



Child Protection Policy

Key Contact Personnel in School

Designated Child Protection Teacher: Executive Headteacher and Head of School

Named Child Protection Governor: Gini Denison-Pender

All staff should have access to this policy and sign to the effect that they have read and understood its content.

I. INTRODUCTION

- I.1 This policy has been developed in accordance with the principles established by the Children Act 1989; and Education Act 2002 and in line with government publications:
 - “Working Together to Safeguard Children” 2013;
 - “Framework for the Assessment of Children in Need and their Families” 2000;
 - “What to do if You are Worried a Child is Being Abused” 2003;
 - DfES guidance “Safeguarding Children & Safer Recruiting in Education” 2006;
 - DfE advice “Use of reasonable force: When can reasonable force be used?” 2012;
 - “Dealing with Allegations of Abuse against Teachers and other Staff”, DfE 2012; *and the*
 - Sussex Child Protection & Safeguarding Procedures (Produced by West Sussex, East Sussex, and Brighton & Hove Local Safeguarding Children Boards).
- I.2 The Governing body takes seriously its responsibility under section 175 of the Education Act 2002 which places a **duty** on local authorities (in relation to their education functions and governing bodies of maintained schools and further education institutions, which include sixth-form colleges) **to exercise their functions with a view to safeguarding and promoting the welfare of children who are pupils at a school, or who are students under 18 years of age attending further education institutions.**
- I.3 The governing body will ensure that our school will safeguard and promote the welfare of pupils, and work together with other agencies to ensure adequate arrangements within our school identify, assess, and support those children who are suffering harm.
- I.4 All relevant policies will be reviewed on an annual basis by the Governing Body, which has responsibility for oversight of school safeguarding and child protection systems. The Designated Child Protection Co-ordinator will ensure regular reporting on safeguarding activity and systems in school to the Governing Body. The Governing Body will **not** receive details of individual pupil situations or identifying features of families as part of their oversight responsibility.
- I.5 Our school is a community and all those directly connected (staff, governors, parents, families and pupils) have an essential role to play in making it safe and secure. We welcome suggestions and comments contributing to this process.

- 1.6 We recognise that all adults, including temporary staff¹, volunteers and governors, have a full and active part to play in protecting our pupils from harm, and that the child's welfare is our paramount concern.
- 1.7 All staff members believe that our school should provide a caring, positive, safe and stimulating environment that promotes the social, physical and moral development of the individual child.

2. ETHOS

Barcombe CE Primary School recognises the importance of providing an ethos and environment within school that will help children to feel safe, secure and respected, encourage them to talk openly and enable them to feel confident that they will be listened to.

We recognise that children who are abused or witness violence are likely to have low self-esteem and may find it difficult to develop a sense of self-worth. They may feel helplessness, humiliation and some sense of blame. Our school may be the only stable, secure and predictable element in their lives.

Barcombe CE Primary School will endeavour to support the welfare and safety of **all** pupils through:

- maintaining children's welfare as our paramount concern;
- ensuring the content of the curriculum includes social and emotional aspects of learning;
- ensuring that child protection is included in the curriculum to help children stay safe, recognise when they don't feel safe and identify who they might/can talk to;
- providing suitable support and guidance so that pupils have a range of appropriate adults to approach if they are in difficulties;
- raising the awareness of all staff of the need to safeguard children and of their responsibilities in identifying and reporting possible cases of abuse by ensuring all staff are able to recognise the signs and symptoms of abuse and are aware of the school's procedures and lines of communication;
- supporting the child's development in ways that will foster security, confidence and independence;
- providing an environment in which children feel safe, secure, valued and respected, and feel confident, and know how, to approach adults if they are in difficulties, believing they will be effectively listened to;
- ensuring all steps are taken to maintain site security and pupil's physical safety;
- working with parents to build an understanding of the school's responsibility to ensure the welfare of all children including the need for referral to other agencies in some situations;
- developing a structured procedure within the school which will be followed by all members of the school community in cases of suspected abuse;
- monitoring children who have been identified as having welfare or protection concerns;
- keeping confidential records which are stored securely and shared appropriately with other professionals;
- developing and promoting effective working relationships with other agencies, especially the Police and Social Care;
- ensuring that all adults within our school who have substantial access to children have been checked as to their suitability.

¹ Wherever the word "staff" is used, it covers **all** staff on site, including support and supply staff, and volunteers working with children.

3. PROCEDURES

- 3.1 Our school procedures for safeguarding children will be in line with East Sussex LSCB Procedures. We will ensure that:
- All members of the governing body understand and fulfil their responsibilities.
 - We have a nominated designated member of staff.
 - Our designated child protection teacher has undertaken the initial designated member of staff training and subsequent refresher courses every two years.
 - We have a member of staff who will act in the designated member of staff's absence.
 - All members of staff are provided with 'Whole School' Child Protection Training every three years.
 - All members of staff, volunteers, and governors know:
 - The signs and symptoms of concern;
 - How to respond to a pupil who discloses abuse;
 - What to do if they are concerned about a child;
 - All parents/carers are made aware of the responsibilities of staff members with regard to child protection procedures through publication of the schools' Child Protection Policy, and reference to it in our introductory school materials.
 - Our lettings policy will seek to ensure the suitability of adults working with children on the school site at any time.
 - Community users organising activities for children are aware of the school's child protection guidelines and procedures.
 - Our selection and recruitment of staff meets the requirements as set down in Safer Recruitment guidance.
 - There is at least one member of each interview panel who has completed the safer recruitment course
- 3.2 Our procedures will be regularly reviewed and up-dated.
- 3.3 The name of the designated member of staff for Child Protection will be clearly advertised in the school, with a statement explaining the school's role in referring and monitoring cases of suspected abuse.
- 3.4 All new members of staff will be given a copy of our child protection policy.

4. RESPONSIBILITIES

- 4.1 The Designated Child Protection Teacher (DCPT) is responsible for:
- Referring a child if there are concerns about possible abuse, to the Children Services Social Work Duty and Assessment Team, and act as a focal point for staff to discuss concerns. A written record of the referral will be sent to the Assessment Team by the end of the working day the referral is made.
 - Keeping written records of concerns about a child even if there is no need to make an immediate referral. The school has adopted for use the East Sussex LSCB Guidance: Record Keeping in Maintained Schools Child Protection and Welfare Concerns
 - Ensuring that all such records are kept confidentially and securely and are **separate** from pupil records.
 - Ensuring that an indication of further record-keeping is marked on the pupil records.
 - Liaising with other agencies and professionals.

- Ensuring that they or the class teacher attends Child Protection Conferences, core groups or other multi-agency planning meetings, contributes to assessments, and provides a report which has been shared with the parents.
- Organising child protection training for all school staff.
- Providing, with the Headteacher, an annual report for the governing body, detailing any changes and reviews of relevant policy and procedures; training undertaken by the DCPT, and by all staff and governors; number and type of incidents/cases, and number of children subject to a child protection plan (anonymised).

5. SUPPORTING CHILDREN

- 5.1 We recognise that a child who is abused or witnesses violence may feel helpless and humiliated, may blame themselves, and find it difficult to develop and maintain a sense of self worth.
- 5.2 We recognise that the school may provide the only stability in the lives of children who have been abused or who are at risk of harm.
- 5.3 We accept that research shows that the behaviour of a child in these circumstances may range from that which is perceived to be normal to aggressive or withdrawn.
- 5.4 Our school will support all pupils by:
- Encouraging development of self-esteem and self-assertiveness, through the curriculum as well as our relationships through the schools' overarching values and ethos, whilst not condoning aggression or bullying.
 - Promoting a caring, safe and positive environment within the school.
 - Liaising and working together with all other support services and those agencies involved in the safeguarding of children.
 - Notifying the Children Services Social Work Duty and Assessment Team as soon as there is significant concern.
 - Providing continuing support to a pupil about whom there have been concerns who leaves the school by ensuring that appropriate information is forwarded under confidential cover to the pupil's new school and ensuring the school medical records are forwarded as a matter of priority.

6. WHEN TO BE CONCERNED

- 6.1 All staff and volunteers should be aware that the main categories of abuse are:
- Physical abuse;
 - Emotional abuse;
 - Sexual abuse;
 - Neglect.
- 6.2 All staff and volunteers should be concerned about a child if s/he presents with indicators of possible significant harm – see Appendix I for details.

7. E-SAFETY & SOCIAL MEDIA POLICY

- 7.1 It is recognised that the use of new technologies presents particular challenges and risks to children both inside and outside of school. Barcombe CE Primary School will ensure a comprehensive curriculum response to enable all pupils/students to learn about and manage the associated risks effectively and will support parents and the school community (including all members of staff) to become aware and alert to the needs of keeping children safe online. Detailed information can be found in the school's e-Safety policy.

- 7.2 Further information is also available on the e-Safety page on C Zone.
- 7.3 Our school further promotes the safety of children by having adopted the Social Media Policy, which ensures that staff members keep their personal and professional lives separate when using any form of social media.

8. CHILD SEXUAL EXPLOITATION

- 8.1 Our policy on Child Sexual exploitation is set out separately.
- 8.2 The Department for Education defines Child Sexual Exploitation as a form of child abuse ("child" being defined as anyone under 18 years of age). It can manifest itself in different ways but essentially involves children and young people receiving something - for example, accommodation, drugs, gifts, or affection - as result of them performing sexual activities, or having others perform sexual activities on them. It can occur without physical contact, when children are groomed to post sexual images of themselves on the internet. In all cases those exploiting the child or young person have power over them, perhaps by virtue of their age or physical strength. Exploitative relationships are characterised in the main by the child's limited availability of choice, compounding their vulnerability. This inequality can take many forms but the most obvious include fear, deception, coercion and violence.
- 8.3 Localised grooming is a model of child sexual exploitation in which a group of abusers target vulnerable children, including, but not confined to, those who are looked after by a local authority. The group typically makes initial contact with victims in a public place such as a park, cinema, on the street or at a friend's house. The children are offered gifts and treats—takeaway food, sweets, cigarettes, alcohol or drugs—in exchange for sex, sometimes with dozens of men on the same occasion. There will often be occasions where they are missing from home although such times may be less than 24 hours. The children sometimes identify one offender as a 'boyfriend', and might regard the sexual abuse by multiple offenders as 'normal'. The gangs sometimes use younger men or boys to make the initial approach, reinforcing the misapprehension that the children are involved in consensual relationships with partners of a similar age. In a number of cases, victims are internally trafficked within the UK, being taken to other towns for the express purpose of being 'given' or 'sold' for sexual exploitation.
- 8.4 Children involved in any form of sexual exploitation should be treated primarily as the victims of abuse and their needs carefully assessed; the aim should be to protect them from further harm and they should not be treated as criminals. The primary law enforcement response should be directed at perpetrators who groom children for sexual exploitation.
- 8.5 Due to the nature of the grooming methods used by their abusers, it is very common for children and young people who are sexually exploited not to recognise that they are being abused. Practitioners should be aware that particularly young people aged 17 and 18 may believe themselves to be acting voluntarily and will need practitioners to work with them so they can recognise that they are being sexually exploited.
- 8.6 Teachers are more likely to see victims on a regular basis than almost any other professional. They will notice recurrent or prolonged absences and significant changes in behaviour, use of the 'Chronology' in the East Sussex Guidance: 'Recording of Child Protection and Welfare Concerns' will enable these patterns to be identified. They are key in identifying children at risk at an early stage and should raise concerns at an early stage, to potentially stop the grooming process before the sexual exploitation has begun. Teachers will highlight concerns about missing children as they may be at risk of Child Sexual Exploitation.

- 8.7 If any staff member or volunteer have concerns about other Staff members or volunteers possibly grooming children, or having poor boundaries with children, the Head Teacher or DCPT should be immediately informed, the Head teacher or DCPT should then seek consultation with the local authority in line with the allegations managements procedure, or directly with the Police if there are very serious immediate concerns.
- 8.8 As much as possible it is important that the young person is involved in decisions that are made in respect of them.
- 8.9 Link to LSCB Chid Sexual Exploitation procedures:
http://pansussexscb.proceduresonline.com/chapters/p_sex_exploit.html
- 8.10 The DFE Tackling Child sexual exploitation action plan:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/180867/DFE-00246-2011.pdf

9. DEALING WITH A DISCLOSURE

- 9.1 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’s Services: Safeguarding and Specialist Services;
 - Reassure him or her that what has happened is not his or her fault;
 - 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 below);
 - Pass the information to the Designated Child Protection Teacher or Head Teacher without delay.
- 9.2 Dealing with a disclosure from a child, and safeguarding issues can be stressful. The member of staff/volunteer should, therefore, consider seeking support for him/herself and discuss this with the Designated Child Protection Teacher.

10. RECORD KEEPING

- 10.1 The School has fully adopted and implemented the guidance, “Record Keeping in Schools: Child Protection and Welfare Concerns”.

11. CONFIDENTIALITY

- 11.1 We recognise that all matters relating to child protection are confidential.
- 11.2 The Headteacher or Designated Child Protection Teacher will disclose any information about a pupil to other members of staff on a need to know basis only.²
- 11.3 All staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard children.

² Guidance on information sharing can be found in the Sussex CP & Safeguarding Procedures, S2

- 11.4 All staff must be aware that they cannot promise a child to keep secrets which might compromise the child's safety or wellbeing.
- 11.5 We will always undertake to share our intention to refer a child to Children Services Social Work Duty and Assessment Team with their parents/carers unless to do so could put the child at greater risk of harm, or impede a criminal investigation. If in doubt, we will consult with the Duty Manager at the Assessment Team on this point.

12. SAFER RECRUITMENT

- 12.1 The Governing body is committed to ensure that all steps are taken to recruit staff and volunteers who are safe to work with our pupils/students and have their welfare and protection as the highest priority.
- 12.2 The Governing Body and School Leadership Team are responsible for ensuring that the school follows safe recruitment processes outlined within Guidance, including accurate maintenance of the Single Central Record; and an application, vetting and recruitment process which places safeguarding at its centre, regardless of employee or voluntary role.
- 12.3 The Governing Body will ensure that the Head Teacher, other senior staff responsible for recruitment and one member of the Governing Body complete accredited Safer Recruitment Training in line with government requirements.

13. SUPPORTING STAFF

- 13.1 We recognise that staff working in the school who have become involved with a child who has suffered harm, or appears to be likely to suffer harm may find the situation upsetting.
- 13.2 We will support such staff by providing an opportunity to talk through their anxieties with the DCPT and to seek further support as appropriate.

14. ALLEGATIONS AGAINST STAFF & VOLUNTEERS

- 14.1 All school staff should take care not to place themselves in a vulnerable position with a child. It is always advisable for interviews or work with individual children or parents to be conducted in view of other adults, however we recognise that this is not always possible.
- 14.2 An allegation is any information which indicates that a member of staff or volunteer may have:
- Behaved in a way that has, or may have, harmed a child;
 - Possibly committed a criminal offence against/related to a child;
 - Behaved towards a child or children in a way which indicates s/he would pose a risk of harm if they work regularly or closely with children;
- This applies to any child the member of staff/volunteer has contact within their personal, professional or community life.
- 14.3 To reduce the risk of allegations, all staff should be aware of safer working practice and should be familiar with the guidance contained in the staff handbook, school code of conduct and Government document '*Guidance for Safer Working Practice for Adults who work with Children and Young People*'.
- 14.4 All Staff should be aware of East Sussex Guidance on Behaviour Issues, and the school's own Behaviour Management policy, systems and procedures.
- 14.5 We understand that a pupil may make an allegation against a member of staff.
- 14.6 If such an allegation is made, the member of staff receiving the allegation will immediately inform the Headteacher.

- 14.7 The Executive Headteacher or Head of School on all such occasions will discuss the content of the allegation with the Local Authority Designated Officer (LADO) as soon as is practical or in very serious urgent matters the Police and/or Children Services Social Work Duty and Assessment Team. They should also contact their personnel officer.
- 14.8 If the allegation made to a member of staff concerns the Executive Headteacher or Head of School, the person receiving the allegation will immediately inform the Chair of Governors who will consult as in 14.7 above, without notifying the Executive Headteacher or Head of School first.
- 14.9 Suspension of the member of staff, excluding the Executive Headteacher or Head of School, against whom an allegation has been made, needs careful consideration, and the Executive Headteacher or Head of School will seek the advice of the LADO and the Personnel Adviser.
- 14.10 In the event of an allegation against the Executive Headteacher or Head of School, the decision to suspend will be made by the Chair of Governors with advice as in 14.9 above.
- 14.11 The full DoE Allegations Guidance is available in the Safeguarding & Child Protection Folder.

15. WHISTLEBLOWING (CONFIDENTIAL REPORTING)

- 15.1 We recognise that children cannot be expected to raise concerns in an environment where staff fail to do so.
- 15.2 All staff should be aware of their duty to raise concerns, where they exist, about the management of child protection, which may include the attitude or actions of colleagues. If necessary, they should speak with the head teacher, the Chair of Governors or externally to the school with the LADO.

16. PHYSICAL INTERVENTION

- 16.1 Our policy on physical intervention by staff is set out separately, and acknowledges that the decision whether or not to intervene is down to the professional judgement of the staff member concerned and should always depend on the individual circumstances.
- 16.2 Staff use physical intervention as a last resort, but staff are empowered to use reasonable force to prevent pupils from hurting themselves or others, from damaging property, or from causing disorder.
- 16.3 In a school, force is used for two main purposes: to control pupils or to restrain them.
- 16.4 Such events should be recorded and signed by a witness.
- 16.5 Staff who are likely to need to use physical intervention will be appropriately trained in the Team Teach technique.
- 16.6 We understand that physical intervention of a nature which causes injury or distress to a child may be considered under child protection or disciplinary procedures.

17. BULLYING

- 17.1 Our policy on bullying is set out in a separate document and acknowledges that to allow or condone bullying may lead to consideration under child protection procedures. This includes homophobic and gender-related bullying. The school delivers a zero tolerance approach to all forms of bullying including verbal, physical and cyber.

18. RACIST INCIDENTS

- 18.1 Our policy on racist incidents is set out in a separate policy and acknowledges that repeated racist incidents or a single serious incident may lead to consideration under child protection procedures.

19. PREVENTION

- 19.1 We recognise that the school plays a significant part in the prevention of harm to our pupils by providing pupils with good lines of communication with trusted adults, supportive friends and an ethos of protection.
- 19.2 The school community will therefore:
- Establish and maintain an ethos where children feel secure and are encouraged to talk and are always listened to.
 - Ensure that all children know there is an adult in the school whom they can approach if they are worried or in difficulty.
 - Include across the curriculum, including and particularly within PSHCE education, opportunities which equip children with the skills they need to stay safe from harm and to know to whom they should turn for help.

20. HEALTH & SAFETY

- 20.1 Our Health & Safety Policy, set out in a separate document, reflects the consideration we give to the protection of our children both physically within the school environment, and, for example, in relation to e-Safety, and when away from the school when undertaking school trips and visits.

21. THE USE OF SCHOOL PREMISES BY OTHER ORGANISATIONS

- 21.1 Where services or activities are provided separately by another body using the school premises, the Head Teacher and Governing Body will seek assurance that the organisation concerned has appropriate policies and procedures in place with regard to safeguarding children and child protection, and that relevant safeguarding checks have been made in respect of staff and volunteers. If assurance is not achieved, an application to use premises may be refused.

22. SECURITY

- 22.1 All staff have a responsibility for maintaining awareness of buildings and grounds security and for reporting concerns that may come to light. We operate within a whole-school community ethos and welcome comments from pupils, parents and others about areas that may need improvement as well as what we are doing well.
- 22.2 Appropriate checks will be undertaken in respect of visitors and volunteers coming into school as outlined within guidance. Visitors will be expected to sign in and out via the office visitors log and to display a visitors badge whilst on school site. Any individual who is not known or identifiable should be challenged for clarification and reassurance.
- 22.3 The school will not accept the behaviour of any individual (parent or other) that threatens school security or leads others (child or adult) to feel unsafe. Such behaviour will be treated as a serious concern and may result in a decision to refuse access for that individual to the school site.

23. CONTACTS

- 23.1 East Sussex Duty and Assessment Teams (DATs):
- DAT 0 - 19 West (Eastbourne, Lewes, Wealden) 01323 747373
 - DAT 0 – 11-9 East (Hastings, Rother) 01424 724144

- Disability Duty Team (all age groups) 01323 466050
- Local Authority Designated Officer (LADO) Children's Safeguarding Unit 01323 466606

23.2 Living close to a county border, some children may need to be referred to West Sussex or Brighton & Hove. However, the Duty and Assessment Teams above are an effective initial contact.

Approved by the Governing Body

Signed:
(Chair of Strategic Organisation Ctte.)

Date: 1st December 2016

Review: Annually, or sooner if legislation changes.

APPENDIX I: DEFINITIONS OF ABUSE & 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;
- Petechiae haemorrhages (pinpoint blood spots under the skin.) Commonly associated with slapping, smothering/suffocation, strangling and squeezing.

Fractures

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

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

There are grounds for concern if:

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

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

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

Mouth Injuries

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

Poisoning

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

Fabricated or Induced Illness

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

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

Bite Marks

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

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

Burns & Scalds

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

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

Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation. Scalds to the buttocks of a child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

The following points are also worth remembering:

- A responsible adult checks the temperature of the bath before the child gets in.
- A child is unlikely to sit down voluntarily in a hot bath and cannot accidentally scald its bottom without also scalding his or her feet.
- A child getting into too hot water of his or her own accord will struggle to get 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, 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, 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 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. 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 the 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

- 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

APPENDIX II: SCHOOL POLICIES ON RELATED SAFEGUARDING ISSUES – TO BE READ & FOLLOWED ALONGSIDE THIS DOCUMENT

- e-Safety Policy and Social Media Policy ^{*3}
- Behaviour Management Policy
- Guidelines for the Use of Physical Intervention *
- Procedures for Managing Allegations Against Staff
- Guideline for Record Keeping in Maintained Schools – Child Protection and Welfare Concerns*
- Safeguarding Children and Child Protection - Induction Leaflet Guidelines for School Staff
- Health and Safety Policy
- Guidance for Safer Working Practice for Adults who Work with Children and Young People
- Bullying/Anti-Bullying Procedure*
- Racism/Anti-Racism Policy*
- Guidance on the Use of Photographic Images*
- Safer Recruitment Guidelines*
- Whistle-Blowing Policy*
- School Drug Policy*
- Intimate Care Guidance*
- Procedures for Assessing Risk (re. school trips)*
- First Aid and Accident Policies*

These documents can be found in the Safeguarding file, a copy of which is kept in the Headteacher's Office and the Staff Room. They are also available to access via the school website.

³ * denotes available on C Zone