. It is due for review in March 2018.

Signature ..... Date .....  
Head Teacher  
Signature ..... Date .....  
Chair of Governors

## 2. STATUTORY FRAMEWORK

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

- The Children Act 1989
- The Children Act 2004
- Education Act 2002 (section 175)
- The London Child Protection Procedures (2015)
- Keeping Children Safe in Education (DFE 2016)
- Keeping Children Safe in Education: information for all school and college staff (DFE 2014) - APPENDIX 2
- Working Together to Safeguard Children (DfE 2015)
- The Education (Pupil Information) (England) Regulations 2005

Working Together to Safeguard Children (DfE 2015) requires all schools to follow the procedures for protecting children from abuse which are established by Kingston and Richmond Safeguarding Children Boards.

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. Schools should ensure that those groups or individuals who hire and / or use their building or grounds inside or outside of school hours, follow the local child protection guidelines and are aware of their duties, if children or vulnerable adults are using the building or grounds.

Furthermore

Keeping Children Safe in Education (DfE Sept 2016) states the following role of school staff:

1. School and college staff are particularly important as they are in a position to identify concerns early, provide help for children, and prevent concerns from escalating.
2. **All** school and college staff have a responsibility to provide a safe environment in which children can learn.
3. Every school and college should have a designated safeguarding lead who will provide support to staff members to carry out their safeguarding duties and who will liaise closely with other services such as children's social care.

4. **All** school and college staff should be prepared to identify children who may benefit from early help.<sup>3</sup> Early help means providing support as soon as a problem emerges at any point in a child's life, from the foundation years through to the teenage years. In the first instance, staff should discuss early help requirements with the designated safeguarding lead. Staff may be required to support other agencies and professionals in an early help assessment.
5. **Any staff member** who has a concern about a child's welfare should follow the referral processes set out in paragraphs 21-27. Staff may be required to support social workers and other agencies following any referral.
6. The Teachers' Standards 2012 state that teachers, including headteachers, should safeguard children's wellbeing and maintain public trust in the teaching profession as part of their professional duties.<sup>4</sup>

#### **What school and college staff need to know**

7. **All** staff members should be aware of systems within their school or college which support safeguarding and these should be explained to them as part of staff induction. This should include:
  - the child protection policy;
  - the staff behaviour policy (sometimes called a code of conduct); and
  - the role of the designated safeguarding lead.

Copies of policies and a copy of Part one of this document (Keeping children safe in education) should be provided to staff at induction.

8. **All** staff members should receive appropriate safeguarding and child protection training which is regularly updated. In addition all staff members should receive safeguarding and child protection updates (for example, via email, e-bulletins and staff meetings), as required, but at least annually, to provide them with relevant skills and knowledge to safeguard children effectively.
9. **All** staff should be aware of the early help process, and understand their role in it. This includes identifying emerging problems, liaising with the

designated safeguarding lead, sharing information with other professionals to support early identification and assessment and, in some cases, acting as the lead professional in undertaking an early help assessment.

10. All staff should be aware of the process for making referrals to children's social care and for statutory assessments under the Children Act 1989<sup>5</sup> that may follow a referral, along with the role they might be expected to play in such assessments.

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All staff should know what to do if a child tells them he/she is being abused or neglected. Staff should know how to manage the requirement to maintain an appropriate level of confidentiality whilst at the same time liaising with relevant professionals such as the designated safeguarding lead and children's social care. Staff should never promise a child that they will not tell anyone about an allegation, as this may ultimately not be in the best interests of the child.

The document "Keeping Children Safe in Education" DFE Sept 2016 [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/550499/Keeping\\_children\\_safe\\_in\\_education\\_Part\\_1.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/550499/Keeping_children_safe_in_education_Part_1.pdf) must be read in conjunction with this policy and should be kept as an appendix to the school's child protection policy. The school will publish its child protection policy on its website and signpost all stakeholders to information that will actively keep children safe online.

### 3. OUR ETHOS

King Athelstan Primary School is committed to safeguarding and promoting the welfare of all its pupils. We recognise that some children may be especially vulnerable to abuse and that children who are abused or neglected may find it difficult to develop a sense of worth and to view the world in a positive way. Whilst at school their behaviour may be challenging, we recognise that some children who have experienced abuse may harm others. The school will always take a considered and sensitive approach in order that we can support all our pupils and recognise that each pupil's welfare is of paramount importance. Our school will establish and maintain an ethos where:

- Pupils feel secure, are encouraged to talk, are listened to and are safe. Children at our school will be able to talk freely to any member of staff at our school if they are worried or concerned about something.
- We recognise that staff at our school play a particularly important role as they are in a position to identify concerns early and provide help for children to prevent concerns from escalating. It is vital that all staff are vigilant at all times.
- Through robust training and induction, all staff and regular visitors will know how to recognise indicators of concern, how to respond to a disclosure from a

child and how to record and report this information.

- Every pupil will know what the adult will have to do with any information the child/young person has disclosed.
- At all times we will work in partnership and endeavour to establish effective working relationships with parents, carers and colleagues from other agencies in line with *Working Together to Safeguard Children* (2015).

#### 4. TERMINOLOGY

**Safeguarding:** In relation to children and young people, the School adopts the definition used in the [Children Act 2004](#) and the Department for Education (DfE) guidance document: [Working Together to Safeguard Children 2015](#) which define safeguarding and promoting children and young people's welfare as:

- protecting children from maltreatment
- preventing impairment of children's health or development
- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
- taking action to enable all children to have the best outcomes

**Safeguarding** is not just about protecting children from deliberate harm. It also relates to aspects of school life including:

- Pupils' health and safety
- The use of reasonable force (restraint)
- Meeting the needs of children with medical conditions
- Providing first aid
- Educational visits
- Intimate care
- Internet or e-safety
- Appropriate arrangements to ensure school security, taking into account the local context

**Child Protection:** The above statutory guidance defines child protection as part of safeguarding and promoting welfare. Child protection is the activity undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

**Child** refers to all young people who have not yet reached their 18th birthday.

**Parent** refers to birth parents and other adults who are in a parenting role, for

example step-parents, foster carers and adoptive parents.

**Staff** refers to all those working for or on behalf of the school, full time or part time, in either a paid or voluntary capacity.

**Local Authority Designated Officer (LADO)** works within Children's Social Care and should be alerted to all cases in which there is an allegation of abuse of a child by a person who works with children where there is a concern that the person 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

The Local Authority Designated Officer captures concerns, allegations or offences emanating from outside of work and is involved from the initial phase of the allegation through to the conclusion of the case.

## **5. CHILDREN WHO MAY BE PARTICULARLY VULNERABLE**

King Athelstan Primary School recognises that some children may have an increased risk of abuse. Many factors can contribute to an increase in risk, including prejudice and discrimination, isolation, social exclusion, communication issues and reluctance on the part of some adults to accept that abuse can occur. To ensure that all of our pupils receive equal protection, we will give special consideration to children who are:

- disabled or have special educational needs
- young carers
- living in a domestic abuse situation
- affected by parental substance misuse
- affected by mental health issues
- asylum seekers
- living away from home
- vulnerable to being bullied, or engaging in bullying including cyber, homophobic, racist bullying
- living in temporary accommodation
- live transient lifestyles
- missing education
- living in chaotic and unsupportive home situations
- vulnerable to discrimination and maltreatment on the grounds of race, ethnicity, religion, disability or sexuality
- vulnerable to extremism or radicalisation.
- involved directly or indirectly in sexual exploitation or trafficking
- do not have English as a first language

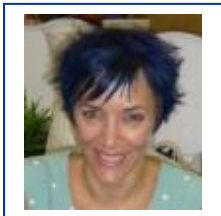


- at risk of female genital mutilation (FGM) or forced marriage.

**6. THE DESIGNATED SAFEGUARDING LEAD (referred to in 'Keeping Children Safe in Education (DFE, Sept 2016 )**

Governing bodies and proprietors should ensure that the school designates an appropriate senior member of staff to take lead responsibility for child protection. This person should have the status and authority within the school to carry out the duties of the post including committing resources and, where appropriate, supporting and directing other staff.

The Designated Safeguarding Leads for Child Protection in this school are:



**Designated Safeguarding Lead**

Name: Emily Newton, Headteacher

Her office is located at the front of the school opposite the main office.



**Designated Safeguarding Lead**

Name: Tim Holmes, Assistant Head Inclusion

His office is located at the front of the school opposite the main office.

**Any allegation or disclosure involving someone who works with children in a paid or voluntary capacity must be reported directly to the Head Teacher, or Senior Manager, unless it involves them and then it should be reported directly to the Chair of the Governing Body.**

Other key members of staff involved in the school's safeguarding arrangements:

Role	Name and Contact details
<b>Head Teacher/DSL:</b> responsible for implementing policies & procedures; allocating resources to the safeguarding team & addressing staff safeguarding concerns; liaising with the local authority and working with other agencies.	<b>Emily Newton</b> <b>Tel: 0208 546 8210</b>
<b>Assistant Head Inclusion/DSL:</b> responsible for dealing with safeguarding issues; providing training, advice and support to other staff; liaising with the local authority; and working with other agencies.	<b>Tim Holmes</b> <b>Tel: 0208 546 8210</b>
<b>Nurture Lead / Designated Safeguarding Deputy:</b> a member of the support / pastoral staff; in a post which requires assessment of children and with sufficient status & authority to effectively deputise for the DSL role above. Works closely with Family Support Worker and other services.	<b>Denise Ramkissoo</b> <b>Tel: 0208 546 8210</b>
<b>Inclusion Lead/Special Educational Needs Coordinator (SENCo):</b> a staff member who provides advice, liaison & support for school staff and other agencies working with pupils with special education needs and their parents or carers.	<b>Tim Holmes</b> <b>Tel: 0208 546 8210</b>
<b>Welfare and Attendance Officer:</b> addresses difficulties preventing a child from attending school attendance, achievement, timekeeping, safeguarding issues, and develops strategies to overcome these barriers.	<b>Sam Abdool</b> <b>Tel: 0208 546 8210</b>
<b>Deputy Head, Learning and Teaching Lead:</b> addresses difficulties preventing a child from learning and achieving, homework, safeguarding issues, and develops strategies to overcome these barriers	<b>Joe Porter</b> <b>Tel: 0208 546 8210</b>
<b>Safer Recruitment Processes: Business Managers</b> ensure all safer aspects of safer recruitment processes are completed and maintain SCR.	<b>Sarah Kearns/Julie Bywater:</b> <b>Tel: 0208 546 8210</b>
<b>Safeguarding/Child Protection Governor:</b> ensures there are appropriate safeguarding children policies and procedures in place, monitors whether they are followed and, together with the rest of the governing body, remedies deficiencies and weaknesses that are identified.	<b>John Cannon</b> <b>Contacted through the School office</b> <b>Tel: 0208 546 8210</b>
<b>Chair of Governors:</b> takes the lead in dealing with allegations of abuse made against the Head Teacher (and other members of staff when the Head Teacher is not available), in liaison with the Local Authority; and on safe recruitment practices with the Head Teacher/Senior Manager.	<b>Ed Gossage</b> <b>Contacted through the School office</b> <b>Tel: 0208 546 8210</b>

LADO: Viv Rimmer Tel: 020 8831 6008 Email: v.rimmer@richmond.gov.uk

**The broad areas of responsibility for the designated safeguarding lead are:**

### **Managing referrals**

This school recognises that it is an agent of referral and not of investigation.

Refer all cases of suspected abuse to the local authority children's social care and:

- Police (cases where a crime may have been committed).
- Liaise with the headteacher to inform them of issues, especially ongoing enquiries under section 47 of the Children Act 1989 and police investigations
- Act as a source of support, advice and expertise to staff on matters of safety and safeguarding and when deciding whether to make a referral by liaising with relevant agencies

The DfE has clear guidelines on what schools, Governing Bodies and LAs should do if they suspect that a child has been abused. It is not, however, the responsibility of teachers and other staff in schools to investigate suspected abuse. They should not take action beyond that agreed in the procedures established by their Local Safeguarding Children Board (LSCB). The DSL is responsible for referring cases of suspected abuse or allegations to the relevant investigating agencies according to the procedures established by their local LSCB and LA. The Headteacher or Chair of Governors must also be able to deal with allegations made against members of staff.

DSLs also have an important role in ensuring all staff and volunteers receive appropriate training. They should:

Have received training in how to identify abuse and know when it is appropriate to refer a case, together with having a working knowledge of how LSCBs operate and the conduct of a child protection case conference and be able to attend and contribute to these when required;

Attend any relevant or refresher training courses and then ensure that any new or key messages are passed to other staff, volunteers and governors;

Make themselves (and any deputies) known to all staff, volunteers and Governors (including new starters and supply teachers) and ensure those members of staff have had training in child protection. This should be relevant to their needs to enable them to identify and report any concerns to the DSL immediately. If a matter is urgent, member of staff may make a referral.

## **Training**

The designated safeguarding lead should receive Level 3 refresher should be taken every 2-3 years and in addition 1 Level 3 course per year for the DSL in order to:

- Understand the assessment process for providing early help and intervention, for example through locally agreed common and shared assessment processes such as early help assessments;
- Have a working knowledge of how local authorities conduct a child protection case conference and a child protection review conference and be able to attend and contribute to these effectively when required to do so;
- Ensure each member of staff has access to and understands the school's child protection policy and procedures, especially new and part time staff;
- Be alert to the specific needs of children in need, those with special educational needs and young carers;
- Be able to keep detailed, accurate, secure written records of concerns and referrals;
- Obtain access to resources and attend any relevant or refresher training courses;
- Encourage a culture of listening to children and taking account of their wishes and feelings, among all staff, in any measures the school may put in place to protect them;

## **Raising Awareness**

The DSL should ensure the school policies are known and used appropriately, and:

- Ensure the school's child protection policy is reviewed annually and the procedures and implementation are updated and reviewed regularly, and work with governing bodies or proprietors regarding this;
- Ensure the child protection policy is available publicly and parents are aware of the fact that referrals about suspected abuse or neglect may be made and the role of the school in this;
- Ensure that safeguarding contact details will be kept prominently displayed in the school to ensure that all staff, children and parents have unfettered

access to safeguarding support. The policy will be available as a hard copy, as required, including in staff areas.

- Link with the local LSCB to make sure staff are aware of training opportunities and the latest local policies on safeguarding;
- Where children leave the school, ensure their child protection file is copied for any new school as soon as possible but transferred separately from the main pupil file.

## 7. THE GOVERNING BODY

Keeping Children Safe in Education (DfE Sept 2016) states:

**Governing bodies and proprietors should ensure there is an effective child protection policy in place together with a staff behaviour policy (code of conduct). Both should be provided to all staff – including temporary staff and volunteers – on induction. The child protection policy should describe procedures which are in accordance with government guidance and refer to locally agreed inter-agency procedures put in place by the LSCB, be updated annually, and be available publicly either via the school website or by other means.**

Governing bodies and proprietors must ensure that they comply with their duties under legislation. They must also have regard to this guidance to ensure that the policies, procedures and training in their schools are effective and comply with the law at all times.

In particular the Governing Body via the Nominated Governor for safeguarding must ensure:

The responsibilities placed on governing bodies and proprietors include:

- their contribution to inter-agency working, which includes providing a coordinated offer of early help when additional needs of children are identified
- ensuring that an effective child protection policy is in place, together with a staff behaviour policy, and that it is reviewed annually;
- appointing a Designated Safeguarding Lead who should undergo appropriate Level 3 child protection training every year and a Level 3 refresher every 3 years;

- prioritising the welfare of children and young people and creating a culture where staff are confident to challenge senior leaders over any safeguarding concerns;
- making sure that children are taught about how to keep themselves safe.

The Headteacher, DSL and Nominated Governor will provide an annual report to the Governing Body detailing any changes to policy and procedures, and key school safeguarding data, such as serious incidents, numbers of children looked after or subject to child protection plans, and details of any allegations made against staff or volunteers, and subsequent action, permanent or temporary exclusions, children missing education, or those with concerning attendance records. The report should include an understanding of the special needs of students and matters of diversity and ethnicity.

## 8. SAFER RECRUITMENT

The Governing Body and school leadership team are responsible for ensuring that the school follows recruitment procedures that help to deter, reject or identify people who might abuse children whether through volunteer or paid employment.

All recruitment panels will have at least one member who has completed Safer Recruitment training. The LSCB offers this level 4 training or alternatively, the NSPCC offers "Safer Recruitment training."

The following statement is used on all adverts for new appointments:

*This school is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment.*

### **Disqualification**

All staff and volunteers will complete an annual return in relation to disclosable information / convictions / personal matters.

The following guidance will be useful for recruitment panels as they consider references and employment.

Consider if the **reference** is:

- On Headed paper?
- From the person who you requested it from?
- From the last two employers?
- Signed by the author and is it an original signature?
- Has someone spoken to the referee?

#### **DBS (Disclosure and Barring Service)**

- The DBS form **MUST** be completed in **Black ink**.
- Only **Enhanced** DBS can be portable. Standard DBS are not portable.
- A portable DBS is only valid for 1 year from **Date of Issue** therefore a new DBS application should be made prior to the expiry of their portable DBS.
- The employee must provide the Original DBS. Both sides of the original Disclosure should be **copied, dated and signed** as 'original'.

#### **Medical Clearance**

- Please ensure that all new employees complete a Health Questionnaire.
- If an existing employee takes up a different post they may be subject to another medical clearance depending on the type of work carried out.

#### **National Insurance Numbers**

- All employees require a permanent National Insurance number before they can commence work as opposed to the temporary number
- To obtain this they should call the: National Insurance help line on 01708 814 440, to make an appointment for an 'evidence of identity interview'. At the appointment they should request a form CA5404 which demonstrates that they have had their interview and are just awaiting their NI number. This will be acceptable to commence employment. The employee should be reminded to notify their Manager as soon as they have received their permanent number.

#### **Right to work in the U.K.**

- Does the employee have the necessary documentation to work in the UK?
- Have you taken a copy of all the documentation.

Please contact the Home Office Helpline on 0845 010 667 for further information.

Schools may use the following form to confirm appointment of staff.

## Confirmation of Appointment Check List

### Personnel Files: Required Documentation Checklist

**NAME OF EMPLOYEE:**

**ROLE:**

	SIGNATURE/TICK	DATE/COMMENTS
Application Form		
Equal Opportunities Monitoring Form		
Proof of Relevant Qualifications		
Letter of Confirmation		
Evidence of Right to Work in UK (Passport/Birth Certificate)		
Confirmation of Fitness for Employment		
List 99		
DBS Certificate		
Details entered on Single Entry Spreadsheet		
Reference 1		
Reference 2		
"New Appointment Form" completed and e-mailed to HR		
Bank/Building Society Form		
Employment Contract		
Safeguarding		
Prevent Training/Leaflet		
Key Fob & Codes		
Staff Handbook		
Staff Suitability Declaration Form		
Acceptable Use of Policy Form		
Business Interest Forms		
Next of Kin details		
Staff Handbook		
Once set up on SIMS - refer to Bursar for e-mail		
Once on I-Trent - put payroll & position ref onto SIMS.		

In addition the iTRENT New Starters Form is returned to Human Resources



## 9. CHILD PROTECTION CONCERNS

If you have any concerns about the health, wellbeing, happiness or safety of a child at this school or feel that something may be troubling them, you should share this information with an appropriate member of staff straight away.

Staff in school should be alert to any change in behaviour or presentation of a child, as well as disclosures that may be made. A Child Protection concern is where the child has been harmed or is at risk of harm e.g. **physical, sexual, emotional abuse or neglect**. See Appendix 2 for specific guidance on what to look out for under the categories of **Physical Abuse, Sexual Abuse, Emotional Abuse or Neglect**.

Any issues that concern you, no matter how small such as a child's appearance, hygiene, or general behavior, must be reported. It is much better to report things that turn out to be small, than miss a worrying situation.

Some specific issues to be aware of are outlined in Sections 9, 10, 11 and 12.

## 10. CHILDREN MISSING EDUCATION

Knowing where children are during school hours is an extremely important aspect of safeguarding.

Missing school can be an indicator of abuse and neglect, and in older children may raise concerns around child sexual exploitation. To safeguard pupils who are missing education, School will ensure compliance with local authority policy and procedures for Children Missing Education

Together with the Welfare and Attendance Officer, the Designated Safeguarding Lead will monitor unauthorised absence and follow procedures, particularly where children go missing on repeated occasions.

School will ensure there are procedures to inform the local authority when it is proposed to take pupils off-roll because they are:

- leaving school to be home educated;
- no longer living close enough to the school to reasonably attend;
- likely to remain medically unfit beyond compulsory school age;
- permanently excluded.

The school will ensure that all staff:

- understand what to do when children do not attend regularly.
- know the signs and triggers for travelling to conflict zones, Female Genital Mutilation (FGM) and forced marriage and domestic servitude
- inform the local authority of any pupil who fails to attend school 'regularly' or does not attend school for 5 consecutive days without authorisation.

More information can be found in this [guidance about children who run away or go missing from home or care](#).

## **11. SEXUAL EXPLOITATION OF CHILDREN**

Child Sexual Exploitation (CSE) 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. What marks out exploitation is an imbalance of power in the relationship. The perpetrator always holds some kind of power over the victim which increases as the exploitative relationship develops. Sexual exploitation involves varying degrees of coercion, intimidation or enticement, including unwanted pressure from peers to have sex, sexual bullying including cyberbullying and grooming. However, it is also important to recognise that some young people who are being sexually exploited do not exhibit any external signs of this abuse. It may also be linked to child trafficking. All staff are made aware of the indicators of sexual exploitation and all concerns are reported immediately to the Designated Safeguarding Lead.

## **12. EXTREMISM AND RADICALISATION**

At King Athelstan Primary School we fully consider radicalisation, extremism and exposure to extremist materials to be safeguarding issues that can lead to poor outcomes for our pupils. We will work to ensure that members of staff are fully engaged in being vigilant about radicalisation; and maintain an attitude that "it could happen" in the school.

Through accessing training events such as PREVENT, we will ensure that our staff are fully aware of the threats, risks and vulnerabilities that are linked to radicalisation; are aware of the process of radicalisation and how this might be identified early on. We will work alongside other professional bodies and agencies to ensure that our pupils are safe from harm.

SEE ANTI-RADICALISATION POLICY

More information can be found here about promoting British values: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/380595/SMSC\\_Guidance\\_Maintained\\_Schools.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/380595/SMSC_Guidance_Maintained_Schools.pdf)

## 12. FEMALE GENITAL MUTILATION

Female genital mutilation (FGM) is the partial or total removal of external female genitalia for non-medical reasons. It's also known as female circumcision, cutting or sunna.

Religious, social or cultural reasons are sometimes given for FGM. However, FGM is child abuse. It's dangerous and a criminal offence.

There are no medical reasons to carry out FGM. It doesn't enhance fertility and it doesn't make childbirth safer. It is used to control female sexuality and can cause severe and long-lasting damage to physical and emotional health.

A girl or woman who's had FGM may:

- have difficulty walking, sitting or standing
- spend longer than normal in the bathroom or toilet
- have unusual behaviour after an absence from school
- be particularly reluctant to undergo normal medical examinations
- ask for help, but may not be explicit about the problem due to embarrassment or fear

A girl at immediate risk of FGM may not know what's going to happen. But she might talk about:

- being taken 'home' to visit family
- a special occasion to 'become a woman'
- an older female relative visiting the UK.

She may ask a teacher or another adult for help if she suspects FGM is going to happen or she may run away from home or miss school.

### **Mandatory reporting of FGM\***

Duty applies to regulated health and social care professionals and teachers in England and Wales.

Requires these professionals to make a report to the police if, in the course of their professional duties, they:

- are informed by a girl under 18 that an act of FGM has been carried out on her; or
- observe physical signs which appear to show that an act of FGM has been carried out on a girl under 18 and have no reason to believe that the act was necessary for the girl's physical or mental health or for purposes connected with labour or birth.

\*introduced in Section 5B of the FGM Act 2003, as inserted by section 74 of the Serious Crime Act 2015

## 14. PRIVATE FOSTERING

Private Fostering is when a child under the age of 16 years (under 18 if they are disabled) is cared for by someone **who is not** their parent or a close relative, for 28 days or more.

Close relatives are defined as step-parents, grandparents, brothers, sisters, uncles or aunts. To be Privately Fostered, the arrangement has not been made by the local authority, and the child or young person is not being looked after by an approved foster carer.

The school has a duty to report cases of suspected private fostering to the Local Authority through the SPA.

## 15. RECORDS AND MONITORING

King Athelstan Primary School staff will make timely and accurate recording of safeguarding concerns raised about a child in the school. Our staff will be supported to understand the importance of timely, comprehensive and accurate recording in line with messages from serious case reviews on issues of recording and sharing information.

Any member of staff receiving a disclosure of abuse or noticing indicators of neglect must make an accurate record as soon as possible, noting what was said or seen, putting the event into context, and giving the date, time and location. All records will be signed and dated and will include the action and advice taken, including any differences of opinion. This should be presented to the DSL. The DSL will decide, if necessary in discussion with the other DSL or Deputy, whether a referral should be made. Any files notes should be kept locked in the confidential "CP/Concern" files in the head's office in chronological order (separate to pupil records).

A "Concern" or "CP" file will be started in the event of:

A referral to Children's Social Care.

An accumulation of number of minor concerns on the child's main school file.

An intervention by a Social Worker or Family Support Worker from Children's Social Care and the child has an open case.

A recording of each and every episode/incident/concern/activity regarding that child, including telephone calls to other professionals, needs to be recorded on an electronic **chronology** kept within a confidential file on the ICT system which can only be accessed by DSLs and named deputies. This will include any contact from other agencies who may wish to discuss concerns relating to a child. Actions will be agreed and roles and responsibility of each agency will be clarified and outcomes recorded. The chronology may be detailed in parts to ensure that the DSL/deputies have access to as much information as possible when talking to other

professionals. If a chronology is passed on to a new school it should be brief and log activity only; the full recording of school concerns will be on the CP/Concern file when passed on. Original notes will be retained on the file as they may be important in any criminal proceedings arising from current or historical allegations of abuse or neglect.

A chronology will be started when any concern about a child is brought to the attention of the DSL.

If the child moves to another school, the concern or CP file will be securely sent or taken, as part of the admission/transition arrangements, to the DSL at the new establishment/school. There will be a timely liaison between each school DSL for Safeguarding to ensure a smooth and safe transition for the child.

## **16. SUPPORTING PUPILS**

It is the responsibility of the Designated Safeguarding Lead (DSL) to ensure that the school is represented at, and a report is submitted to, child protection conferences, child in need meetings, strategy meetings, core group meetings, and looked after children reviews. Whoever attends should be fully briefed on any issues or concerns. The school will commit to regular liaison with other professionals and agencies who support families and a commitment to honest and open communication with families. There is recognition of the additional vulnerability of children with disabilities or special needs, and that children may become vulnerable due to matters of concern in the home environment: domestic abuse, mental health concerns or substance use.

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

The school will endeavour to support the pupil through:

- The content of the curriculum;
- Well trained staff and volunteers, who are conversant with research, practice and procedures to promote children's welfare and keep them safe, both at home and in the community.
- The school ethos which promotes a positive, supportive and secure environment and gives pupils a sense of being valued;
- The school behaviour policy which is aimed at supporting vulnerable pupils in the school. The school will ensure that the pupil knows that some behaviour is unacceptable but they are valued and not to be blamed for any abuse which has occurred;

- An effective whole school policy against bullying and that there are measures in place to prevent all sorts of bullying amongst pupils;
- The school Nurture Team;
- Liaison with other agencies that support the pupil such as Children's Social Care, Child and Adolescent Mental Health Service, Education Welfare Service and Educational Psychology service;
- Informing the LA Admissions/EWO teams if a child leaves and the new school is not known, so that these children can be included on the database for missing pupils;
- Allowing teachers to use reasonable force to control or restrain pupils under certain circumstances. Other staff may do so, in the same way as teachers, provided that they have been authorised by the Headteacher to have control or charge of pupils. A member of the Senior Leadership Team will be called to support and take the lead if a child's behaviour is showing any signs of escalating to a level where the child's safety or that of others may be compromised. Calming and defusing behaviour management strategies will always be used first to de-escalate a violent or aggressive incident. Physical restraint will only be used as a last resort in situations where calming and defusing strategies have failed to de-escalate the situation and there is a risk of likely injury to the child concerned or others and/or likely significant damage to property. If there is information to suggest that a child is likely to behave in a way that may require physical control or restraint, a risk assessment is undertaken. (Refer to the policy 'Use of physical restraint').

## 17. WHISTLE BLOWING

All staff must be aware of their duty to raise concerns about the attitude or actions of colleagues in line with the school's code of conduct / Whistle-blowing policy. Any staff member can press for re-consideration of a case if they feel a child's situation does not appear to be improving. They must refer their concerns to the SPA directly, if they have concerns for the safety of a child. The Whistle Blowing Policy will be flagged to staff at least annually at a staff briefing - usually the first INSET in the Autumn Term or as part of staff induction.

## 18. WHAT TO DO IF YOU ARE WORRIED ABOUT A CHILD IN KINGSTON

**When there are serious concerns about a child's welfare but no specific evidence of abuse:**

A member of staff may become concerned about a child whose appearance, behaviour, health, academic progress, relationships or demeanour give rise to general worries about his or her care and well-being, but no specific evidence of abuse has occurred. In such cases, the following steps should be taken: **See Flowchart One**

The member of staff should refer to the Designated Safeguarding Lead for child protection.

The DSL/ Headteacher should consult with the child's parents/carers, or those with parental responsibility for the child and arrange to meet them as soon as possible in order to discuss the concerns. The Dsl should make a written record of what the parents/carers said and how they reacted. If the parents/carers fail to respond to the request to discuss the concerns, that also should be noted.

The Headteacher should then decide whether the situation warrants a referral to the Single Point of Access (SPA).

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.

A formal child protection referral is made:

i) It may be the case that evidence comes to light that abuse has occurred, or is at risk of occurring, by a person unrelated to the child and not someone involved in the child's family life. In such cases the referral should make this clear. The Single Point of Access (SPA) will then liaise with the Police Child Abuse Investigation Team on the best way to proceed.

ii) A request is made for a 'Child in Need' assessment, with the possibility of social work support being offered to the family. The Headteacher should outline the concerns in writing to the Single Point of Access (SPA).

iii) No referral is necessary. This decision should be recorded, with reasons and dated. The DSL / Headteacher may decide that the matter should continue to be dealt with internally within the school. This may include, in appropriate cases, advising the parents/car

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

The DSL 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 by 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 DSL in their school or contact the local SPA on 020 8547 5008.

If, at any point, there is a risk of immediate serious harm to a child a referral should be made to children's social care immediately. Anybody can make a referral. If the child's situation does not appear to be improving the staff member with concerns should press for re-consideration. Concerns should always lead to help for the child at some point.

**Action to be taken when a child discloses, or a member of staff suspects, that abuse has occurred outside school:**

If a child makes a disclosure to a member of staff (or other adult) that they are suffering or at risk of suffering significant harm, or if a member of staff becomes aware of any information suggesting that child abuse may have occurred or is likely to occur, then the following steps must be taken: **(see Flowchart Two)**

The member of staff to whom the disclosure is made, or who becomes aware of actual or potential abuse, must refer the matter immediately to the DSL

The DSL should listen to what the child or young person wishes to say in response to the concerns and clarify any matters which are not clear in the child's account but **must not** conduct an in-depth interview or investigation of the allegation. The DSL must explain to the pupil at the outset of such a discussion that no promise of personal confidentiality can be made, even if the child should request this, as this would not be possible if there were a subsequent child protection enquiry. The DSL should explain to the child what could happen next.

The DSL should keep an accurate written and dated record of anything the child has said about the matter and this must be reported immediately to the Headteacher, where the head is not him or herself the DSL. The Headteacher/DSL, will make a referral and / or gain advice from the Single Point of Access (SPA).

If the decision is not to refer, the Headteacher/DSL must officially log the decision, the reasons for it and any subsequent action taken in respect of the child/young person who raised the matter initially.

Where it is decided that the matter should be referred, the school should immediately contact the Single Point of Access (SPA) or known case-holding social



worker in the relevant team, depending on the pupil's place of residence. The school should state the cause for concern and any action so far taken.

Where, based on the information available, the Single Point of Access (SPA) decides that it is not appropriate to proceed further with a child protection enquiry, the social worker concerned will provide advice to the school on any other action that may be taken to promote the child's welfare within 24 hours. This could include intervention by other Social Services teams or workers, the Education Welfare Service, The Health Service or Voluntary agencies.

Where, based on the information available, Children and Families Services decide that a 'Section 47' investigation is needed, the school will be asked to complete a formal *Child Protection Referral Form*. A copy of this form is annexed to the main procedure guidance. It should be faxed as soon as possible to the Duty Officer of the relevant SPA, or to the allocated Social Worker if the child already has one. A signed copy should be forwarded immediately afterwards by post.

The enquiry will start within 24 hours of the decision to do so being made. A Child Protection Strategy Discussion will be called, which in appropriate circumstances would involve the Police Child Abuse Investigation Team, to discuss the future handling of the case. School staff will normally be asked to attend this meeting to provide background information.

One outcome of the Strategy Discussion will be a decision on what information should be shared with the family, and by whom. Consideration will be given to the fact that such information sharing could in some circumstances, place the child in a position of risk of significant harm, or else could jeopardise a subsequent police investigation into an alleged offence.

The SPA will then have full responsibility for pursuing and concluding the enquiry, and for co-ordinating with the Police Child Abuse Investigation Team, medical personnel and other key workers. They will inform the school and all other key workers involved of subsequent developments.

## **19. 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, such as if they had a child protection concerns raised for their own children.

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 a child or young person makes an allegation of physical or sexual abuse against a teacher (other than the Headteacher) or a non-teaching member of staff, the following steps must be followed - **see Flowchart Three**

Where the allegation is not made directly to the Headteacher, the person to whom the disclosure is made must immediately inform the Headteacher. If it is the Headteacher against whom the allegation is made, alternative action should be taken as set out in flow charts in the appendix at the end of this policy.

The Headteacher should report the matter to the relevant local SPA for the LADO (Local Authority Designated Officer), within 24 hours, who will offer any appropriate advice to the Headteacher and oversee the investigation, including strategy meetings. It is a criminal offence not to make this referral.

Where the Strategy Discussion subsequently decides that a child protection enquiry should not be undertaken, this decision and any subsequent recommendations for other action will be recorded and reported back to the other parties concerned. The Strategy Discussion may decide to recommend that an internal investigation be carried out by the school or Education Service. If this internal investigation discovered other facts of a serious nature, it would always be possible to reconvene another Strategy Discussion. In appropriate circumstances, such cases might be referred to the Quality Assurance sub-group of the LSCB.

Where the Strategy Discussion decides that a child protection or criminal investigation should be pursued, this decision will be recorded and an action plan drawn up. The relevant Social Services locality team will then have full responsibility for pursuing and concluding the enquiry, co-ordinating with the Police Child Protection Team, medical personnel and other key workers. They will inform the school and all key workers involved of subsequent developments.

It is possible that the facts of a case may warrant an investigation of the member of staff concerned under the LA's disciplinary procedures. Such an investigation **must not** be conducted while any formal child protection enquiry or criminal investigation is being pursued.

If the Headteacher is the person against whom the allegation is made, then the procedures set out in section 2 (b) (i) must be adapted accordingly. The following alternative steps should be taken - **see Flowchart Four**

The initial report should be made to the Designated Teacher for child protection, not to the Headteacher. The member of the school's Governing Body nominated to take responsibility for child protection issues should also be informed, or the Chair of

Governors where no Governor has been given this responsibility. As before, a written and dated record should be made within 24 hours. The Designated Teacher or Nominated Governor should take responsibility for contacting the LADO at the SPA in either borough.

Where the Headteacher is also the school's Designated Teacher for child protection, the member of staff to whom the disclosure is made should initially inform only the Nominated Governor (or Chair of Governors), who should then make direct contact with the LADO, who will then advise as to how to take things forward.

Where the Strategy Discussion subsequently decides that a child protection enquiry should not be undertaken, this decision and any subsequent recommendations for other action will be recorded and reported back to the other parties concerned. The Strategy Discussion may decide to recommend that an internal investigation be carried out by the school or Education Service. If this internal investigation discovered other facts of a serious nature, it would always be possible to reconvene another Strategy Discussion. In appropriate circumstances, such cases might be referred to the Quality Assurance sub-group of the Area Child Protection Committee.

Where the Strategy Discussion decides that a child protection or criminal investigation should be pursued, this decision will be recorded and an action plan

drawn up. The relevant Social Services locality team will then have full responsibility for pursuing and concluding the enquiry, co-ordinating with the Police Child Protection Team, medical personnel and other key workers. They will inform the school and all key workers involved of subsequent developments.

It is possible that the facts of a case may warrant an investigation of the member of staff concerned under the LA's disciplinary procedures. Such an investigation **must not** be conducted while any formal child protection enquiry or criminal investigation is being pursued, and only following LADO advice. If concerns are validated following an investigation the school has a duty to refer to the DBS.

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: Ed Gossage      CONTACT NUMBER: via school office 0208 546 8210**

In the absence of the Chair of Governors, the Vice Chair should be contacted. The Vice Chair in this school is:

**NAME: John Cannon      CONTACT NUMBER: via school office 0208 546 8210**

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 refer the concern to the LADO (Local Authority Designated Officer) at the relevant SPA.

## **Action where a child has serious injuries which require immediate treatment**

If, within the context of these guidelines, a child has injuries which require immediate treatment, the DSL / Headteacher should arrange for the child to be taken to the casualty department of the nearest hospital. They should inform the hospital that child abuse is suspected. The DSL / Headteacher must also arrange for the parents, or those with parental responsibility, to be informed as soon as possible that the child has been taken to hospital.

## **Action when children are not collected from school at the end of the day**

The child will remain at School if they are not collected;

The Headteacher (or the most senior person to whom they have delegated responsibility) will try to contact the parent/carer using the available telephone numbers;

If the parent/carer is not on the telephone, the School will ring the SPA (0208 546 8210) by 4:15 pm at the latest and ask them for advice and support. The Education Welfare Service may also be approached for advice and support if this is deemed appropriate.

In exceptional circumstances, it may be necessary for a child to be taken from school to another appropriate venue (relative/friend etc) while the parent/carer is being located. The school will liaise with the SPA team to make further enquiries to identify any possible alternative venue for interim care of the child until the parent/carer is contacted;

If such a venue cannot be found, a duty worker from EWS or SPA will visit the home address and if the parent/carer is not at home a standard letter will be left asking them to contact the school before 4:45 pm or the appropriate Children & Families Social Work Team after 4:45 p.m. The SPA will then refer the child within the Children's Social Care Team to address any potential emergency placements and confirm arrangements with the school team.

Parents/carers should be informed prior to referral, unless it is considered to do so might place the child at increased risk of significant harm by:

- The behavioural response it prompts e.g. a child being subjected to abuse, maltreatment or threats / forced to remain silent if alleged abuser informed;
- Leading to an unreasonable delay;
- Leading to the risk of loss of evidential material;
- Placing a member of staff from any agency at risk.

## 20. FURTHER ADVICE ON SPECIFIC SAFEGUARDING ISSUES

### Specific safeguarding issues

In addition to advice from the SPA and in this policy, expert and professional organisations are best placed to provide up-to-date guidance and practical support on specific safeguarding issues. For example NSPCC offers information for schools on the [TES website](#) and also on its own website [www.nspcc.org.uk](http://www.nspcc.org.uk). Schools can also access broad government guidance on the issues listed below via the GOV.UK website:

- [child sexual exploitation \(CSE\)](#) - see also information within policy
- [bullying including cyberbullying](#)
- [domestic violence](#)
- [drugs](#)
- [fabricated or induced illness](#)
- [faith abuse](#)
- [female genital mutilation \(FGM\)](#) - see also information within policy
- [forced marriage](#)
- [gangs and youth violence](#)
- [gender-based violence/violence against women and girls \(VAWG\)](#)
- [mental health](#)
- [private fostering](#) see also information within policy
- [radicalisation](#) see also information within policy
- [sexting](#)
- [teenage relationship abuse](#)
- [trafficking](#)

## 21. KEEPING CHILDREN SAFE IN EDUCATION: INFORMATION FOR SCHOOL STAFF (DfE 2016)

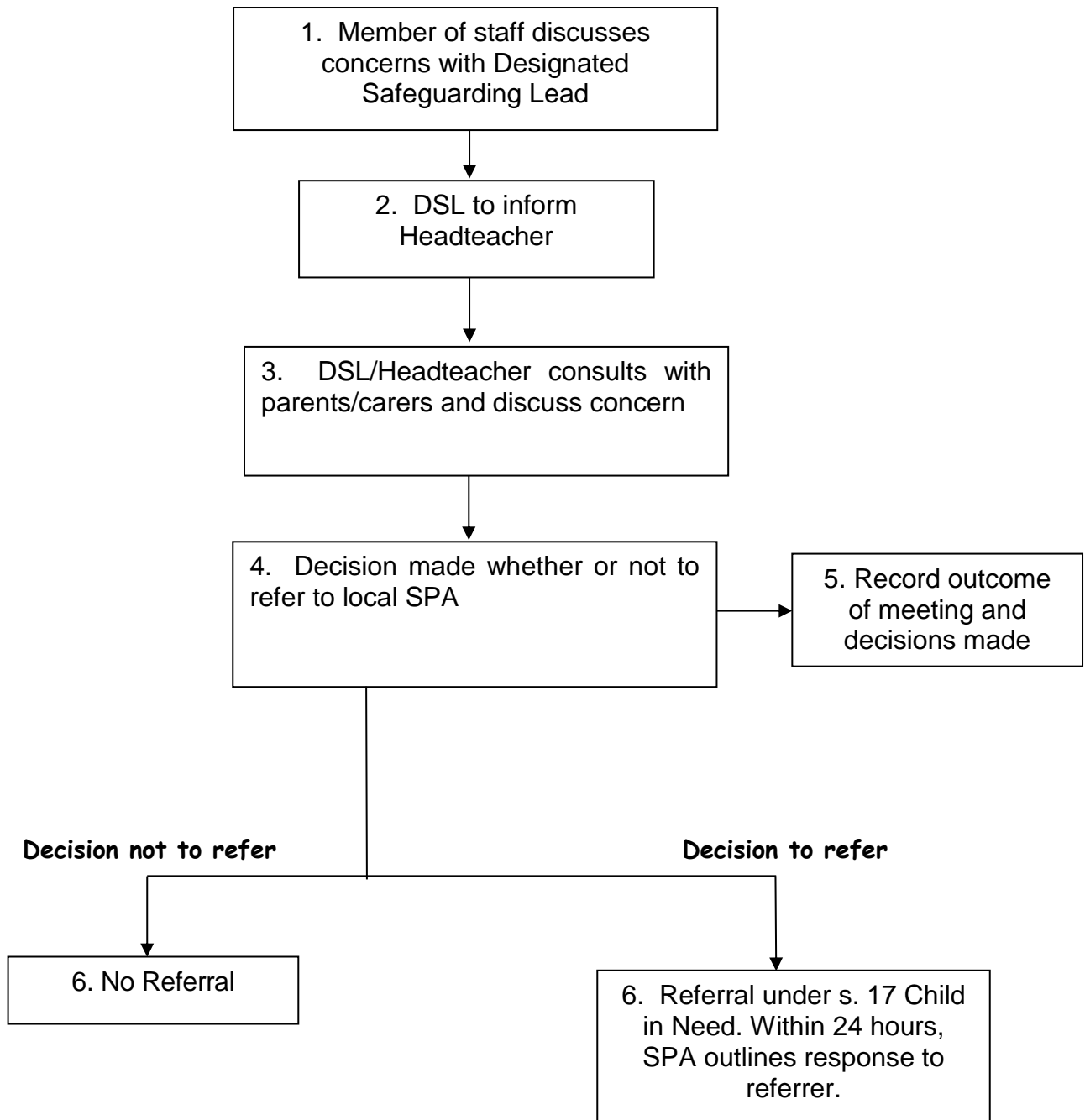
Please see link to the Government's Keeping Children Safe in Education document for school staff.

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/550499/Keeping\\_children\\_safe\\_in\\_education\\_Part\\_1.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/550499/Keeping_children_safe_in_education_Part_1.pdf)

## 22. INDUCTION and TRAINING CHECKLIST

- Completion of the Safer Recruitment checklist on appointment
  
- Annual Child Protection Briefing including:
  - School procedures for reporting concerns
  - FGM awareness and mandatory reporting
  - CSE awareness
  - CME awareness
  - "Prevent" Anti-radicalisation awareness
  - Keeping children safe in education
  - Whistle Blowing Policy
  - Staff Handbook information

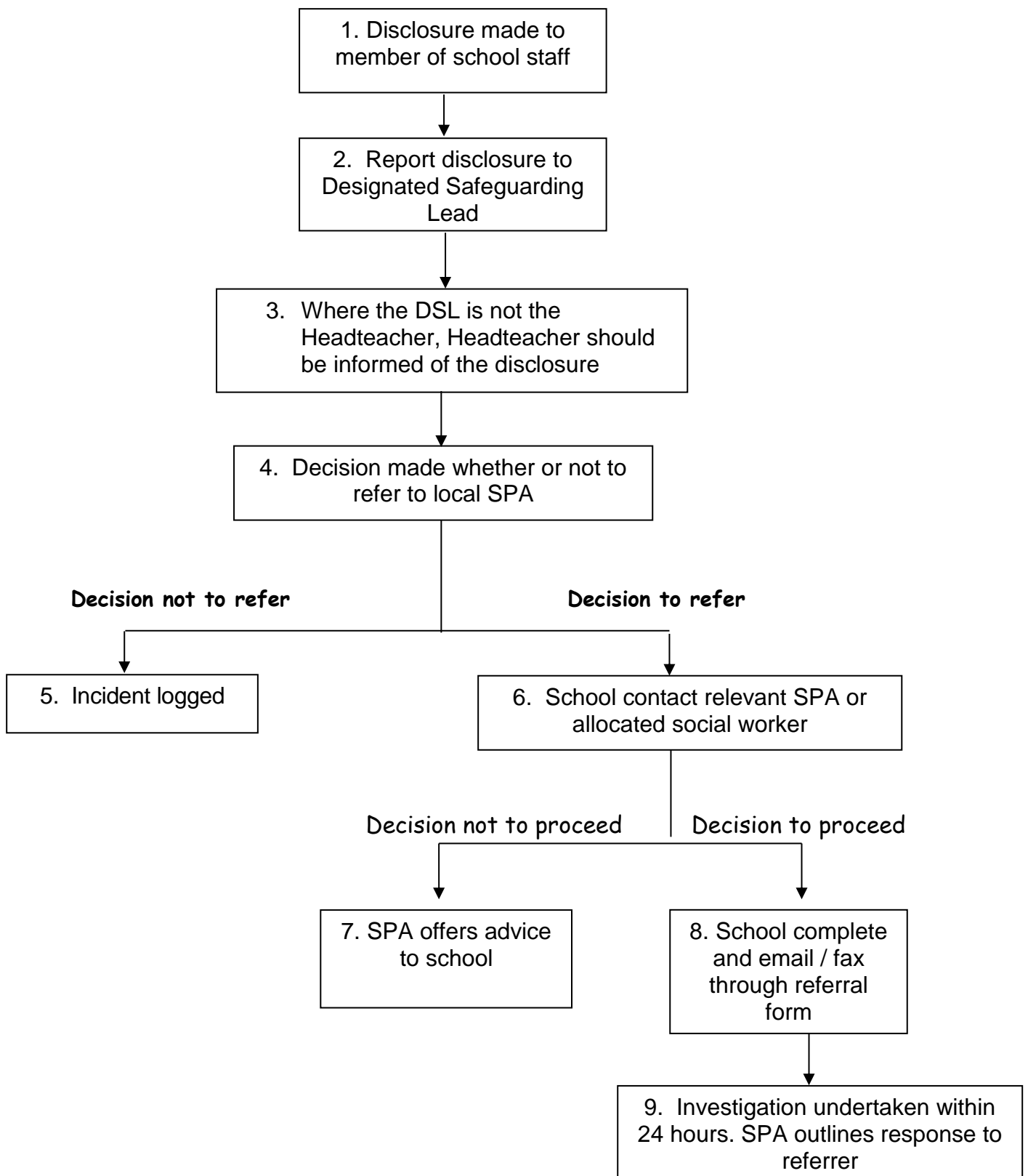
**Flowchart One: When there are serious concerns about a child's welfare but no specific evidence of abuse:**



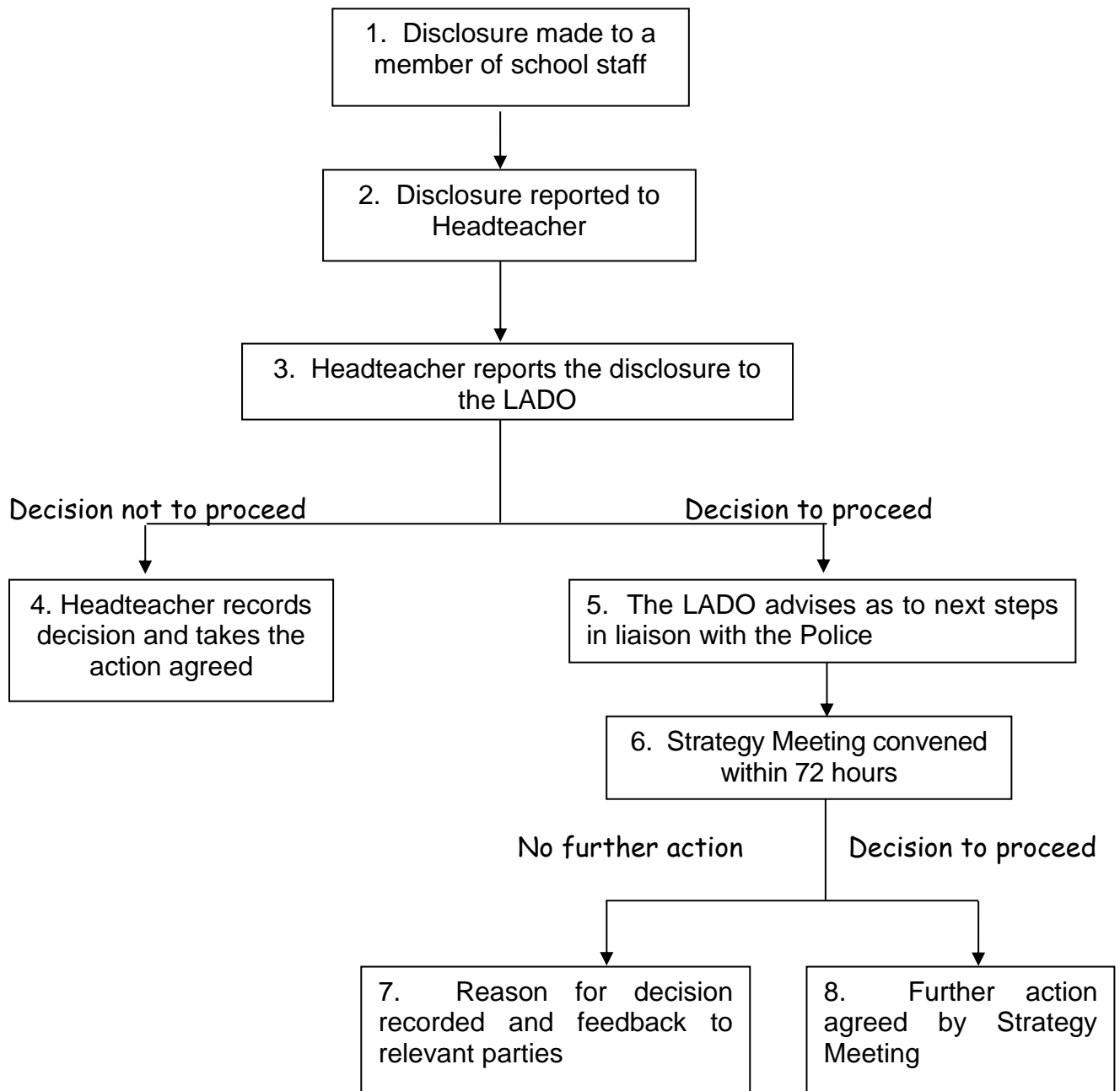
**Flowchart Two:**



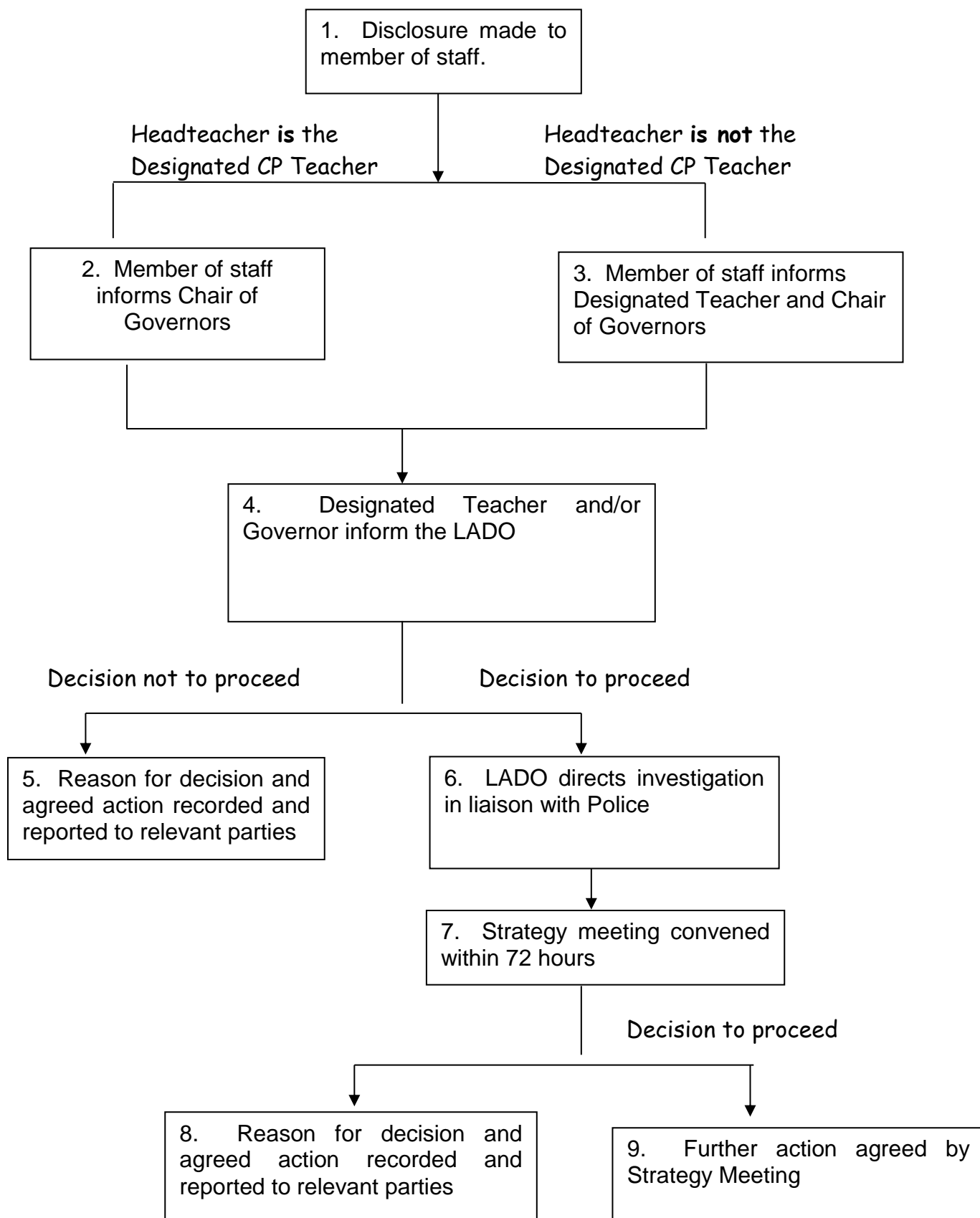
**Action to be taken when child/young person discloses, or a member of school staff suspects, that abuse has occurred outside of school:**



**Flowchart Three: Allegation of abuse by a member of school staff or volunteer (teaching or non-teaching)**



**Flowchart Four: Referral procedure for when a child/young person discloses to a member of school staff an allegation of abuse by a Headteacher.**



Appendix 3

Indicators of Abuse

## 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	Indicators in the Parent	Indicators in Family/Environmental
<ul style="list-style-type: none"> <li>• Bruises - shape, grouping, site, repeat or multiple</li> <li>• Bite marks - site and size</li> <li>• Burns and Scalds - shape, definition, size, depth, scars</li> <li>• Fractures- delay in seeking medical attention, old fractures,</li> <li>• Injuries not typical of accidental injury</li> <li>• Fabricated or induced illness</li> <li>• Improbable or conflicting explanations for injuries</li> <li>• Repeated or multiple in juries</li> <li>• Admission of punishment which appears excessive</li> <li>• Fear of parents being contacted and fear of returning home</li> <li>• Withdrawal from physical contact</li> <li>• Aggression towards others</li> <li>• Frequently absent from school</li> </ul> <p><b>Emotional/behavioural presentation</b></p> <ul style="list-style-type: none"> <li>• Refusal to discuss injuries</li> <li>• Admission of punishment which appears excessive</li> <li>• Fear of parents being contacted and fear of returning home</li> <li>• Withdrawal from physical contact</li> <li>• Arms and legs kept covered in hot weather</li> <li>• Fear of medical help</li> <li>• Aggression towards others</li> <li>• Frequently absent from school</li> <li>• An explanation which is inconsistent with an injury</li> <li>• Several different explanations provided for an injury</li> </ul>	<ul style="list-style-type: none"> <li>• Parent with injuries that may suggest domestic violence</li> <li>• Not seeking medical help/unexplained delay in seeking treatment</li> <li>• Evasive or aggressive towards child or others</li> <li>• Refusal or reluctance to discuss injuries or mention previous injuries</li> <li>• Delay in seeking treatment</li> <li>• Given explanation inconsistent with injury</li> <li>• Over chastisement of child / aggressive towards child or others</li> <li>• Absent without good reason when their child is presented for treatment</li> <li>• Disinterested or undisturbed by accident or injury</li> <li>• Unauthorised attempts to administer medication</li> <li>• Tries to draw the child into their own illness.</li> <li>• Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault</li> <li>• May appear unusually concerned about the results of investigations which may indicate physical illness in the child</li> <li>• Wider parenting difficulties may (or may not) be associated with this form of abuse.</li> <li>• Parent/carer has convictions for violent crimes.</li> </ul>	<ul style="list-style-type: none"> <li>• Marginalised or isolated by the community</li> <li>• History of mental health, alcohol or drug misuse or domestic violence</li> <li>• History of unexplained death, illness or multiple surgery in parents and/or siblings of the family</li> <li>• Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.</li> </ul>

### Notes on Physical Abuse

#### **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
- Petechiae 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

## **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 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, though it may occur alone.*

Indicators in the Child	Indicators in the Parent	Indicators in Family/Environmental
<ul style="list-style-type: none"> <li>• Developmental delay</li> <li>• Abnormal attachment e.g. anxious, indiscriminate or no attachment</li> <li>• Aggressive behaviour towards others</li> <li>• Child scapegoated within the family</li> <li>• Frozen watchfulness, particularly in pre-school children</li> <li>• Low self-esteem and lack of confidence</li> <li>• Withdrawn or seen as a 'loner' - difficulty relating to others</li> <li>• Over-reaction to mistakes</li> <li>• Inappropriate emotional responses to painful situations</li> <li>• Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)</li> <li>• Self-harm</li> <li>• Fear of parents being contacted</li> <li>• Extremes of passivity or aggression</li> <li>• Drug/solvent abuse</li> <li>• Chronic running away</li> <li>• Compulsive stealing</li> <li>• Low self-esteem</li> <li>• 'don't care' attitude</li> <li>• Social isolation - does not join in and has few friends</li> <li>• Depression, withdrawal</li> <li>• Behavioural problems e.g. aggression, attention seeking, hyperactivity, poor attention</li> <li>• Low self-esteem, lack of confidence, fearful, distressed, anxious</li> <li>• Poor peer relationships including withdrawn or isolated behaviour</li> </ul>	<ul style="list-style-type: none"> <li>• Domestic abuse</li> <li>• Mental health; drug or alcohol difficulties</li> <li>• Abnormal attachment to child e.g. overly anxious or disinterest in the child</li> <li>• Scapegoats one child in the family</li> <li>• Cold or unresponsive to the child's needs</li> <li>• Imposes inappropriate expectations on the child e.g. prevents the child's developmental exploration or learning, or normal social interaction through overprotection.</li> <li>• Overly critical of the child</li> <li>• Never allowing anyone else to undertake the child's care</li> <li>• History of abuse or mental health problems</li> <li>• Wider parenting difficulties may (or may not) be associated with this form of abuse.</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of support from family or social network.</li> <li>• Marginalised or isolated by the community.</li> <li>• History of mental health, alcohol or drug misuse or domestic violence.</li> <li>• History of unexplained death, illness or multiple surgery in parents and/or siblings of the family</li> <li>• Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.</li> </ul>

**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	Indicators in the Parent	Indicators in Family/Environmental
<p><b>Physical presentation</b></p> <ul style="list-style-type: none"> <li>• Failure to thrive/ underweight or small stature</li> <li>• Frequent hunger</li> <li>• Dirty, unkempt condition</li> <li>• clothing in a poor state of repair or inadequate</li> <li>• Swollen limbs with sores that are slow to heal, usually associated with cold injury</li> <li>• Abnormal voracious appetite</li> <li>• Dry, sparse hair</li> <li>• Recurrent / untreated infections or skin conditions e.g. severe nappy rash, eczema or persistent head lice</li> <li>• Untreated medical problems</li> <li>• Frequent accidents or injuries</li> </ul> <p><b>Development</b></p> <ul style="list-style-type: none"> <li>• General delay, especially speech and language delay</li> <li>• Inadequate social skills and poor socialization</li> </ul> <p><b>Emotional/behavioural</b></p> <ul style="list-style-type: none"> <li>• Attachment disorders</li> <li>• Absence of normal social responsiveness</li> <li>• Indiscriminate behaviour in relationships with adults</li> <li>• Emotionally needy</li> <li>• Compulsive stealing</li> <li>• Constant tiredness</li> <li>• Frequently absent or late at school</li> <li>• Poor self esteem</li> <li>• Destructive tendencies</li> <li>• Thrives away from home</li> <li>• Disturbed peer relationships</li> <li>• Self-harming behaviour</li> </ul>	<ul style="list-style-type: none"> <li>• Dirty, unkempt presentation</li> <li>• Inadequately clothed</li> <li>• Inadequate social skills and poor socialisation</li> <li>• Abnormal attachment to the child e.g. anxious</li> <li>• Low self-esteem and lack of confidence</li> <li>• Failure to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene</li> <li>• 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</li> <li>• Child left with adults who are intoxicated or violent</li> <li>• Child abandoned or left alone for excessive periods</li> <li>• Wider parenting difficulties, may (or may not) be associated with this form of abuse</li> </ul>	<ul style="list-style-type: none"> <li>• History of neglect in the family</li> <li>• Family marginalised or isolated by the community.</li> <li>• Family has history of mental health, alcohol or drug misuse or domestic violence.</li> <li>• History of unexplained death, illness or multiple surgery in parents and/or siblings of the family</li> <li>• 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.</li> <li>• Dangerous or hazardous home environment including failure to use home safety equipment; risk from animals</li> <li>• Poor state of home environment e.g. unhygienic facilities, lack of appropriate sleeping arrangements, inadequate ventilation (including passive smoking) and lack of adequate heating</li> <li>• Lack of opportunities for child to play and learn</li> </ul>

### 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	Indicators in the Parent	Indicators in Family/Environmental
<p><b>Physical presentation</b></p> <ul style="list-style-type: none"> <li>• Pain, bleeding, bruising or itching in genital and /or anal area</li> <li>• Recurrent pain on passing urine or faeces / Blood on underclothes</li> <li>• Sexually transmitted infections</li> <li>• Pregnancy in a younger girl where there is secrecy about identity of the father</li> <li>• Physical symptoms such as injuries/bruises to the genital or anal area, buttocks, abdomen and thighs</li> <li>• presence of semen on vagina, anus, external genitalia or clothing</li> </ul> <p><b>Emotional/behavioural</b></p> <ul style="list-style-type: none"> <li>• Makes a disclosure.</li> <li>• Exhibits sexual knowledge or behaviour inappropriate to age/stage of development, or that is unusually explicit</li> <li>• Inexplicable changes in behaviour, such as becoming aggressive or withdrawn</li> <li>• Self-harm - eating disorders, self-mutilation and suicide attempts</li> <li>• Poor self-image, self-harm, self-hatred</li> <li>• Reluctant to undress for PE</li> <li>• Running away from home</li> <li>• Poor attention / concentration</li> <li>• Sudden changes in school work habits, becomes truant</li> <li>• Withdrawal, isolation or excessive worrying or depression</li> <li>• Inappropriate sexualised conduct</li> <li>• Sexually exploited or indiscriminate choice of sexual partners</li> <li>• Wetting or other regressive behaviours e.g. thumb sucking</li> <li>• Draws sexually explicit pictures</li> </ul>	<ul style="list-style-type: none"> <li>• Comments made by the parent/carer about the child.</li> <li>• Lack of sexual boundaries</li> <li>• Wider parenting difficulties or vulnerabilities</li> <li>• Grooming behaviour</li> <li>• Parent is a sex offender</li> </ul>	<ul style="list-style-type: none"> <li>• Marginalised or isolated by the community.</li> <li>• History of mental health, alcohol or drug misuse or domestic violence.</li> <li>• History of unexplained death, illness or multiple surgery in parents and/or siblings of the family</li> <li>• Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.</li> <li>• Family member is a sex offender.</li> </ul>