



CHILD PROTECTION POLICY

1. INTRODUCTION

Safeguarding is defined as protecting children from maltreatment, preventing impairment of health and/or development, ensuring that children grow up in the provision of safe and effective care and optimising children's life chances.

This Child Protection Policy forms part of a suite of documents and policies which relate to the safeguarding responsibilities of the school. In particular this policy should be read in conjunction with the Safer Recruitment Policy, Discipline Policy and Anti-Bullying Policy.

Purpose of a Child Protection Policy

To inform staff, parents, volunteers and governors about the school's responsibilities for safeguarding children. To enable everyone to have a clear understanding of how these responsibilities should be carried out.

Hertfordshire Safeguarding Children Board Inter-agency Child Protection and Safeguarding Children Procedures

The school follows the procedures established by the Hertfordshire Safeguarding Children Board; a guide to procedure and practice for all agencies in Hertfordshire working with children and their families.

School Staff & Volunteers

School staff and volunteers are particularly well placed to observe outward signs of abuse, changes in behaviour and failure to develop because they have daily contact with children. All school staff and volunteers will receive child protection training, so that they are knowledgeable and aware of their role in the early recognition of the signs and symptoms of abuse or neglect and of the appropriate procedures to follow. An annual refresher course will be made available for all staff to attend.

Mission Statement

- Establish and maintain an environment where children feel secure, are encouraged to talk, and are listened to when they have a worry or concern, and also a safe environment for staff to voice their concerns with confidence if they are concerned in any way – the role of the school counsellor is pivotal in this.
- Establish and maintain an environment where school staff and volunteers feel safe, are encouraged to talk and are listened to when they have concerns about the safety and well being of a child.
- Ensure children know that there are adults in the school whom they can approach if they are worried. This includes pastoral staff and keyworkers.
- Ensure that children who have been abused (see Appendix 1 – Indicators of

possible significant harm) will be supported in line with a Child Protection Plan, where deemed necessary. This CPP will be reviewed and monitored according to appropriate Outside Agency advice.

- Include opportunities in the PSHE curriculum for children to develop the skills they need to recognise and stay safe from abuse.
- Mission Statement Establish and maintain an environment where children feel secure, are encouraged to talk, and are listened to when they have a worry or concern.
- Establish and maintain an environment where school staff and volunteers feel safe, are encouraged to talk and are listened to when they have concerns about the safety and well being of a child.
- Ensure children know that there are adults in the school whom they can approach if they are worried.
- Ensure that children who have been abused will be supported in line with a child protection plan, where deemed necessary.
- Include opportunities in the PSHE curriculum for children to develop the skills they need to recognise and stay safe from abuse.
- Contribute to the five Every Child Matters outcomes: Be healthy, Stay safe, Enjoy and achieve, Make a positive contribution, Achieve economic well-being

2. STATUTORY FRAMEWORK

In order to protect children from harm 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
- HSCB Inter-agency Child Protection and Safeguarding Children Procedures (2010)
- DfES guidance Safeguarding Children and Safer Recruitment in Education (2006)
- Working Together to Safeguard Children (HM Government 2010)

Working Together to Safeguard Children (HM Government 2010) requires all schools to follow the procedures for protecting children from abuse which are established by the Hertfordshire Safeguarding Children Board. 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.

Safeguarding Children and Safer Recruitment in Education (DfES 2006) places the following responsibilities on all schools:-

- Schools should be aware of and follow the procedures established by the Hertfordshire Safeguarding Children Board
- Staff should be alert to signs of abuse and know to whom they should report any concerns or suspicions
- Schools should have procedures (of which all staff are aware) for handling suspected cases of abuse of pupils, including procedures to be followed if a member of staff is accused of abuse, or suspected of abuse
- A Designated Senior Person should have responsibility for co-coordinating action within the school and liaising with other agencies
- Staff with designated responsibility for Child Protection should receive appropriate training

Safeguarding Children and Safer Recruitment in Education (DfES 2006) also states that *“All parents need to understand that schools and FE colleges have a duty to safeguard and promote the welfare of children who are their pupils or students, that this responsibility necessitates a child protection policy and procedures, and that a school or FE college may need to share information and work in partnership with other agencies when there are concerns about a child’s welfare.”*

3. THE DESIGNATED SENIOR PERSON

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

- Ensure that he/she receives refresher training at two yearly intervals to keep his or her knowledge and skills up to date
- Ensure that all staff who work with children undertake appropriate training to equip them to carry out their responsibilities for safeguarding children effectively and that this is kept up to date by refresher training at three yearly intervals
- Ensure that newly appointed staff receive a safeguarding children induction within 7 working days of commencement of their contract
- Ensure that temporary staff and volunteers are made aware of the school’s arrangements for child protection
- Ensure that the school operates within the legislative framework and recommended guidance
- Ensure that all staff and volunteers are aware of the HSCB Inter-agency Child Protection and Safeguarding Children Procedures
- Ensure that the Head Teacher is kept fully informed of any concerns
- Develop effective working relationships with other agencies and services

- Decide upon the appropriate level of response to specific concerns about a child e.g. discuss with parents, offer an assessment under the Common Assessment Framework (CAF) or refer to Children, Schools and Families social care
- Liaise with CSF social care teams over suspected cases of child abuse
- Ensure that accurate records relating to individual children are kept separate from the academic file in a secure place and marked 'Strictly Confidential' and that these records are passed securely should the child transfer to a new provision
- Submit reports to and ensure the school's attendance at Child Protection Conferences and contribute to decision making and delivery of actions planned to safeguard the child
- Ensure that the school effectively monitors children about whom there are concerns, including notifying CSF social care when there is an unexplained absence of more than two days for a child who is the subject of a child protection plan
- Provide guidance to parents, children and staff about obtaining suitable support
- Follow the procedures set out by the Area Child Protection Committee where an allegation is made against a member of staff or volunteer. Ensure that all staff and volunteers are made aware that inappropriate behaviour with or towards children is unacceptable that that under the Sexual Offences Act 2003 it is an offence for a person over 18 to have a sexual relationship with a child under 18 where the person is in a position of trust in respect of that child, even if the relationship is consensual.
- Document and immediately report to the Headteacher all incidents when adults in the course of their duty in school have to use physical intervention to restrain a young person to prevent harm to that person or to others.
- Keep written records of concerns about pupils, even when there is no need to refer the matter immediately. Ensure that all records are kept securely and separate from their main pupil file, in locked locations.

4. THE GOVERNING BODY

The Governing Body has overall responsibility for ensuring that there are sufficient measures in place to safeguard the children in their establishment.

In particular the Governing Body must ensure:

- Child protection policy and procedures
- Safe recruitment procedures
- Appointment of a DSP who is a senior member of the school leadership team
- Relevant child protection training for school staff/volunteers is attended
- Safe management of allegations
- Deficiencies or weaknesses in safeguarding arrangements are remedied without delay

- A member of the Governing Body (usually the Chair) is nominated to be responsible in the event of an allegation of abuse being made against the Head Teacher.
- Safeguarding policies and procedures are reviewed annually and information provided to the local authority about them and about how the above duties have been discharged

5. SCHOOL PROCEDURES

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

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

The Designated Senior Person will decide whether the concerns should be referred to CSF social care. If it is decided to make a referral to CSF social care this will be done with prior discussion with the parents, unless to do so would place the child at further risk of harm.

Particular attention will be paid to the attendance and development of any child about whom the school has concerns, or who has been identified as being the subject of a Child Protection Plan and a written record will be kept.

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

6. WHEN TO BE CONCERNED

All staff and volunteers should be aware that the main categories of abuse are:

- Physical abuse
- Emotional abuse
- Sexual abuse
- Neglect

All staff and volunteers should be concerned about a child if he/she presents with indicators of possible significant harm – **see Appendix 1 for details.**

Generally, in an abusive relationship the child may:

- Appear frightened of the parent/s or other household members e.g. siblings or others outside of the home
- Act in a way that is inappropriate to her/his age and development (full account needs to be taken of different patterns of development and different ethnic groups)
- Display insufficient sense of 'boundaries', lack stranger awareness
- Appear wary of adults and display 'frozen watchfulness'

- If any indicators are recognisable the policy should be to maintain safety by conversing concerns to the DSP

7. DEALING WITH A DISCLOSURE

If a child discloses that he or she has been abused in some way, the member of staff / volunteer should:

- Listen to what is being said without displaying shock or disbelief
- Accept what is being said
- Allow the child to talk freely
- Reassure the child, but not make promises which it might not be possible to keep
- Not promise confidentiality – it might be necessary to refer to Children Schools and Families. At all times it is necessary to maintain the child's confidence. It is important that the child knows that if they convey information that may suggest harm to themselves or others it will have to be disclosed.
- The child should be informed that the information is going to be taken further, and the child needs to be supported in this situation where he/she may feel exposed and unsafe
- Reassure him or her that what has happened is not his or her fault. It is important not to apportion any blame on any party at any given time – the role of the listener is to stay neutral.
- Stress that it was the right thing to tell
- Listen, only asking questions when necessary to clarify
- Not criticise the alleged perpetrator
- Explain what has to be done next and who has to be told
- Make a written record (see Record Keeping)
- Pass information to the Designated Senior Person without delay, and feel safe in the knowledge that by disclosing concerns the reporting member of staff is not compromised

Support for staff

Dealing with a disclosure from a child, and a child protection case in general, is likely to be a stressful experience. The member of staff/volunteer should, therefore, consider seeking support for him/herself and discuss this with the Designated Senior Person.

8. CONFIDENTIALITY

Child Protection raises issues of confidentiality that must be clearly understood by all staff/volunteers in schools.

- All staff in schools, both teaching and non-teaching staff, have a responsibility to share relevant information about the protection of children with other professionals, particularly the investigative agencies (CSF social care and the Police).
- If a child confides in a member of staff/volunteer and requests that the information is kept secret, it is important that the member of staff/volunteer tell the child in a manner appropriate to the child's age/stage of development that they cannot promise complete confidentiality – instead they must explain that they may need to pass information to other professionals to help keep the child or other children safe. The reason for this is to keep all parties 'safe' within the process whatever their role.
- Staff/volunteers who receive information about children and their families in the course of their work should share that information only within appropriate professional contexts.

9. COMMUNICATION WITH PARENTS

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

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

10. RECORD KEEPING

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

- Make brief notes as soon as possible after the conversation. Use the school record of concern sheet wherever possible. (A pro-forma is available on the Hertfordshire Grid for Learning)
- Not destroy the original notes in case they are needed by a court
- Record the date, time, place and any noticeable non-verbal behaviour and the words used by the child
- Draw a diagram to indicate the position of any bruising or other injury
- Record statements and observations rather than interpretations or assumptions

All records need to be given to the Designated Senior Person promptly. No copies should be retained by the member of staff or volunteer.

11. ALLEGATIONS INVOLVING SCHOOL STAFF/VOLUNTEERS

Whenever it is alleged that a member of staff/volunteer has:

- Behaved in a way that has, or may have harmed a child
- Possibly committed a criminal offence against/related to a child

- Behaved toward a child in a way which indicates s/he is unsuitable to work with children

the person receiving the allegation must take it seriously and immediately inform the Head Teacher or DSP. This applies to any child the member of staff/volunteer has contact with in the personal, professional or community life.

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.

If any member of staff/volunteer has reason to suspect that another member of staff / volunteer may have abused a child at the school, or elsewhere, they must immediately inform the Head Teacher or DSP.

Actions to be taken include making a written record of the allegation using the informant's words - including time, date and place where the alleged incident took place, what was said and anyone else present. This record should be signed and dated and immediately passed on to the Head Teacher.

If the concerns are about the Head Teacher, then the Chair of Governors should be contacted. In the absence of the Chair of Governors, the Vice Chair should be contacted.

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 Headteacher will not investigate the allegation itself, or take written or detailed statements, but will assess whether it is necessary to refer the concern to CSF social care in consultation with the Local Authority Designated Officer.

If it is decided that the allegation meets the threshold for further action through the HSCB Inter-agency Child Protection and Safeguarding Children Procedures, the Headteacher must immediately make a referral to CSF social care.

If it is decided that the allegation does not meet the threshold for referral to CSF social care, the Head Teacher and Local Authority Designated Officer will consider the appropriate course of action, e.g. joint evaluation meeting, internal investigation.

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

For further information see:

- HSCB Inter-agency Child Protection and Safeguarding Children Procedures (2010)
- Section 4.1.1 Managing Allegations against Adults who work with Children and Young People.

12. SUPPORT FOR STUDENTS

We recognise that young people 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 life of children at risk. This should not be compromised. When at school their behaviour may be challenging and defiant or they may be withdrawn. St George's School will support the pupil through:

1. Christian ethos: this promotes a loving, supportive and secure environment, giving pupils a sense of being valued and cared for.
2. The Emotional Support Team: this operates independently but within the framework of the Learning Support Team. Trained personnel work with carefully compiled groups of vulnerable pupils to provide support for variously stressful situations – which could be caused by home or school. Professional development and supervision maintain the integrity of the school counsellor and Emotional Support Team.
3. The School Counsellor: the role of the School Counsellor is carefully tailored to take account of the school's Child Protection Policy. Issues giving cause for concern are regularly discussed with the school's Designated Senior Person. Pupils also have access to out of school specialist counselling services as required.
4. Keyworker system: additional counselling training is provided for the school's keyworking personnel, who are allocated in accordance with the Inclusion Register and will get to know their keyworkees very well over an extended period of time.
5. The school's Discipline, Anti-bullying and Health and Safety Policies: these are aimed at supporting vulnerable pupils in the school. The school will ensure that pupils know that some behaviour is unacceptable but that they are valued as individuals and not to be blamed for any abuse which has occurred.
6. The school operates a discreet but rigorous Time Out policy which extends to emotional support and is not solely used for disciplinary purposes.
7. Liaison with the Behaviour Support Team who provide weekly advice on various pupils to pastoral and subject staff, as well as the Learning Support Team.
8. Liaison with other agencies that support the pupil. It may include:
 - a. CSF
 - b. the relevant Mental Health Services,
 - c. Education Welfare Service and the associated Hospital and Home Tuition Team.
 - d. Educational Psychology Service.
 - e. Extended Schools Services to include family support and parenting programmes.
 - f. Minority Ethnic Curriculum Support Service
 - g. Learner and Adolescent Services
 - h. Youth Inclusion Support Panel.These could be in the form of a Single Service request or a Multi Agency request. The Senior Designated Person will be instrumental in making this decision.
9. The content of the curriculum particularly in PSHCE but also regarding tailored and reduced curriculum for specific pupils. A very small number of pupils may choose to follow a specially adapted vocational course including college attendance.
10. The school's Connexions worker provides weekly advice to selected pupils and liaises closely on Child Protection issues with the Learning Support Team. When a pupil leaves to enter employment or higher education, any information kept in a child protection file should be kept in the section of the pupil's school file which is not open to disclosure for as long as the school retains it.

11. Borders are provided with the contact details of two Independent Listeners, whom they may call for a private conversation.

APPENDIX 1 - INDICATORS OF HARM

PHYSICAL ABUSE

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Indicators in the child

Bruising

It is often possible to differentiate between accidental and inflicted bruises. The following must be considered as non accidental unless there is evidence or an adequate explanation provided:

- Bruising in or around the mouth
- Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive)
- Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally, for example the back, mouth, cheek, ear, stomach, chest, under the arm, neck, genital and rectal areas
- Variation in colour possibly indicating injuries caused at different times
- The outline of an object used e.g. belt marks, hand prints or a hair brush
- Linear bruising at any site, particularly on the buttocks, back or face
- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting
- Bruising around the face
- Grasp marks to the upper arms, forearms or leg
- Petechae haemorrhages (pinpoint blood spots under the skin.) Commonly associated with slapping, smothering/suffocation, strangling and squeezing

Fractures

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

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

There are grounds for concern if:

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

Rib fractures are only caused in major trauma such as in a road traffic accident, a severe shaking injury or a direct injury such as a kick.

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

Mouth Injuries

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

Poisoning

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

Fabricated or Induced Illness

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

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

Bite Marks

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

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

Burns and Scalds

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

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

Old scars may indicate 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 but and there will be splash marks

Scars

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

Emotional/behavioural presentation

- Refusal to discuss injuries
- Admission of punishment which appears excessive
- Fear of parents being contacted and fear of returning home
- Withdrawal from physical contact
- Arms and legs kept covered in hot weather
- Fear of medical help
- Aggression towards others
- Frequently absent from school
- An explanation which is inconsistent with an injury
- Several different explanations provided for an injury

Indicators in the parent

- May have injuries themselves that suggest domestic violence
- Not seeking medical help/unexplained delay in seeking treatment
- Reluctant to give information or mention previous injuries
- Absent without good reason when their child is presented for treatment
- Disinterested or undisturbed by accident or injury
- Aggressive towards child or others
- Unauthorised attempts to administer medication
- Tries to draw the child into their own illness
- Past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault
- Parent/carer may be over involved in participating in medical tests, taking temperatures and measuring bodily fluids
- Observed to be intensely involved with their children, never taking a much needed break nor allowing anyone else to undertake their child's care
- May appear unusually concerned about the results of investigations which may indicate physical illness in the child
- Wider parenting difficulties, may (or may not) be associated with this form of abuse.
- Parent/carer has convictions for violent crimes.

Indicators in the family/environment

- Marginalised or isolated by the community
- History of mental health, alcohol or drug misuse or domestic violence
- History of unexplained death, illness or multiple surgery in parents and/or siblings of
- the family

- Past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

EMOTIONAL ABUSE

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.

It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.

It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction.

It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.

Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Indicators in the child

- Developmental delay
- Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or no attachment
- Aggressive behaviour towards others
- Child scapegoated within the family
- Frozen watchfulness, particularly in pre-school children
- Low self esteem and lack of confidence
- Withdrawn or seen as a 'loner' - difficulty relating to others
- Over-reaction to mistakes
- Fear of new situations
- Inappropriate emotional responses to painful situations
- Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)
- Self harm
- Fear of parents being contacted
- Extremes of passivity or aggression
- Drug/solvent abuse
- Chronic running away
- Compulsive stealing
- Low self-esteem
- Air of detachment – 'don't care' attitude
- Social isolation – does not join in and has few friends
- Depression, withdrawal
- Behavioural problems e.g. aggression, attention seeking, hyperactivity, poor attention
- Low self-esteem, lack of confidence, fearful, distressed, anxious

- Poor peer relationships including withdrawn or isolated behaviour

Indicators in the parent

- Domestic abuse, adult mental health problems and parental substance misuse may be features in families where children are exposed to abuse.
- Abnormal attachment to child e.g. overly anxious or disinterest in the child
- Scapegoats one child in the family
- Imposes inappropriate expectations on the child e.g. prevents the child's developmental exploration or learning, or normal social interaction through overprotection.
- Wider parenting difficulties, may (or may not) be associated with this form of abuse.

Indicators of in the family/environment

- Lack of support from family or social network.
- Marginalised or isolated by the community.
- History of mental health, alcohol or drug misuse or domestic violence.
- History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
- Past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

NEGLECT

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development.

Neglect may occur during pregnancy as a result of maternal substance abuse.

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

- provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- protect a child from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate care-givers); or
- ensure access to appropriate medical care or treatment.

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

Indicators in the child

Physical presentation

- Failure to thrive or, in older children, short stature
- Underweight
- Frequent hunger
- Dirty, unkempt condition
- Inadequately clothed, clothing in a poor state of repair
- Red/purple mottled skin, particularly on the hands and feet, seen in the winter due to cold
- Swollen limbs with sores that are slow to heal, usually associated with cold injury
- Abnormal voracious appetite
- Dry, sparse hair

- Recurrent / untreated infections or skin conditions e.g. severe nappy rash, eczema or persistent head lice / scabies/ diarrhoea
- Unmanaged / untreated health / medical conditions including poor dental health
- Frequent accidents or injuries

Development

- General delay, especially speech and language delay
- Inadequate social skills and poor socialization

Emotional/behavioural presentation

- Attachment disorders
- Absence of normal social responsiveness
- Indiscriminate behaviour in relationships with adults
- Emotionally needy
- Compulsive stealing
- Constant tiredness
- Frequently absent or late at school
- Poor self esteem
- Destructive tendencies
- Thrives away from home environment
- Aggressive and impulsive behaviour
- Disturbed peer relationships
- Self harming behaviour

Indicators in the parent

- Dirty, unkempt presentation
- Inadequately clothed
- Inadequate social skills and poor socialisation
- Abnormal attachment to the child .e.g. anxious
- Low self esteem and lack of confidence
- Failure to meet basic essential needs e.g. adequate food, clothes, warmth, hygiene
- Failure to meet the child's health and medical needs e.g. poor dental health; failure to attend or keep appointments with health visitor, GP or hospital; lack of GP registration; failure to seek or comply with appropriate medical treatment; failure to address parental substance misuse during pregnancy
- Child left with adults who are intoxicated or violent
- Child abandoned or left alone for excessive periods
- Wider parenting difficulties may (or may not) be associated with this form of abuse

Indicators in the family/environment

- History of neglect in the family
- Family marginalised or isolated by the community.
- Family has history of mental health, alcohol or drug misuse or domestic violence.
- History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
- Family has a past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.
- Dangerous or hazardous home environment including failure to use home safety equipment; risk from animals

- Poor state of home environment e.g. unhygienic facilities, lack of appropriate sleeping arrangements, inadequate ventilation (including passive smoking) and lack of adequate heating
- Lack of opportunities for child to play and learn

SEXUAL ABUSE

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening.

The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.

They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet).

Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Indicators in the child

Physical presentation

- Urinary infections, bleeding or soreness in the genital or anal areas
- Recurrent pain on passing urine or faeces
- Blood on underclothes
- Sexually transmitted infections
- Vaginal soreness or bleeding
- Pregnancy in a younger girl where the identity of the father is not disclosed and/or there is secrecy or vagueness about the identity of the father
- Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing

Emotional/behavioural presentation

- Makes a disclosure.
- Demonstrates sexual knowledge or behaviour inappropriate to age/stage of development, or that is unusually explicit
- Inexplicable changes in behaviour, such as becoming aggressive or withdrawn
- Self-harm - eating disorders, self mutilation and suicide attempts
- Poor self-image, self-harm, self-hatred
- Reluctant to undress for PE
- Running away from home
- Poor attention / concentration (world of their own)
- Sudden changes in school work habits, become truant
- Withdrawal, isolation or excessive worrying
- Inappropriate sexualised conduct
- Sexually exploited or indiscriminate choice of sexual partners
- Wetting or other regressive behaviours e.g. thumb sucking
- Draws sexually explicit pictures
- Depression

Indicators in the parents

- Comments made by the parent/carer about the child.
- Lack of sexual boundaries
- Wider parenting difficulties or vulnerabilities may (or may not) be associated with this form of abuse
- Grooming behaviour
- Parent is a sex offender

Indicators in the family/environment

- Marginalised or isolated by the community.
- History of mental health, alcohol or drug misuse or domestic violence
- History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
- Past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.
- Family member is a sex offender.

In addition to all the above signs a child may disclose an experience in which he/she may have been harmed, or there may be any other cause to believe that a child may be suffering harm.

If there is any possibility of a pupil suffering from abuse you must pass on any concerns to the DSP. A failure to undertake this responsibility may leave a child feeling not understood, or heard, by a person they had previously trusted. The child may then come to regard that person as someone colluding with the abuser.

APPENDIX 2 – Important postholders

THE DESIGNATED SENIOR PERSON

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

Mrs J Gibbs

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

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

Mrs C Theakston

The Chair of Governors in this school is **Mr Kevin Parsons**

The Vice Chair in this school is **Mrs Susan Fairbairn**

The Child Protection Governor in this school is **Mrs Jane Crawford.**

All Governors may be contacted through the Bursar and Clerk to the Governors

The Bursar is **Mr Peter Hill**

Telephone: **01572 716261**

The school's Connexions worker is **Ms Nikki Mineikis.**

Telephone: **07776 465726**

The School Counsellor is **Mrs Lucy Adamson**

Contact through Learning Support

Telephone: **01582 716240**