

**CHILD PROTECTION POLICY FOR Great Easton C of E VA Primary SCHOOL**

**APPROVED BY GOVERNORS**

**Spring 2017: approved at FGB 27.2.17**

**POLICY TO BE REVIEWED in line with updates or termly**

<b>DESIGNATED SAFEGUARDING LEAD:</b>	Claire Jackman (Headteacher)  01371 870219  Email: cjackman@greateaston.essex.sch.uk
<b>DEPUTY DESIGNATED SAFEGUARDING LEADS:</b>	Holly Miles (Assistant Head)  01371 870219  Email: hmiles@greateaston.essex.sch.uk  Sharon Scott (Business Manager)  01371 870219  Email: admin@greateaston.essex.sch.uk
<b>DESIGNATED SAFEGUARDING GOVERNOR:</b>	Karen Scott  Email: kscott@rabutler.essex.sch.uk

This policy has been equality impact assessed and we believe that it is in line with the Equality Act 2010 as it is fair, it does not prioritise or disadvantage any pupil and it helps to promote equality at this school.

All staff consulted: January 2017

Agreed by Governors: 2017

To be reviewed by: April 2017

**Contents**

<b>1</b>	<b>Introduction</b>
<b>2</b>	<b>Statutory Framework</b>
<b>3</b>	<b>Roles and responsibilities</b>
<b>4</b>	<b>Types of abuse / specific safeguarding issues</b>
<b>5</b>	<b>Procedures</b>
<b>6</b>	<b>Training</b>
<b>7</b>	<b>Professional confidentiality</b>
<b>8</b>	<b>Records and information sharing</b>
<b>9</b>	<b>Interagency working</b>
<b>10</b>	<b>Allegations about members of the workforce</b>
<b>11</b>	<b>Whistleblowing</b>
<b>Appendix A</b>	<b>Family Operations Hub Partner Access Map</b>
<b>Appendix B</b>	<b>Definitions of Abuse</b>
<b>Appendix C</b>	<b>What to do if a child wants to talk to you</b>
<b>Appendix D</b>	<b>Additional information about FGM</b>
<b>Appendix E</b>	<b>Additional information about Channel</b>
<b>Appendix F</b>	<b>Additional information about Breast Ironing</b>
<b>Appendix G</b>	<b>Examples of forms used</b>

## CHILD PROTECTION POLICY FOR GREAT EASTON VA PRIMARY SCHOOL

### 1. Introduction

Schools and their staff form part of the wider safeguarding system for children. Everyone who comes into contact with children and their families and carers has a role to play in safeguarding children. In order to fulfil this responsibility effectively, all professionals should make sure their approach is child-centred. This means that they should consider, at all times, what is in the **best interests** of the child.

*(Keeping Children Safe in Education - DfE, 2016)*

This Child Protection Policy is for all staff, parents, governors, volunteers and the wider school community. It forms part of the safeguarding arrangements for our school. It should be read in conjunction with the Safeguarding Policy, Safer Recruitment Policy, Staff Code of Conduct Policy, Physical Intervention Policy, Anti-Bullying Policy, Behaviour Policy, Health and Safety Policy, Educational Visit Policy, E-safety Policy and Photography Policy. It should also be read in conjunction with Keeping Children Safe in Education (DfE, 2016).

Safeguarding and promoting the welfare of children is defined in Keeping Children Safe in Education as:

- Protecting children from maltreatment
- Preventing impairment of children's health or development
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- Taking action to enable all children to have the best outcomes

### 2. Statutory framework

Section 175 of the Education Act 2002 (*Section 157 for Independent schools*) places a statutory responsibility on the governing body to have policies and procedures in place that safeguard and promote the welfare of children who are pupils of the school.

The development of appropriate procedures and the monitoring of good practice in Essex are the responsibilities of the [Essex Safeguarding Children Board](#) (ESCB). In Essex, all professionals must work in accordance with the [SET Procedures](#) (ESCB, 2016).

Our school works in accordance with the following legislation and guidance:

Children Act 1989

Children Act 2004

[Keeping Children Safe in Education](#) (DfE, 2016)

3 / Page

*Author: Jo Barclay, Safeguarding Adviser to Schools  
Date: December 2016*

Effective Support for Children and Families in Essex (ESCB, 2015)

Counter-Terrorism and Security Act (HMG, 2015)

Serious Crime Act 2015 (Home Office, 2015)

Sexual Offences Act (2003)

Education (Pupil Registration) Regulations 2006

Information sharing advice for safeguarding practitioners (HMG, 2015)

Data Protection Act 1998

### 3. Roles and responsibilities

All adults working with or on behalf of children have a responsibility to protect them and to provide a safe environment in which they can learn and achieve their full potential. However, there are key people within schools and the Local Authority who have specific responsibilities under child protection procedures. The names of those in our school with these specific responsibilities (the designated safeguarding lead and deputy designated safeguarding lead) are shown on the cover sheet of this document.

#### The governing body

The governing body ensures that the policies, procedures and training in our school are effective and comply with the law at all times. It ensures that all required policies relating to safeguarding are in place and that the child protection policy reflects statutory and local guidance and is reviewed at least annually.

The governing body ensures there is a named designated safeguarding lead and deputy safeguarding lead in place.

The governing body ensures the school contributes to inter-agency working, in line with statutory and local guidance. It ensures that information is shared and stored appropriately and in accordance with statutory requirements.

The governing body ensures that all staff members undergo safeguarding and child protection training at induction and that it is then regularly updated. All staff members receive regular safeguarding and child protection updates, at least annually, to provide them with the relevant skills and knowledge to keep our children safe.

The governing body ensures that children are taught about safeguarding, including online, ensuring that that appropriate filters and monitoring systems for online usage are in place. Our children will be taught how to keep themselves safe through teaching and learning opportunities as part of a broad and balanced curriculum.

The governing body and school leadership team are responsible for ensuring the school follows recruitment procedures that help to deter, reject or identify people who might abuse children. It adheres to statutory responsibilities to check adults working with children and has recruitment and selection procedures in place (see the school's 'Safer Recruitment' policy for further information). It ensures that volunteers are appropriately supervised in school.

### The Designated Safeguarding Lead (and Deputy)

The designated safeguarding lead in school, Miss Jackman (Headteacher), takes lead responsibility for managing child protection referrals, safeguarding training and raising awareness of all child protection policies and procedures. They ensure that everyone in school (including temporary staff, volunteers and contractors) is aware of these procedures and that they are followed at all times. They act as a source of advice and support for other staff (on child protection matters) and ensure that timely referrals to Essex Children's Social Care (Family Operations Hub) are made in accordance with current SET procedures. They work with the local authority and other agencies as required.

If for any reason the designated safeguarding lead is unavailable, the deputy designated safeguarding leads Mrs Scott (Business Manager) and Miss Miles (Assistant Head) will act in their absence.

### The Headteacher

The Headteacher works in accordance with the requirements upon all school staff. In addition, (s)he ensures that all safeguarding policies and procedures adopted by the governing body are followed by all staff.

### All school staff

Everyone in our school has a responsibility to provide a safe learning environment in which our children can learn. All staff members are prepared to identify children who may benefit from early help and understand their role within this process. This includes identifying any emerging problems so appropriate support may be provided and liaising with the designated safeguarding lead to report any concerns. All staff members are aware of and follow school processes (as set out in this policy) and are aware of how to make a referral to Social Care if there is a need to do so.

## **4. Types of abuse / specific safeguarding issues**

Keeping Children Safe in Education (DfE, 2016) defines abuse as the maltreatment of a child.

*"Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults or another child or children"*

The four main types of abuse referred to in Keeping Children Safe in Education are:

- Physical

- Emotional

- Sexual
- Neglect

Our school is aware of the signs of abuse and neglect so we are able to identify children who may be in need of help or protection.

### Peer on peer abuse

Our school may be the only stable, secure and safe element in the lives of children at risk of, or who have suffered harm. Nevertheless, whilst at school, their behaviour may be challenging and defiant, or they may instead be withdrawn, or display abusive behaviours towards other children. Our school recognises that some children may abuse their peers and any incidents of peer on peer abuse will be managed in the same way as any other child protection concern and will follow the same procedures.

Peer on peer abuse can manifest itself in many ways. This may include bullying (including cyber bullying), on-line abuse, gender-based abuse, 'sexting' or sexually harmful behaviour. We do not tolerate any harmful behaviour in school and will take swift action to intervene where this occurs. We use lessons and assemblies to help children understand, in an age-appropriate way, what abuse is and we encourage them to tell a trusted adult if someone is behaving in a way that makes them feel uncomfortable. Our school understands the different gender issues that can be prevalent when dealing with peer on peer abuse. We have undertaken training by Stonewall and are mindful of ensuring children are developing an age-appropriate understanding of LGBT (Lesbian, Gay, Bisexual and Transgender). Please refer to our Behaviour policy and Anti-Bullying policy for additional guidance.

### Children with special educational needs and disabilities

Our school understands that children with special educational needs (SEN) and disabilities can face additional safeguarding challenges. Additional barriers can exist when recognising abuse and neglect in this group of children. This can include:

- assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration;
- children with SEN and disabilities can be disproportionately impacted by things like bullying- without outwardly showing any signs;
- communication barriers and difficulties in overcoming these barriers

### Children missing from education

All children, regardless of their age, ability, aptitude and any special education needs they may have are entitled to a full-time education. Our school recognises that a child missing education is a potential indicator

of abuse or neglect and will follow the school procedures for unauthorised absence and for children missing education. Parents should always inform us of the reason for any absence. Where contact is not made, a referral may be made to another appropriate agency (Missing Education and Child Employment Service, Social Care or Police).

Our school must inform the local authority of any pupil who fails to attend school regularly, or has been absent without school permission for a continuous period of 10 days or more.

### Child Sexual Exploitation (CSE)

CSE is a form of abuse where children are sexually exploited for money, power or status. It is understood that a significant number of children who are victims of CSE go missing from home, care and education at some point. Our school is alert to the signs and indicators of a child becoming at risk of, or subject to, CSE and will take appropriate action to respond to any concerns. The designated safeguarding lead is the named CSE Lead in school on these issues and will work with other agencies as appropriate.

### Female Genital Mutilation (FGM)

FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to female genital organs. It is illegal in the UK and a form of child abuse.

As of October 2015, the Serious Crime Act 2015 (Home Office, 2015) introduced a duty on teachers (and other professionals) to notify the police of known cases of female genital mutilation where it appears to have been carried out on a girl under the age of 18. Our school will operate in accordance with the statutory requirements relating to this issue, and in line with existing local safeguarding procedures.

### Forced marriage

A forced marriage is one entered into without the full consent of one or both parties. It is where violence, threats or other forms of coercion is used and is a crime. Our staff understand how to report concerns where this may be an issue.

### Prevention of radicalisation

As of July 2015, the Counter-Terrorism and Security Act (HMG, 2015) placed a new duty on schools and other education providers. Under section 26 of the Act, schools are required, in the exercise of their functions, to have "due regard to the need to prevent people from being drawn into terrorism". This duty is known as the Prevent duty.

It requires schools to:

- teach a broad and balanced curriculum which promotes spiritual, moral, cultural, mental and physical development of pupils and prepares them for the opportunities, responsibilities and experiences of life and must promote community cohesion
- be safe spaces in which children / young people can understand and discuss sensitive topics, including terrorism and the extremist ideas that are part of terrorist ideology, and learn how to challenge these ideas
- be mindful of their existing duties to forbid political indoctrination and secure a balanced presentation of political issues

CHANNEL is a national programme which focuses on providing support at an early stage to people identified as vulnerable to being drawn into terrorism. Our staff understand how to identify those who may benefit from this support and how to make a referral.

## 5. Procedures

All action is taken in accordance with the following guidance:

- Essex Safeguarding Children Board guidelines - the SET (Southend, Essex and Thurrock) Child Protection Procedures (ESCB, 2016)
- Keeping Children Safe in Education (DfE, 2016)
- Working Together to Safeguard Children (DfE, 2015)
- 'Effective Support for Children and Families in Essex' (ESCB, 2015)
- PREVENT Duty - Counter-Terrorism and Security Act (HMG, 2015)

When new staff, volunteers or regular visitors join our school they are informed of the safeguarding arrangements in place and the name of the designated safeguarding lead (and deputy) and how to share concerns with them.

Any member of staff, volunteer or visitor to the school who receives a disclosure or allegation of abuse, or suspects that abuse may have occurred **must** report it immediately to the designated safeguarding lead (or, in their absence, the deputy designated safeguarding lead).

The designated safeguarding lead or the deputy will immediately refer cases of suspected abuse or allegations to the Family Operations Hub by telephone and in accordance with the procedures outlined in the SET procedures (ESCB, 2016) and in 'Effective Support for Children and Families in Essex' (ESCB, 2015).

The telephone referral to the Family Operations Hub will be confirmed in writing within 48 hours with the [Family Operations Request for Support](#) form. Essential information will include the pupil's name, address, date of birth, family composition, the reason for the referral, whether the child's parents are aware of the referral plus any other relevant information or advice given.

The school will always undertake to share an intention to refer a child to Children's Social Care with the parents or carers, unless to do so could place the child at greater risk of harm or impede a criminal

investigation. It may be necessary to seek advice from the Family Operations Hub and / or Essex Police in making decisions about when it is appropriate to share information with parents / carers.

If a member of staff continues to have concerns about a child and feels the situation is not being addressed or does not appear to be improving, the staff member concerned should press for re-consideration of the case with the designated safeguarding lead.

Safeguarding contact details are displayed in the school to ensure that all staff members have unfettered access to safeguarding support.

## 6. Training

The designated safeguarding lead (and deputy) undertake Level 3 child protection training at least every two years. The Headteacher, all staff members and governors receive appropriate child protection training which is regularly updated and in line with advice from the Essex Safeguarding

Children Board (ESCB). In addition, all staff members receive safeguarding and child protection updates as required, but at least annually, to provide them with relevant skills and knowledge to safeguard children effectively. Records of any child protection training undertaken is kept for all staff and governors.

The school ensures that the designated safeguarding lead (and deputy) also undertakes training in inter-agency working and other matters as appropriate

## 7. Professional confidentiality

Confidentiality is an issue which needs to be discussed and fully understood by all those working with children, particularly in the context of child protection. A member of staff must never guarantee confidentiality to a pupil and will not agree with a pupil to keep a secret as, where there is a child protection concern, this must be reported to the designated safeguarding lead and may require further investigation by appropriate authorities.

All staff members are informed of relevant information in respect of individual cases regarding child protection on a 'need to know basis' only. Any information shared with a member of staff in this way is held treated confidentially.

## 8. Records and information sharing

Where there are concerns about the safety of a child, the sharing of information in a timely and effective manner between organisations can reduce the risk of harm. Whilst the Data Protection Act 1998 places duties on organisations and individuals to process personal information fairly and lawfully, it is not a barrier to sharing information where the failure to do so would result in a child or vulnerable adult being placed at risk of harm.

Similarly, human rights concerns, such as respecting the right to a private and family life would not prevent sharing where there are real safeguarding concerns. Fears about sharing information cannot be allowed to stand in the way of the need to safeguard and promote the welfare of children at risk of abuse or neglect.

Well-kept records are essential to good child protection practice. Our school is clear about the need to record any concern held about a child or children within our school, the status of such records and when these records should be shared with other agencies.

Any member of staff receiving a disclosure of abuse or noticing signs or indicators of abuse, will make an accurate record as soon as possible noting what was said or seen (if appropriate, using a body map to record), giving the date, time and location. All records will be dated and signed and will include the action taken. This is then presented to the designated safeguarding lead (or deputy), who will decide on appropriate action and record this accordingly.

Any records related to child protection are kept in an individual child protection file for that child (which is separate to the pupil file) in chronological order. All child protection records are stored securely and confidentially and will be retained for 25 years after the pupil's date of birth.

Where a pupil transfers from our school to another, their child protection records will be forwarded to the new educational setting. These will be marked 'Confidential' and for the attention of the receiving school's designated safeguarding lead, with a return address on the envelope so it can be returned to us if it goes astray. Copies of this paperwork will be retained by our school, should they be required at a future date.

Where a pupil joins our school, we will request child protection records from the previous educational establishment (if none are received).

## **9. Interagency working**

It is the responsibility of the designated safeguarding lead to ensure that the school is represented at, and that a report is submitted to, any child protection conference called for children on the school roll or previously known to them. Where possible and appropriate, any report will be shared in advance with the parent(s) / carer(s). Whoever attends will be fully briefed on any issues or concerns the school has and be prepared to contribute to the discussions at the conference.

If a child is subject to a Child Protection or a Child in Need plan, the designated safeguarding lead will ensure the child is monitored regarding their school attendance, emotional well-being, academic progress, welfare and presentation. If the school is part of the core group, the designated safeguarding lead will ensure the school is represented, provides appropriate information and contributes to the plan at these meetings. Any concerns about the Child Protection plan and / or the child's welfare will be discussed and recorded at the core group meeting, unless to do so would place the child at further risk of significant harm. In this case the designated safeguarding lead will inform the child's key worker immediately and then record that they have done so and the actions agreed.

## 10. Allegations about members of the workforce

All staff members are made aware of the boundaries of appropriate behaviour and conduct. These matters form part of staff induction and are outlined in the Staff Handbook / Code of Conduct.

The school works in accordance with statutory guidance and the SET procedures (ESCB, 2016) in respect of allegations against an adult working with children (in a paid or voluntary capacity). Section 7 of the current SET procedures provides detailed information on this.

The school has processes in place for reporting any concerns about a member of staff (or any adult working with children). Any concerns about the conduct of a member of staff will be referred to the Headteacher (or the Deputy Headteacher in their absence). This role is distinct from the designated safeguarding lead as the named person should have sufficient status and authority in the school to manage employment procedures. Staffing matters are confidential and the school must operate within statutory guidance around Data Protection.

Where the concern involves the headteacher, it should be reported direct to the Chair of Governors.

SET procedures (ESCB, 2016) require that, where an allegation against a member of staff is received, the headteacher, senior named person or the Chair of Governors must inform the duty Local Authority Designated Officer (LADO) in the Children's Workforce Allegations Management Team on **03330 139 797** within one working day. However, wherever possible, contact with the LADO should be made immediately as they will then advise on how to proceed and whether the matter requires Police involvement. This will include advice on speaking to pupils and parents and HR. The school does not carry out any investigation before speaking to the LADO.

## 11. Whistleblowing

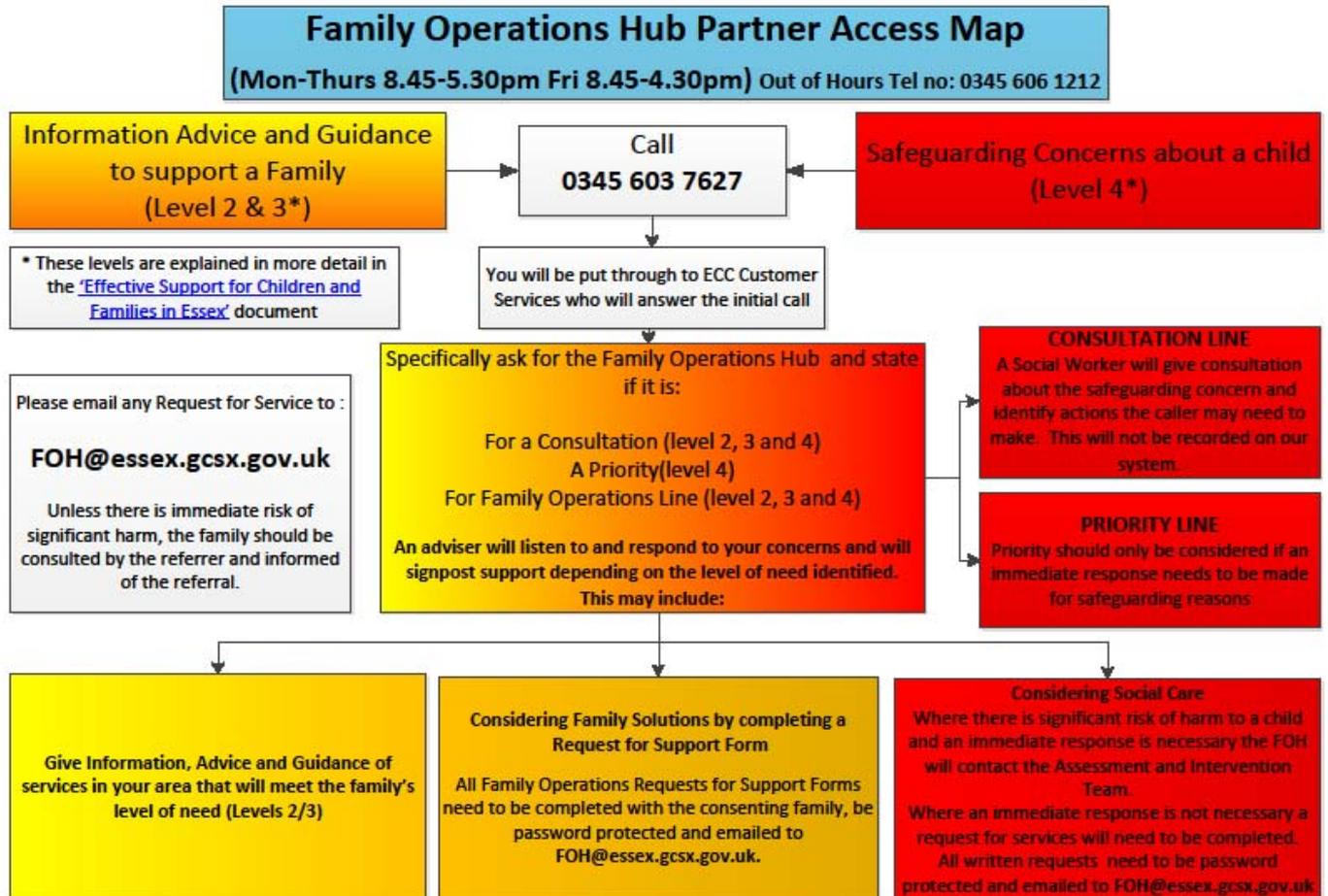
Whistleblowing is 'making a disclosure in the public interest' and occurs when a worker (or member of the wider school community) raises a concern about danger or illegality that affects others, for example pupils in the school or members of the public.

All staff are made aware of the duty to raise concerns about the attitude or actions of staff in line with the school's Code of Conduct / Whistleblowing policy.

We want everyone to feel able to report any child protection / safeguarding concerns. However, for members of staff who feel unable to raise these concerns internally, they can call the NSPCC whistleblowing helpline on: 0800 028 0285 (line is available from 8:00 AM to 8:00 PM, Monday to Friday) or email: [help@nspcc.org.uk](mailto:help@nspcc.org.uk).

Parents or others in the wider school community with concerns can contact the NSPCC general helpline on: 0800 800 5000 (24 hour helpline) or email: [help@nspcc.org.uk](mailto:help@nspcc.org.uk).

**Appendix A:**



**Appendix B** taken from SET LSCB PROCEDURES

## Definitions of Abuse

### Physical abuse

1.3.1 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 fabricates the symptoms of, or deliberately induces illness in a child; see Part B, chapter 19, Fabricated or induced illness.

### Emotional abuse

2. 1.3.2 Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent effects on the child's emotional development, and may involve:

- Conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person;
- Imposing age or developmentally inappropriate expectations 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;
- Seeing or hearing the ill-treatment of another e.g. where there is domestic violence and abuse;
- Serious bullying, causing children frequently to feel frightened or in danger, including online;
- Exploiting and corrupting children.

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

### Sexual abuse

3. 1.3.3 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 (e.g. rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.
4. 1.3.4 Sexual abuse includes non-contact activities, such as involving children in looking at, including online and with mobile phones, or in the production of pornographic materials, watching sexual activities or 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.
5. 1.3.5 In addition; sexual abuse includes abuse of children through sexual exploitation. Penetrative sex where one of the partners is under the age of 16 is illegal, although prosecution of similar age,

consenting partners is not usual. However, where a child is under the age of 13 it is classified as rape under s5 Sexual Offences Act 2003. See Part B, General Practice Guidance.

## Neglect

6. 1.3.6 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.
7. 1.3.7 Neglect may occur during pregnancy as a result of maternal substance misuse, maternal mental ill health or learning difficulties or a cluster of such issues. Where there is domestic abuse and violence towards a carer, the needs of the child may be neglected.
8. 1.3.8 Once a child is born, neglect may involve a parent failing to:
  - Provide adequate food, clothing and shelter (including exclusion from home or abandonment);
  - Protect a child from physical and emotional harm or danger;
  - Ensure adequate supervision (including the use of inadequate care- givers);
  - Ensure access to appropriate medical care or treatment.
9. 1.3.9 It may also include neglect of, or unresponsiveness to, a child's basic emotional, social, health and educational needs.
10. 1.3.10 Included in the four categories of child abuse and neglect above are a number of factors relating to the behaviour of the parents and carers which have significant impact on children, such as domestic abuse. Research analysing serious case reviews has demonstrated a significant prevalence of domestic abuse in the history of families with children who are subject of child protection plans. Children can be affected by seeing, hearing and living with domestic violence and abuse as well as being caught up in any incidents directly, whether to protect someone or as a target. It should also be noted that the age group of 16 and 17 year olds have been found in recent studies to be increasingly affected by domestic abuse in their peer relationships.
11. 1.3.11 The Home Office definition of domestic violence and abuse was updated in March 2013 as:

"Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence and abuse between those aged 16 or over, who are or have been intimate partners or family members regardless of gender and sexuality.

This can encompass, but is not limited to, the following types of abuse:

- Psychological
- Physical
- Sexual
- Financial

## Emotional

1.3.12 Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim."

1. Complex and organised abuse may be defined as abuse involving one or more abusers and a number of related or non-related abused children and may take place in any setting. The adults concerned may be acting in concert to abuse children, sometimes acting in isolation or may be using an institutional framework or position of authority such as a teacher, coach, faith group leader or celebrity position to access and recruit children for abuse.
2. 8.1.2 Such abuse can occur both as part of a network of abuse across a family or community and within institutions such as residential settings, boarding schools, in day care and in other provisions such as youth services, sports clubs, faith groups and voluntary groups. There will also be cases of children being abused via the use of electronic devices, such as mobile phones, computers, games consoles etcetera which all access the Internet.
3. 8.1.3 Although in most cases of complex and organised abuse the abuser(s) is an adult, it is also possible for children/young people to be the perpetrators of such harm, with or without adult abusers.

**Recognising signs of abuse** <http://www.kirkleessafeguardingchildren.co.uk/signs-of-abuse.html>

### **What is abuse and neglect?**

Abuse and neglect are forms of maltreatment of a child. Someone may abuse or neglect a child by inflicting harm or by failing to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them or by a stranger, for example, via the internet. They may be abused by an adult or adults, or another child or children. Child abuse can have major long-term effects on all aspects of a child's health, development and well being. The main forms of maltreatment are:

### **Physical Abuse**

Physical abuse is deliberately causing physical harm to a child. This might involve punching, kicking, biting, burning, scalding, shaking, throwing or beating with objects such as belts, whips, or sticks. It also includes poisoning, giving a child alcohol or illegal drugs, drowning or suffocation. Physical harm may also be caused when a parent or carer fabricates the symptoms of illness in a child. In pregnancy an unborn child can be harmed by domestic violence.

### **Emotional Abuse**

Emotional abuse is where repeated verbal threats, criticism, ridicule, shouting, lack of love and affection causes a severe adverse effect on a child's emotional development. It includes conveying to children that they are worthless, unloved, inadequate or valued only insofar as they meet the needs of another person. Emotional abuse may include not giving a child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature inappropriate expectations being imposed on a child, over protection and limitation of exploration and learning, or preventing the child from taking part in

normal social interaction. It may involve seeing or hearing the ill-treatment of another person. 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 ill treatment of children, or it may occur alone.

### **Sexual Abuse**

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. This may involve physical contact including penetrative sex, oral sex, masturbation, kissing, rubbing, or touching outside of clothing, or it may involve non-contact activities such as involving children in watching sexual activities, producing or looking at sexual images, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Abusers can be men, women or other children.

### **Neglect**

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in serious impairment of the child's health or development. Neglect is when a parent or carer fails to provide adequate food, clothing, shelter (including exclusion from home or abandonment), medical care, or protection from physical and emotional harm or danger. It also includes failure to ensure access to education or to look after a child because the carer is under the influence of alcohol or drugs. In pregnancy neglect may occur as a result of misusing alcohol or drugs.

### **Possible signs of abuse**

The following signs may or may not be indicators that abuse has taken place, but the possibility should be considered.

#### **Signs of possible physical abuse**

- Any injuries not consistent with the explanation given for them
- Injuries which occur to the body in places which are not normally exposed to falls or rough games
- Injuries which have not received medical attention
- Reluctance to change for, or participate in, games or swimming
- Bruises, bites, burns and fractures, for example, which do not have an accidental explanation
- The child gives inconsistent accounts for the cause of injuries
- Frozen watchfulness

#### **Signs of possible sexual abuse**

- Any allegations made by a child concerning sexual abuse
- The child has an excessive preoccupation with sexual matters and inappropriate knowledge of adult sexual behaviour for their age, or regularly engages in sexual play inappropriate for their age
- Sexual activity through words, play or drawing
- Repeated urinary infections or unexplained stomach pains
- The child is sexually provocative or seductive with adults
- Inappropriate bed-sharing arrangements at home
- Severe sleep disturbances with fears, phobias, vivid dreams or nightmares which sometimes have overt or veiled sexual connotations
- Eating disorders such as anorexia or bulimia.

### Signs of possible emotional abuse

- Depression, aggression, extreme anxiety, changes or regression in mood or behaviour, particularly where a child withdraws or becomes clingy
- Obsessions or phobias
- Sudden underachievement or lack of concentration
- Seeking adult attention and not mixing well with other children
  
- Sleep or speech disorders
- Negative statements about self
- Highly aggressive or cruel to others
- Extreme shyness or passivity
- Running away, stealing and lying

### Signs of possible neglect

- Dirty skin, body smells, unwashed, uncombed hair and untreated lice
- Clothing that is dirty, too big or small, or inappropriate for weather conditions
- Frequently left unsupervised or alone
- Frequent diarrhoea
- Frequent tiredness
- Untreated illnesses, infected cuts or physical complaints which the carer does not respond to
- Frequently hungry
- Overeating junk food

### Possible effects of abuse

The sustained physical, emotional, sexual abuse or neglect of children can have major long-term effects on all aspects of their health, development and wellbeing. Children can grow up to feel worthless, unlovable, betrayed, powerless, confused, frightened and mistrustful of others. They might feel, wrongly, that the abuse is their fault.

### Possible effects of physical abuse

Physical abuse can lead directly to neurological damage, physical injuries, disability and in extreme cases death. Physical abuse has been linked to aggressive behaviour in children, emotional and behavioural problems and learning difficulties.

### Possible effects of emotional abuse

If a child suffers sustained emotional abuse there is increasing evidence of adverse long-term effects on their development. Emotional abuse has a significant impact on a developing child's mental health, behaviour and self-esteem. It can be especially damaging in infancy and can be as important as the other more visible forms of abuse, in terms of its impact on the child. Domestic violence, adult mental health problems and parental substance misuse may be features in families where children are exposed to such abuse.

### Possible effects of sexual abuse

Disturbed behaviour including self-harm, inappropriate sexual behaviour, sadness, depression and loss of self-esteem have all been linked to sexual abuse. Its adverse effects may last long into adult life. The severity of the impact on the child is believed to increase the longer the abuse continues, the more serious the abuse, the younger the child at the start, and the closeness of the relationship to the abuser. The child's ability to cope with the experience of sexual abuse, once recognised, can be strengthened by the support of a non-abusive adult carer who believes the child, helps the child understand the abuse, and is able to offer help and protection. Some adults who sexually abuse children were themselves sexually abused as children.

### **Possible effects of neglect**

Neglect can seriously impair a child's health, physical and intellectual growth and development, and can cause long term difficulties with social functioning, relationships and educational progress. Extreme cases of neglect can cause death.

### **Further reading**

Government publications [What to do if you're worried a child is being abused](#) (Department for Education 2015) and [Working Together to Safeguard Children](#) (Department for Children, Schools and Families 2010) contain further information for anyone whose work brings them into contact with children and families.

## Appendix C: What to do if a child wants to talk to you:

Receive Reassure React Record Refer Reflect

### RECEIVE

□□ If a child wants to talk to you, never ask them to come back later. Ask them what they want to talk to you about and, if you are Remember you have a statutory duty under the Education Act 2002 to pass on any child protection concerns.

If you are concerned about their welfare, give them the time to speak to you.

- Never promise confidentiality, inform the child that you are happy to talk to them but if they tell you anything that you believe may be □ putting them at harm that you will have to talk to someone.
- Listen carefully to the child. Do not stop a child who is freely recalling information. □
- Where a child is visibly upset or has an obvious injury, it is good practice to ask a child why they are upset or how an injury was caused, or respond to a child wanting to talk to you to help clarify vague concerns and result in the right action being taken. □

### REASSURE

- Ensure that the child is aware that they have done the right thing in talking to you and that they have not done anything wrong. □
- If you have any concerns that the child has been, or is at risk of harm, you must tell them that you will speak to someone to get help. □

### REACT

- If you need to clarify information ask open-ended questions e.g. "Is there anything you'd like to tell me?", "Can you explain to me...", "Can you describe to me..." □(TED)
- Never ask leading or suggestive questions e.g. 'Did he/she do anything that they shouldn't have done?' □
- Never ask 'accusing' questions e.g. "Why didn't you tell someone earlier?" □
- Never criticise the alleged perpetrator, it may be someone that they will continue to live with. □
- Never ask the pupil to repeat their disclosure for any other member of staff, it is your responsibility to share the information □

These four factors may compromise enquiries that need to be made later by children's social care or Police. □

## RECORD

Make notes as soon as possible afterwards using the words that the child has used. Do not record your assumptions and interpretations, just what you heard and saw. Do not destroy original notes even if you later write things up more neatly and fully. Record the date, time and place of the disclosure.

Sign any written records and identify your position in the school setting.

## REFER

□□Immediately inform the Designated Person for child protection (Claire Jackman) or in their absence the Deputy Designated Persons for child protection (Holly Miles and Sharon Scott) who will be responsible for following the appropriate procedures.

## REFLECT

Ask yourself if you have done everything you can within your role. □Refer any remaining concerns to the designated teacher, e.g. any knowledge of siblings in the school, or previous contact with parents. Dealing with disclosures can be difficult and disturbing; you should seek support for yourself via the support within your school or an alternative source but be aware of principles of confidentiality

**Appendix D: FGM** <http://www.fgmaware.org/indicators-of-risk.html>

## INDICATORS OF RISK

The key indicators that a girl or young woman is potentially at risk of FGM are:

- One or both parents come from an ethnic group that traditionally practices FGM
- Her mother has had FGM

BUT do not assume that all women who have experienced FGM or all men from affected communities will support the practice.

The girl should be viewed as at increased risk if:

- An older sister has had FGM
- Female cousins of a similar age have undergone FGM
- The mother (and / or father) has requested re-infibulation following delivery
- The parents express views which show that they value the practice
- The girl is withdrawn from all teaching classes on Personal, Social or Health Education
- The level of integration within UK society is also significant. It is believed that communities less integrated into British society are more likely to continue the practice

Different ethnic groups carry out FGM for different reasons, and at different ages. Parents in communities affected by FGM will believe that it is the right thing to do and that it is part of being a responsible parent. In working to protect girls it is very important to find out the reasons why FGM is carried out in her community / ethnic group, and the age at which it is arranged. If a girl is viewed as potentially at risk then there should be increased monitoring and support around the age at which FGM is traditionally carried out in her family / ethnic group.

Practitioners should aim to support parents in resisting any pressure from their family or wider community. In some areas arranging FGM is regarded as a community responsibility and it is possible that community leaders may arrange FGM without the parents knowledge or consent. Signs that a girl is at imminent risk of FGM could include:

- A girl is withdrawn from school to allow for an extended holiday, or a girl talks about a long trip planned during the school summer holidays.
- A girl may talk about "something special happening", or that there will be "a big party" or "she is going to be a woman soon"
- If forced marriage is suspected or known then risk of FGM should also be addressed where the girl comes from a group that traditionally practices FGM.

## Appendix E:

Channel: Vulnerability assessment framework

October 2012

Channel: Vulnerability assessment framework

This document provides a description of the vulnerability assessment framework used by Channel projects to guide decisions about whether an individual needs support to address their vulnerability to radicalisation and the kind of support that they need. It should be read alongside the Channel guidance (<http://www.homeoffice.gov.uk/publications/counter-terrorism/prevent/channel-guidance>).

Channel is a key element of the *Prevent* strategy (<http://www.homeoffice.gov.uk/publications/counter-terrorism/prevent/prevent-strategy/>). It is a multi-agency approach to protect people at risk from radicalisation. Channel uses existing collaboration between local authorities, statutory partners (such as the

education and health sectors, social services, children's and youth services and offender management services), the police and the local community to:

- identify individuals at risk of being drawn into terrorism;
- assess the nature and extent of that risk; and
- develop the most appropriate support plan for the individuals concerned.

Channel is about safeguarding children and adults from being drawn into committing terrorist-related activity. It is about early intervention to protect and divert people away from the risk they face before illegality occurs.

It should not be assumed that the characteristics set out below necessarily indicate that a person is either committed to terrorism or may become a terrorist. The assessment framework involves three dimensions: engagement, intent and capability, which are considered separately.

### 1. *Engagement* with a group, cause or ideology

Engagement factors are sometimes referred to as "psychological hooks". They include needs, susceptibilities, motivations and contextual influences and together map the individual pathway into terrorism. They can include:

- Feelings of grievance and injustice
- Feeling under threat
- A need for identity, meaning and belonging
- A desire for status
- A desire for excitement and adventure
- A need to dominate and control others
- Susceptibility to indoctrination
- A desire for political or moral change
- Opportunistic involvement
- Family or friends involvement in extremism
- Being at a transitional time of life
- Being influenced or controlled by a group
- Relevant mental health issues

### 2. *Intent* to cause harm

Not all those who become engaged by a group, cause or ideology go on to develop an intention to cause harm, so this dimension is considered separately. Intent factors describe the mindset that is associated with a readiness to use violence and address what the individual would do and to what end. They can include:

- Over-identification with a group or ideology
- 'Them and Us' thinking
- Dehumanisation of the enemy
- Attitudes that justify offending
- Harmful means to an end

- Harmful objectives

### 3. *Capability to cause harm*

Not all those who have a wish to cause harm on behalf of a group, cause or ideology are capable of doing so, and plots to cause widespread damage take a high level of personal capability, resources and networking to be successful. What the individual is capable of is therefore a key consideration when assessing risk of harm to the public. Factors can include:

- Individual knowledge, skills and competencies
- Access to networks, funding or equipment
- Criminal Capability

ISBN: 978-1-78246-019-0

© Crown Copyright 2012 All Rights Reserved

## **Appendix F:**



### **Breast Ironing**

#### **Andrew Hall □ Specialist Safeguarding Consultant**

Breast Ironing is practiced in some African countries, notably Cameroon. Girls aged between 9 and 15 have hot pestles, stones or other implements rubbed on their developing breast to stop them growing further. In the vast majority of cases breast ironing is carried out by mothers or grandmothers and the men in the family are unaware. Estimates range between 25% and 50% of girls in Cameroon are affected by breast ironing, affecting up to 3.8 million women across Africa.

The practice of breast ironing is seen as a protection to girls by making them seem 'child-like' for longer and reduce the likelihood of pregnancy. Once girls' breasts have developed, they are at risk of sexual harassment, rape, forced marriage and kidnapping; consequently, breast ironing is more prevalent in cities. Cameroon has one of the highest rates of literacy in Africa and ensuring

that girls remain in education is seen as an important outcome of breast ironing.

Breast ironing is a form of physical abuse that has been condemned by the United Nations and identified as Gender-based Violence. Although, countries where breast ironing is prevalent have ratified the African Charter on Human Rights to prevent harmful traditional practices, it is not against the law.

Breast ironing does not stop the breasts from growing, but development can be slowed down. Damage caused by the 'ironing' can leave women with malformed breasts, difficulty breastfeeding or producing milk, severe chest pains, infections and abscesses. In some cases, it may be related to the onset of breast cancer.

### **Breast Ironing in the UK**

Concerns have been raised that breast ironing is also to be found amongst African communities in the UK, with as many as a 1,000 girls at risk. Keeping Children Safe in Education (2016) mentions breast ironing on page 54, as part

of the section on so-called 'Honour Violence'. Staff worried about the risk of breast ironing in their school should speak to the Designated Safeguarding Lead as soon as possible. Schools need to know the risk level within their communities and tackle the risk as appropriate.



2016 Andrew Hall [www.safeguardingschools.co.uk](http://www.safeguardingschools.co.uk)

**Appendix G:**



**Child Concern Form**

<b>Date:</b>		<b>Time:</b>	
<b>Parent's Name:</b>			
<b>Child's name:</b>		<b>Year group and class teacher:</b>	
<b>Staff present:</b>			
<b>Concern or comments:</b>			
<b>Action/Monitoring</b>			

## CHILD PROTECTION RECORD – Report of a Concern

<b>Name of referrer:</b>		<b>Role of referrer:</b>	
<b>Child Name:</b>			
<b>Date of birth:</b>		<b>Year Group / class:</b>	
<b>Details of concern:</b>	<i>(Use body map if appropriate)</i>		
<b>Reported to:</b>		<b>Role of person reported to:</b>	
<b>Signed:</b>			

<b>Date:</b>	
--------------	--

<b>Action taken:</b>		<b>Advice sought:</b> <i>(from whom and what was advice given)</i>	
<b>Concern / referral discussed with parent / carer?</b>		<i>If not, state reasons why – if yes, note discussion with parent</i>	
<b>Referral made:</b>		<i>If not, state reasons why – if yes, record to whom and any action agreed</i>	
<b>Feedback to referring member of staff:</b>			<i>By whom</i>
<b>Response to / action taken with pupil:</b>			<i>By whom</i>
<b>Name and contact number of key workers:</b>			
<b>Name and contact details of GP:</b>			
<b>Other notes / information:</b>			
<b>Any other action required:</b>			

**COMMON SITES FOR  
NON-ACCIDENTAL INJURY**

**COMMON SITES FOR  
ACCIDENTAL INJURY**

