



St Anne's RC Primary School

Safeguarding Policy

Approved by staff: 3rd December 2014

Approved by governor committee: not applicable

Ratified by full governing body: 17th March 2015

Date for review: March 2016

1 Introduction

- 1.1 The health, safety and well-being of our children are of paramount importance to all the adults who work at St Anne's RC Primary.
- 1.2 Our children have the right to protection, regardless of age, gender, race, culture or disability. They have a right to be safe in our school.
- 1.3 Through our teaching in RE, PSHE and citizenship, our children are supported in developing a positive attitude towards others as well as making them aware of the impact their decisions have on those around them.

2 Aims and Objectives

- 2.1 This policy ensures that all staff, governors and volunteers in our school are clear about the actions necessary with regard to a child protection issue. Its aims are to:
 - 2.1.1 ensure we practice safe recruitment in checking the suitability of staff and volunteers to work with children;
 - 2.1.2 raise awareness of child protection issues and equip children with the skills needed to keep them safe;
 - 2.1.3 develop and implement procedures for identifying and reporting cases, or suspected cases, of abuse;
 - 2.1.4 support pupils who have been abused in accordance with agreed child protection plans;
 - 2.1.5 establish a safe environment in which children can learn and develop;

- 2.2 We recognise that because of day to day contact with children, school staff are well placed to observe the outward signs of abuse. The school will therefore:
- 2.2.1 establish and maintain an environment where children feel secure, are encouraged to talk, and are listened to;
 - 2.2.2 ensure children know that there are adults in the school whom they can approach if they are worried;
 - 2.2.3 include opportunities in the PSHE curriculum for children to develop the skills they need to recognise and stay safe from abuse.
- 2.3 St. Anne's School procedures for handling suspected cases of abuse, including procedures to be followed if a teacher or other member of staff is accused of abuse are consistent with the policies and procedures of the Lambeth Safeguarding Children Board and guidance from the DfE¹. All members of staff will be made aware of the school's procedures.
- 2.4 We will ensure that:
- 2.4.1 we have a designated senior person for child protection who has received appropriate training and support for this role;
 - 2.4.2 we have a nominated governor responsible for child protection;
 - 2.4.3 every member of staff (including temporary and supply staff and volunteers) and governing body knows the name of the designated senior person responsible for child protection and their role;
 - 2.4.4 all staff and volunteers understand their responsibilities in being alert to the signs of abuse and responsibility for referring any concerns to the designated senior person responsible for child protection;
 - 2.4.5 parents have an understanding of the responsibility placed on the school and staff for child protection by setting out its obligations in the school prospectus;
 - 2.4.6 Children's Safeguarding and Social Care is notified if there is an unexplained absence of a pupil who is on the child protection register;

- 2.4.7 All staff and governors receive three-yearly child protection training and key staff receive bi-annual level 2 child protection training. Designated Lead Professionals receive training every two years.
 - 2.4.8 effective links are made with relevant agencies and the school co-operates as required with their enquiries regarding child protection matters including attendance at case conferences;
 - 2.4.9 written records of concerns about children are kept even where there is no need to refer the matter immediately;
 - 2.4.10 all records are kept securely, separate from the main pupil file, and in locked locations.
- 2.5 In addition to this statutory duty and in the spirit of our Mission Statement we at St. Anne's believe that:
- 2.5.1 we have a pastoral responsibility towards our pupils and recognise that pupils have a fundamental right to be protected from harm;
 - 2.5.2 children cannot learn effectively unless they feel secure;
 - 2.5.3 the child's welfare is the paramount consideration;
 - 2.5.4 there is a duty to assist children in need and to work co-operatively with parents and other outside agencies;
 - 2.5.5 children must be consulted according to their age and their views taken into account;
 - 2.5.6 consideration must be given to the child's race, culture, religion, linguistic background, gender and, where appropriate, disability;
 - 2.5.7 there must be minimal delay in resolving any issue concerning a child's welfare.
- 2.6 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 and defiant or they may be withdrawn. We will support the pupil through providing:

- 2.6.1 an appropriate curriculum;
- 2.6.2 an ethos which promotes a positive, supportive and secure environment and gives pupils a sense of being valued;
- 2.6.3 a behaviour policy which is aimed at supporting vulnerable pupils.

3 Definition

- 3.1 An abused child is a person under 18 years who has suffered from or is believed to be at significant risk of physical injury, neglect, emotional abuse or sexual abuse.
- 3.2 Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, pushing or squeezing, 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.
- 3.3 Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape, buggery or oral sex) or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.
- 3.4 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 and clothing, shelter including exclusion from home or abandonment, failing to protect a child from physical and emotional harm or danger, failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.
- 3.5 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 feature age or developmentally inappropriate expectations being imposed on children. They 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 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.

3.6 Significant harm

- 3.6.1 'Harm' means ill-treatment or the impairment of health or development, including, for example, impairment suffered from seeing or hearing the ill-treatment of another.
- 3.6.2 'Development' means physical, intellectual, emotional, social or behavioural development.
- 3.6.3 'Health' means physical or mental health.
- 3.6.4 'Ill-treatment' includes sexual abuse and forms of ill-treatment which are not physical.
- 3.6.5 Where the question of whether harm suffered by a child is significant turns on the child's health and development, his health or development shall be compared with that which could reasonably be expected of a similar child.

4 Designated Teacher

- 4.1 At St. Anne's School, the Headteacher (Morgan Williams) is designated as having responsibility for liaising with Children and Young Peoples Services (CYPS) and other agencies, over cases of abuse. In his absence, the SENCo / inclusion manager (Adrian Le Cuirot) is the designated person, followed by the deputy Headteacher (Siobhan Phelan). All concerns should, therefore, be initially referred to the Headteacher, the Deputy/ Assistant Headteacher or the SENCO / inclusion manager.

5 Role of the Designated Teacher

- 5.1 To refer or discuss individual cases of suspected abuse with the investigating agencies according to local procedures;
- 5.2 To seek advice if appropriate from CYPS, the National Society for the Prevention of Cruelty to Children, Education Welfare Officer or the Local Authority Child Protection Officer;
- 5.3 In the case of in the case of a referral of suspected or alleged abuse to clarify with the investigating agencies:
 - 5.3.1 when, how and by whom the parents and child will be told that a referral has been made.

- 5.3.2 the timing of any strategic discussion between statutory agencies which will the decide whether and how to investigate.
- 5.3.3 to co-ordinate the gathering of relevant information from other members of staff, e.g. reports on individual children for Case Conferences, core grout meetings, etc.;
- 5.3.4 to pass on appropriate information to staff concerned bearing in mine confidentiality restrictions;
- 5.3.5 to secure all documentation referring to individual children/cases in a locked cupboard;
- 5.3.6 to know the necessary procedures, co-ordinate action on child abuse within the school and ensure all staff are aware of their responsibilities;
- 5.3.7 to organise training within the school and to act as the school-based resource for other child protection issues;

6 Procedures

- 6.1 Vetting. We require all adults employed/working in school to have their application vetted through CRB/List 99 checks in order to ensure that there is no evidence of offences involving children or child abuse. The school's policy on the selection and recruitment of staffⁱⁱ gives further guidance on ensuring appropriate procedures are followed.
- 6.2 All staff and volunteers have a duty to safeguard and promote the welfare of children and must familiarise themselves with and follow the school's procedures. They must attend initial training regarding child protection to ensure that they are able to recognise concerns and respond appropriately. All staff and volunteers must also attend refresher child protection training every three years.
- 6.3 Child protection training will be given to all staff through INSET every year.

7 What to do if you are worried a child is being abused

- 7.1 The designated person for child protection or their deputy should be contacted immediately whenever there are concerns about a child's welfare to discuss the concerns. The concern should be put in writing on the school's template and passed to the designated

person immediately. This template is located on the T: drive in the “templates” folder. Hard copies are also available in the school office. The purpose of the discussion is to decide whether the child is:

- 7.1.1 is in need of simple support that could be provided by referral to another agency or service, or by offering an assessment under the Common Assessment Framework,
 - 7.1.2 or in need of a referral to Children's Social Care to assess either a complex support need or a child protection concern.
- 7.2 The designated person will consider all of the known information about the child, their family and any incident in deciding the best course of action and consult with the child's social worker if they have one or with the duty social worker or with Lambeth's Child Protection Co-ordinator for Education if it is thought appropriate to do so.
- 7.3 The Headteacher should be immediately informed whenever an allegation is made that a member of staff or volunteer has:
- 7.3.1 behaved in a way that has harmed a child, or may have harmed a child;
 - 7.3.2 possibly committed a criminal offence against or related to a child; or
 - 7.3.3 behaved towards a child or children in a way that indicated s/he is unsuitable to work with children.
- 7.4 The Chair of Governors should be immediately informed whenever an allegation is made that the Headteacher has:
- 7.4.1 behaved in a way that has harmed a child, or may have harmed a child;
 - 7.4.2 possibly committed a criminal offence against or related to a child; or
 - 7.4.3 behaved towards a child or children in a way that indicated s/he is unsuitable to work with children.

8 Emergencies

IN THE EVENT OF SERIOUS PHYSICAL INJURY OR NEGLECT REFER IMMEDIATELY TO HEADTEACHER / INCLUSION MANAGER / DEPUTY HEAD WHO WILL:

- 8.1 seek appropriate medical assistance if necessary;
- 8.2 contact parents/carers if possible (difficulty in contacting the parent should not delay seeking medical attention);
- 8.3 inform duty Social Worker who will inform the local Child Protection Team;
- 8.4 at this point decide who will be making the first contact with parent and when - if not made already and who will be responsible for the child after school hours;
- 8.5 Other Situations
 - 8.5.1 Refer immediately to Headteacher who will contact parents/CYPS and/or seek advice from other agencies if appropriate.
 - 8.5.2 Any referral to the Headteacher should be objective and based on evidence. It should distinguish between fact, observation, allegation and opinion.
- 8.6 Talking to parents
Where practicable, concerns will be discussed with the parent and agreement sought for a referral to Children's Safeguarding and Social Care unless seeking agreement is likely to place the child at risk of significant harm through delay or the parent's actions or reactions. However, if the concern is that a child may have been significantly harmed or that significantly harm may be likely, a referral must be made to Children's Safeguarding and Social Care even if a parent disagrees with such a referral.
- 8.7 Children's Social Care will be consulted before talking to parents whenever:
 - 8.7.1 the concern relates to child sexual abuse;
 - 8.7.2 the concern relates to fabricated or induced illness;
 - 8.7.3 talking to the parent is likely to place the child or others (including adults) at risk of immediate harm; or
 - 8.7.4 delay in attempting to contact the parents is placing the child or others at risk of harm.

- 8.8 Where a decision is made not to seek parental permission before making a referral, the decision must be recorded in the child's file with reasons, dated and signed and confirmed in the referral to Children's Safeguarding and Social Care
- 8.9 If, having taken full account of the parents' wishes it is still considered that there is a need for referral:
- 8.9.1 the reason for proceeding without parental agreement will be recorded;
 - 8.9.2 the parent's withholding of permission will form part of the verbal and written referral to LA children's social care;
 - 8.9.3 the parent will be contacted to inform them that, after considering their wishes, a referral has been made;
- 8.10 Child protection referral from a professional is never treated as anonymous.

9 Handling Information

9.1 Confidentiality

Child protection raises issues of confidentiality that should be clearly understood by all staff:

- 9.1.1 Staff have a professional responsibility to share relevant information about the protection of children with other professionals, particularly investigative agencies. If a child confides in a member of staff and requests that the information is kept secret, it is important that the member of staff tells the child sensitively that he or she has a responsibility to refer cases of alleged abuse to the appropriate agencies for the child's own sake. The child should, however, be assured that the matter will be disclosed only to people who need to know about it;
- 9.1.2 staff who receive information about children and their families in the course of their work should share that information only within appropriate professional contexts;
- 9.1.3 child protection information on individuals should be kept secure;

9.1.4 Child protection information may be shared amongst members of staff within the school on a “need to know” basis. It is the duty of all members of staff to ensure that this information remains confidential.

9.2 Identifying Abuse

9.2.1 Because of our daily contact with individual children, all staff in school are particularly well placed to observe outward signs of abuse, changes in behaviour or failure to develop.

9.2.2 These signs can do no more than give rise to suspicion - they are not, in themselves, proof that abuse has occurred. We should always be alert to such signs and be familiar with the set procedures to be followed.

9.2.3 Sometimes concerns may be raised due to reasons other than a direct allegation from the child due to a mark or injury that does not tally with the explanation given;

9.2.4 information from a third party that the child is being abused;

9.2.5 concerns about the child's presentation or behaviour;

9.2.6 concern over a period of time about the quality of parenting or care at home.

10 Disclosures

10.1 Children who make allegations or disclose information have a right to be listened to and taken seriously. We should take time to listen to a child and explain fully what is happening or is likely to happen. If you do not feel able or comfortable in listening to the child, immediately let the designated teacher know the circumstances. IT IS NOT THE JOB OF ANY ONE WHO WORKS IN THE SCHOOL TO DIAGNOSE OR INVESTIGATE.

10.2 Listening to Children:

10.2.1 find somewhere quiet if possible; listen to the child and show you are listening rather than directly questioning him or her;

10.2.2 do not be verbally critical of the perpetrator; the child may still have very positive feelings towards that person;

10.2.3 tell the child you're pleased they've spoken to you, you know how difficult it must have been and that you will support them.

10.3 Be reassuring:

10.3.2 never stop a child who is freely recalling significant events;

10.3.3 use open questions rather than direct, e.g. "Tell me what has happened" rather than "Did they do x to you?"

10.3.4 when a child has finished, if appropriate, tell them what you are going to do, i.e. pass the information on to the designated teacher (Head);

10.3.5 if the child requests that the information is kept secret, it is important that the member of staff tells the child sensitively that the Head must be told in order to help the child. Reassure the child that the matter will only be disclosed to people who need to know about it;

10.3.6 pass any disclosed information immediately to the designated teacher and any subsequent events or concerns.

11 Children with Special Educational Needs

11.1 Children with SENⁱⁱⁱ may be especially vulnerable to abuse.

11.2 Extra care must be taken to interpret apparent signs of abuse and neglect correctly.

11.3 Indications of abuse of these children must be reported exactly as for other children according to the locally established procedures.

12 The Curriculum

12.1 Children are also taught about their right to self-protection and are equipped with the skills they need to help them stay safe through the curriculum offered.

12.2 All adults in the school receive regular training to raise their awareness of abuse and their knowledge of agreed local child protection procedures.

13 How Children Are Protected by CYPS

- 13.1 When a child is thought to be at risk and CYPS know this, a meeting is arranged called an "Initial Child Protection Conference".
- 13.2 This meeting brings together family members and professionals from agencies that are concerned with the child's care and child protection.
- 13.3 Information from an assessment of the concerns is shared and considered to make a decision about the level of risk to the child.
- 13.4 If the child is considered to be at risk of abuse or neglect, a decision is made to put their name on the Child Protection Register (CPR).
- 13.5 A child protection plan is drawn up with the family and the professionals to support them and help them protect their child in the future.
- 13.6 The family's progress is then reviewed regularly at further meetings, called core group meetings and Child Protection Review Conferences and when the child is considered no longer to be at risk of abuse or neglect, his or her name is removed from the Child Protection Register.
- 13.7 The Child Protection Register is a confidential record of children considered to be at risk of some form of abuse, be it physical, emotional, sexual or neglect. Children's names are only entered on the Register after an Initial Child Protection Conference has agreed to do so. Only authorised people are allowed access to the Register. The Register is held by the CYPS Department.

14 Children Subject to Child Protection Plans

- 14.1 The child's key worker from CYPS should inform the school if a pupil becomes subject to a Child Protection Plan or has such a plan revoked. If a child who is subject to a Child Protection Plan starts at the school the school should be informed.
- 14.2 When a child on the Child Protection Register changes school, the school that the child is leaving should transfer the information to the child's new school immediately and inform the key worker.

15 Monitoring and Supporting Pupils who are subject to a Child Protection Plan

- 15.1 Children on the Child Protection Register are monitored in line with what has been agreed in the Child Protection Plan.
- 15.2 The plan sets out the role of the child's parents and various agencies in protecting the child. For schools this includes alerting either the child's key worker or the Education Welfare Officer when a pupil on the Child Protection Register is absent or to any signs that suggest deterioration in a pupil's home circumstances.
- 15.3 It may be necessary, where pupils who are victims of abuse are displaying emotional or behavioural difficulties, to seek advice from the Social Services department, the Education Psychologist or the Child and Adolescent Mental Health Services on the availability of counselling or other systematic therapy.

16 Monitoring Children Who Do Not Meet The Threshold For A Child Protection Plan

- 16.1 If a child does not meet the threshold for a child protection plan their welfare should still be monitored within school. Any concerns should be recorded in accordance with Section. Such concerns will be stored in a locked cupboard in the headteacher's office.

17 Parental Involvement

- 17.1 It is important that parents understand the school's responsibility for the welfare of all pupils.
- 17.2 Parents are made aware of the school's child protection policy and the fact that this may require cases to be referred to the investigative agencies in the interests of the child.
- 17.3 If a child has been referred to CYPS parents are given clear explanations about what is happening or likely to happen, even if they are responsible for the ill treatment of their child.
- 17.4 Reports may be made available to the child's parents at the Child Protection Conference.
- 17.5 In many cases of alleged child abuse which come to court, the court may require the school to provide its child protection records.
- 17.6 Appropriate staff will be notified of the date of a conference or review and requested to write a report that will be sent if attendance is not possible. A report will also need to be given if a member of staff attends a conference.

18 Allegations against Staff

- 18.1 Teachers and other members of school staff who have daily contact with children in a variety of situations are vulnerable to accusations of abuse. Their relationships with pupils may in rare instances lead to allegations against them being made by pupils or parents/carers. Those allegations may be false, malicious or misplaced and may be either deliberate or innocent of such intent.
- 18.2 If a member of staff is informed of an allegation of abuse against another member of staff, they should report the matter immediately to the Headteacher, unless the Headteacher is the person against whom the allegation is made. Procedures to be followed can be found in Appendix 4.

19 Allegations Against a Headteacher

- 19.1 If the allegation is against the Headteacher, separate guidelines in respect of such circumstances should be followed.
- 19.1.1 The teacher to whom the allegation has been made should immediately refer the matter to the Deputy Head.
- 19.1.2 The allegation should be passed on immediately to the Chair of Governors and the appropriate LA designated officer (LADO) whether or not there is sufficient substance in the allegation to warrant an investigation.
- 19.1.3 The Chair of Governors must then consult with the LADO and with CYPS.
- 19.1.4 The decision whether or not to investigate further lies with child protection agencies. Governors should not investigate the allegations themselves.
- 19.2 As a result of this there may be four possible outcomes:
- 19.2.1 An immediate referral under local child protection procedures;
- 19.2.2 That there is a reason to suppose abuse could have occurred and that referral under the local child protection procedure or under internal disciplinary procedure may be necessary;
- 19.2.3 That the allegation is apparently without foundation;

- 19.2.4 That the allegation was prompted by inappropriate behaviour by the Headteacher which needs to be considered under local disciplinary procedures and there is no evidence of child abuse.
- 19.3 Further details of procedures are found in the Disciplinary and Grievance Policy.

20 Personnel

- 20.1 Safe recruitment practices are always followed in line with the DfES's "Safeguarding Children and Safer Recruitment in Education" policy document.
- 20.2 Staff from external agencies are fully vetted and must produce a valid, satisfactory CRB check organised by their umbrella organisation. A senior member of the organisation must complete a safeguarding proforma with the headteacher.
- 20.3 External agencies using the school not under the supervision of a member of SLT must complete a Transfer of Control Agreement signed by the headteacher and Chair of Governors prior to commencing work
- 20.4 All visitors to the school must report to the school office. If they are to have unsupervised contact with children they must present their CRB certificate which will be recorded on the school's "single central record"; if they do not have a CRB certificate, or if the CRB certificate is not deemed to be acceptable, then they must be supervised at all times by a member of St Anne's school staff.
- 20.5 CRB certificates are only deemed to be acceptable if they have been issued by approved agencies. London Borough of Lambeth CRB certificates are acceptable, as are CRB certificates issued by agencies whose senior staff members have completed a "working with outside agencies" form with the headteacher. Such agencies include, not exclusively: Protocol (supply agency), CARJ and Artis. If there is any doubt about whether a CRB certificate is acceptable, please speak to the headteacher before admitting a person to the school.
- 20.6 A single central record (SCR) of all staff is maintained in line with the local authority's guidance.

21 Policy review

- 21.1 This policy will be reviewed by governors and staff every 12 months or sooner if necessary.
- 21.2 The most up-to-date version of this policy will be available on the school's web site.

22 Related policies

22.1 See also:

- Anti-bullying;
- Disciplinary;
- Confidentiality;
- Critical incident;
- E safety;
- Complaints;
- Health and safety;
- PSHE;
- Restraining

23 Statutory Guidance

23.1 See also:

- “Working Together To Safeguard Children” (DfE 2013);
- “Keeping Children Safe in Education” (DfE 2014)

APPENDIX 1

Children need to be taught that it is their right:

- 1.1 **TO BE SAFE**
Children have the same basic rights as everyone else, which should not be taken away. No one should take away this right to be safe.
- 1.2 **TO PROTECT THEIR OWN BODIES**
Children need to learn that their body belongs to them, particularly their private parts.
- 1.3 **TO SAY NO**
It is permissible to say No to anyone, if the person tries to hurt or harm them.
- 1.4 **TO TELL**
Children need to be reassured that no matter what happens you will not be angry with them and that you want them to tell you of any incident even if it involves people they love.
- 1.5 **TO BE LISTENED TO**
When children are taught to ask adults for help they need to know they will be listened to and supported.
- 1.6 **NOT TO KEEP SECRETS**
Children are often encouraged to keep secrets. Abusers can and will use this to hide abuse. Therefore, adults need to give clear messages about unsafe secrets.
- 1.7 **TO REFUSE TOUCHES**
Children need to be taught they can say Yes or No to touches or kisses from anyone.
- 1.8 **NOT TO TALK TO STRANGERS**
Children need to be taught that it is never a good idea to talk to strangers. Well meaning adults or adolescents do not approach children unless they are lost or in distress.
- 1.9 **BREAKING RULES**
Children need to be given permission to break rules to protect themselves, i.e. run away, yell, create a fuss, even to tell a lie or kick or punch to get away from danger.

APPENDIX 2

1 Indications of Abuse

- 1.1 Child abuse is often difficult to detect, and may leave no visible or physical sign. It is worth remembering, however, that an emotionally abused child is likely to have developmental, social, health, or other problems, while the physically or sexually abused child is unlikely to be a happy child who is developing normally. The following indicators may be useful:
- 1.2 The Child:
 - 1.2.1 Suspicious Injuries, particularly when the explanation does not appear to be consistent with the injury or where there are repeated injuries.
 - 1.2.2 Repeated Injuries, and particularly when the explanation does not appear to be consistent with the injury.
 - 1.2.3 Inadequate or poor clothing, particularly in winter if the child is not warm and is generally dirty or ill-kept.
 - 1.2.4 Poor health, including frequent absences from school and illnesses for which no medical help was sought.
 - 1.2.5 Frequent mood changes, particularly involving swings in behaviour, sudden withdrawal, depression, or aggression.
 - 1.2.6 General unhappiness and misery, where the child is consistently unhappy or crying, and rarely joyful and spontaneous.
 - 1.2.7 Isolated from peers, with few, if any, friends, and an unwillingness to become involved in group activities.
 - 1.2.8 Sexually explicit behaviour, with a knowledge of sexual matters inappropriate for the age of the child.
 - 1.2.9 Sleeping difficulties, and especially if this includes frequent nightmares and bedwetting.
 - 1.2.10 Fear of adults, or conversely, over-familiarity with strangers.
 - 1.2.11 Self-mutilation, particularly when an instrument or weapon is used.

1.2.12 Child is very unhappy at home, and either is very unwilling to return home at the end of the school day, or runs away from home.

1.3 The Parents:

1.3.1 Immature and very young parents, particularly when their own experience of being parented is a very unhappy one.

1.3.2 Parents who were themselves abused as children.

1.3.3 Parents who have consistently unrealistic expectations of their children.

1.3.4 Contact with school is limited or non-existent, with no attendance at parents' evenings and where there is no communication with the class teacher.

1.3.5 History of dealings with various agencies is problematic, and where the response has been either apathetic or aggressive, making the family extremely difficult to help.

Other indicators may include:

1.3.6 parents who frequently complain about/to the child and may fail to provide attention or praise;

1.3.7 parents who are frequently absent or leave the child with inappropriate carers;

1.3.8 parents who have mental health problems which they do not appear to be managing;

1.3.9 parents who may be misusing substances;

1.3.10 parents who persistently refuse to allow access on home visits;

1.3.11 parents who persistently avoid contact with services or delay the start or continuation of treatment;

1.3.12 parents who are involved in domestic violence;

1.3.13 parents who fail to ensure the child receives an appropriate education;

- 1.4 The above factors are indicators only, and would not in themselves constitute grounds for a referral. Each case would need to be considered on its own merits.

2 Recognising Physical Abuse

- 2.1 Children can have accidental bruising, but the following must be considered as indicators of harm unless there is evidence or an adequate explanation provided.
- 2.1.2 two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive);
 - 2.1.3 repeated or multiple bruising on the head or on sites unlikely to be injured accidentally;
 - 2.1.4 variation in colour possibly indicating injuries caused at different times;
 - 2.1.5 the outline of an object used (e.g. belt marks, hand prints or a hair brush);
 - 2.1.6 bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting;
 - 2.1.7 bruising around the face;
 - 2.1.8 grasp marks on small children;
 - 2.1.9 bruising on the arms, buttocks and thighs may be an indicator of sexual abuse.
- 2.2 Bite marks can leave clear impressions of the teeth. Human bite marks are oval or crescent shaped. Those over 3cm in diameter are more likely to have been caused by an adult or older child.
- 2.3 It can be difficult to distinguish between accidental and non-accidental burns and scalds, and will always require experienced medical opinion. Any burn with a clear outline may be suspicious, e.g.
- 2.3.1 circular burns from cigarettes (but may be friction burns if along the bony protuberance of the spine);
 - 2.3.2 linear burns from hot metal rods or electrical fire elements;

- 2.3.3 burns of uniform depth over a large area;
 - 2.3.4 scalds that have a line indicating immersion or poured liquid (a child getting into hot water of its own accord will struggle to get out and cause splash marks);
 - 2.3.5 old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation.
 - 2.3.6 Scalds to the buttocks of a small child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath
- 2.4 Fractures may cause pain, swelling and discolouration over a bone or joint, and loss of function in the limb or joint. Non-mobile children rarely sustain fracture. There are grounds for concern if:
- 2.4.1 the history provided is vague, non-existent or inconsistent with the fracture type;
 - 2.4.2 they are associated with an old fracture;
 - 2.4.3 medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement;
 - 2.4.4 there is an unexplained fracture in the first year of life.
- 2.5 A large number of scars or scars of different sizes or ages, or on different parts of the body, may also suggest abuse.

3 Recognising Emotional Abuse

- 3.1 Emotional abuse may be difficult to recognise, as the signs are usually behavioural rather than physical. The indicators of emotional abuse are often also associated with other forms of abuse. Professionals should therefore be aware that emotional abuse might also indicate the presence of other kinds of abuse.
- 3.2 The following may be indications of emotional abuse:
- 3.2.1 developmental delay;
 - 3.2.2 abnormal attachment between a child and parent (e.g. anxious, indiscriminate or no attachment);
 - 3.2.3 indiscriminate attachment or failure to attach;

- 3.2.4 aggressive behaviour towards others;
- 3.2.5 appeasing behaviour towards others;
- 3.2.6 scapegoat within the family;
- 3.2.7 frozen watchfulness, particularly in pre-school children;
- 3.2.8 low self esteem and lack of confidence;
- 3.2.9 withdrawn or seen as a 'loner' - difficulty relating to others.

4 Recognising Sexual Abuse

- 4.1 Sexual abuse can be very difficult to recognise and reporting sexual abuse can be an extremely traumatic experience for a child. Therefore both identification and disclosure rates are deceptively low.
- 4.2 Boys and girls of all ages may be sexually abused and are frequently scared to say anything due to guilt and/or fear.
- 4.3 If a child makes an allegation of sexual abuse, it is very important that they are taken seriously. Allegations can often initially be indirect as the child tests the professional's response.
- 4.4 There may be no physical signs and indications are likely to be emotional/behavioural.
- 4.5 Behavioural indicators include:
 - 4.5.1 inappropriate sexualised conduct;
 - 4.5.2 sexually explicit behaviour, play or conversation, inappropriate to the child's age;
 - 4.5.3 continual and inappropriate or excessive masturbation;
 - 4.5.4 self-harm (including eating disorder), self mutilation and suicide attempts;
 - 4.5.5 an anxious unwillingness to remove clothes for e.g. sports events (but this may be related to cultural norms or physical difficulties).
- 4.6 Physical indicators associated with child sexual abuse include:

- 4.6.1 pain or itching of genital area;
- 4.6.2 blood on underclothes;
- 4.6.3 physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, etc.

5 Recognising Neglect

- 5.1 Evidence of neglect is (usually) built up over a period of time and can include:
 - 5.1.2 failure by parents or carers to meet essential physical needs (e.g. adequate or appropriate food, clothes, warmth, hygiene and medical or dental care);
 - 5.1.3 failure by parents or carers to meet essential emotional needs, (e.g. to feel loved and valued, to live in a safe, predictable home environment);
 - 5.1.4 a child seen to be listless, apathetic and unresponsive with no apparent medical cause;
 - 5.1.5 failure of child to grow within normal expected pattern, with accompanying
 - 5.1.6 weight loss;
 - 5.1.7 child thrives away from home environment;
 - 5.1.8 child frequently absent from school;
 - 5.1.9 child left with inappropriate carers (e.g. too young, complete strangers);
 - 5.1.10 child left with adults who are intoxicated or violent;
 - 5.1.11 child abandoned or left alone for excessive periods.

APPENDIX 3

SCHOOL REPORT FOR CHILD PROTECTION CONFERENCE

PUPIL'S NAME:

DOB:

NAME OF SCHOOL:

CLASS TEACHER:

DATE OF CONFERENCE:

ACTUAL SCHOOL ATTENDANCE IN LAST SCHOOL TERM: (Comment on any long or short term absences of significance)

PUPIL'S DEVELOPMENT - Social, physical, Educational (Include National Curriculum levels if possible and indicate whether below or above average), Emotional and Behavioural.

PUPIL'S ATTITUDE/RELATIONSHIPS:

To school

To adults

To peers

INCIDENTS OF SIGNIFICANCE - Positive or Negative - with dates where possible. (Include any referrals made and to whom).

3) CONTACTS WITH PARENTS: (Formal and informal)

4) HOW WELL DO YOU KNOW THIS PUPIL?

5) PROVIDE A PEN PICTURE OF THIS PUPIL:

6) DO YOU HAVE ANY CONCERNS ABOUT THE WELFARE OF THIS PUPIL?

7) ANY COMMENTS FROM SCHOOL NURSE/DOCTOR

8) ANY OTHER COMMENTS

Signed:

(Class Teacher)

Date:

Signed:

(Headteacher)

Please remember that this report goes to other agencies and will be seen by parents/children. Therefore, please distinguish fact from opinion. You may wish to consult with other staff in your school, e.g. special needs teacher, midday assistant, etc. in preparing this report.

APPENDIX 4

1 Investigative Procedures Preliminary to Considering Disciplinary Action – Guidance

- 1.1 The aim of an investigation is to obtain, as far as possible, a fair and balanced picture through a written record.
- 1.2 The aim is not to prove or disprove an allegation. The investigation is a fact-finding exercise and is preliminary to considering the appropriateness of disciplinary action:
 - 1.2.1 undertakings of confidentiality should not be given to either a person making allegations or to those interviewed. Evidence compiled in the investigation should be made available to the parties in any subsequent disciplinary proceedings and those giving evidence in the investigation should be so informed;
 - 1.2.2 children or parents making allegations should be interviewed to record their allegations in the form of signed and dated statements.
- 1.3 Preliminary stages
 - 1.3.1 the person undertaking the investigation should seek specialist advice as necessary, for example, from the LA, and should familiarise him/herself with any relevant procedures and guidelines;
 - 1.3.2 the person investigating should define areas to be investigated draw up a provisional list of those to be interviewed and a list of topics to be discussed, extended as required during the investigation;
 - 1.3.3 check corroborative evidence;
 - 1.3.4 assess the credibility of the person making the allegation.
- 1.4 The Investigation process
 - 1.4.1 Interviews should be carried out as soon as possible. A statement should be taken from each person, signed and dated. The person carrying out the investigation should have access to assistance as necessary to make the record. A suitable venue and time should be selected to encourage co-operation and the opportunity to be accompanied should be offered. At the beginning of an interview, a general explanation of the purpose of the investigation should be provided.

- 1.4.2 If, at any stage during the investigation, new evidence emerges which make a referral necessary under local child protection procedures or to the police, the investigation should be held in abeyance immediately following such a referral. Consideration should also be given as to whether suspension is appropriate in such circumstances.

1.5 Interviewing the Teacher who is the Subject of an Allegation

- 1.5.1 The point at which this occurs will depend upon the nature of the allegation and the investigation process.
- 1.5.2 The teacher should be informed of his/her rights under the school's disciplinary procedure, including the right to representation.
- 1.5.3 The teacher should be informed of the allegation and invited to respond and to make a statement. The teacher has the right either to respond or decline to respond.
- 1.5.4 Full notes should be taken of the interview and the teacher invited to read and sign them as a true record at the end of the interview. A copy of the notes will be given to the teacher.
- 1.5.5 The teacher should be invited to identify any persons who may have information relevant to the investigation. These names should be added to the list of those to be interviewed.

1.6 Compiling a Report

- 1.6.1 Once all the relevant persons have been interviewed and all the relevant issues have been explored, the investigation is complete. The details obtained and the statements taken should then be compiled into a report.
- 1.6.2 Consideration should again be given as to whether a referral should be made under local child protection procedures or to the police and whether suspension is appropriate. If there is such a referral, further proceedings at school level should be held in abeyance.

1.7 Subsequent Action

A decision will need to be taken at this stage on whether further action should be taken, including the possible referral of the report under disciplinary proceedings. At this stage, reference should be made to any available guidance.

ⁱ DfE: Department for Education

ⁱⁱ “Safeguarding Children and Safer Recruitment in Education” (DfES 2007)

ⁱⁱⁱ SEN: special educational needs