

SAFEGUARDING POLICY

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SAFEGUARDING POLICY STATEMENT

Our school recognises our moral and statutory responsibility to safeguard and promote the welfare of all students.

The Governing body takes seriously its responsibilities to safeguard and promote the welfare of children; and to work together with other agencies to ensure adequate arrangements within our school to identify, assess, and support those children who are suffering harm.

We provide a safe and welcoming environment where students are nurtured, respected and valued. We will be alert to the signs of abuse and maltreatment and will follow our procedures to ensure that students receive effective support, protection and justice. We recognise that all adults, including temporary staff, 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.

The procedures contained in this policy apply to all staff, governors and volunteers they are consistent with those of the local Safeguarding Student Board.

As a school we are committed to:

- Establishing and maintaining an environment where school staff (including supply staff) and volunteers feel safe, are encouraged to talk and are listened to when concerns about the safety and wellbeing of students is raised.
- Supporting the child's development in ways that will foster security, confidence and independence.
- Providing an environment in which children and young people 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.
- Raising the awareness of all teaching and non-teaching staff of the need to safeguard children and of their responsibilities in identifying and reporting possible cases of abuse
- Providing a systematic means of monitoring children known or thought to be at risk of harm, and ensure we, the school, contribute to assessments of need and support packages for those children.
- Developing a structured procedure within the school which will be followed by all members of the school community in cases of suspected abuse.
- Developing and promoting effective working relationships with other agencies, especially the Police and Social Care.
- Ensuring that all staff working within our school who have substantial access to children have been checked as to their suitability, including verification of their identity, qualifications, and a satisfactory CRB check (according to guidance) , and a central record is kept for audit.

There are several school policies that have implications for Safeguarding and Child protection.

These are:

- Safer recruitment policy
- Anti – bullying policy
- External visitors policy
- Behaviour policy
- Attendance policy
- Reasonable Force policy
- Whistleblowing policy
- Looked after Child policy
- Exclusion policy
- Trips and visits policy
- Allegations against Staff
- Drug and Substance Abuse
- Support of Children in School with Medical Needs
- Sex Relationships – PSHCE
- Safer working practices policy
- School security policy
- Health and Safety policy
- E-safety policy
- Anti- extremism and anti- radicalization

SAFE SCHOOL, SAFE STAFF

All members of the governing body understand and fulfil their responsibilities, namely to ensure that:

- There is a Child Protection policy on the school website. Parents/carers are made aware of this policy and their entitlement to have a copy of it on joining the school
- The school operates safer recruitment procedures and is aware of safer recruitment training
- The school has procedures for dealing with allegations of abuse against staff and volunteers and procedures for making a referral to the DBS if a person in regulated activity has been dismissed or removed due to safeguarding concerns, or would have had they not resigned.
- Any weaknesses in Child Protection are remedied immediately
- A member of the Governing Body (the Chair of Governors) will liaise with the LA on Child Protection issues and in the event of an allegation of abuse made against the Head teacher
- The Lead DCPO is a member of the Senior Leadership Team
- Child Protection policies and procedures are reviewed annually
- The Governing Body considers how children may be taught about safeguarding through the school curriculum.
- That enhanced DBS checks are in place for Chairs of Governors
- Both the Lead DCPO and the Deputy Designated Child Protection Officer (A Stone) have undertaken the relevant training, followed by biannual updates.
- The name of the designated members of staff for Child Protection, the Designated Child Protection Officers, will be clearly advertised in the school
- All members of staff and volunteers are provided with child protection awareness information at induction, including in their arrival pack, the school safeguarding policies and procedures so that they know who to discuss a concern with.
- All members of staff are trained in and receive regular updates on e-safety and reporting concerns
- All other staff and governors, have child protection awareness training, updated as appropriate, to maintain their understanding of the signs and indicators of abuse.
- All members of staff, volunteers, and governors know how to respond to a pupil who discloses abuse through delivery of relevant staff training.
- All parents/carers are made aware of the responsibilities of staff members with regard to child protection procedures
- All separate policy is in place for all external visitors on site.
- Our lettings policy will seek to ensure the suitability of adults working with children on school sites at any time.
- Community users organising activities for children are aware of the school's child protection guidelines and procedures.
- We will ensure that child protection type concerns or allegations against adults working in the school are referred to the LADO¹ for advice, and that any member of staff found not suitable to work with children will be notified to the Disclosure and Barring Service (DBS)² for consideration for barring, following resignation, dismissal, or when we cease to use their service as a result of a substantiated allegation, in the case of a volunteer.

¹ LADO Local Authority Designated Officer for allegations against staff. AEO Area Education Officer

² Contact the LADO for guidance in any case

CHILD PROTECTION

INTRODUCTION

Child Protection is defined as protecting students from maltreatment, preventing impairment of health and/or development, ensuring that students grow up in the provision of safe and effective care and maximizing student's life chances.

This Child Protection Policy at BSfG forms part of a suite of documents and policies, which relate to the safeguarding responsibilities of the school.

Purpose of the Child Protection Policy

To inform staff, parents, volunteers and governors about the school's responsibilities for safeguarding students.

To enable everyone to have a clear understanding of how these responsibilities should be carried out.

Hounslow Safeguarding Children Board Child Protection Procedures

The school follows the procedures established by the Hounslow Safeguarding Student Board- (a guide to procedure and practice for all professional staff in Hounslow who work with students.)

School Staff & Volunteers

All school staff and volunteers are particularly well placed to observe outward signs of abuse, changes in behaviour and failure to develop because they have daily contact with Student. All school staff and volunteers will receive Safeguarding training, so that they are knowledgeable and aware of their role in the early recognition of the indicators of abuse or neglect and of the appropriate procedures to follow. This training will be refreshed every three years. The Designated Child Protection Officer and the Deputy DCPO will receive training every two years. Each year all staff will receive an annual update at the start of the academic year.

STATUTORY FRAMEWORK

In order to protect students from harm the school has acted in accordance with the following legislation and guidance:

- The Children Act 1989
- Revised Safeguarding Statutory Guidance 2 '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.
- The Children Act 2004
- Education Act (2002), section 175
- The Teacher Standards 2012
- 'Working Together to Safeguard Children' 2015,
- 'Keeping Children Safe in Education' 2015

The school follows the procedures for protecting students from abuse which are established by the Hounslow Safeguarding Children Board. The school is expected to ensure that it has appropriate procedures in place for responding to situations in which it believes that a student has been abused or is at risk of abuse - these procedures also cover circumstances in which a member of staff is accused of, or suspected of abuse. Parents need to understand that the school has a duty to safeguard and promote the welfare of children and that this means we need to share information and work together with other agencies where there are concerns about a child's welfare.

The Teacher Standards (2012) state that teachers should safeguard children's wellbeing and maintain public trust in the teaching profession as part of their professional duties

'Working together to Safeguard Children' (2015) makes clear the need for schools to work in partnership with social care, the police and other services to promote the welfare of children and protect them from harm. The Governing body should ensure that the school contributes to interagency working in order to provide additional support to children

DfE guidance Keeping Children Safe in Education (2015) places the following responsibilities on all schools:

- Schools should be aware of and follow the procedures established by the Hounslow Safeguarding Student Board
- Everyone who comes into contact with children and their families has a role to play in safeguarding children
- Staff should be alert to signs of abuse and know to whom they should report any concerns or suspicions
- Schools should have procedures (of which all staff are aware) for handling suspected cases of abuse of students, including procedures to be followed if a member of staff is accused of abuse, or suspected of abuse
- A Designated Senior Person should have responsibility for co-coordinating action within the school and liaising with other agencies
- Staff with designated responsibility for Child Protection should receive appropriate training

THE DESIGNATED SENIOR CHILD PROTECTION OFFICER (DSPCO)

The Designated Senior Child Protection Officer in this school is:

NAME: Katie Coleman

A Deputy DSPCO should be appointed to act in the absence/unavailability of the Senior DSPCO

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

NAME: Angela Stone

It is the role of both the Designated Senior Person for Child Protection and the Deputy DSPCO to:-

- Ensure that he/she receives refresher training at two yearly intervals to keep his or her knowledge and skills up to date.
- Ensure that all staff who work with students undertake appropriate training to equip them to carry out their responsibilities for safeguarding students effectively and that this is kept up to date by refresher training
- Ensure new staff receive induction on Safeguarding Children on commencement of their contract.
- Regularly check the safeguarding information given to supply teachers to ensure it is up to date
- Ensure that the school operates within the legislative framework and recommended guidance
- Ensure that all staff and volunteers are aware of the Inter-agency Child Protection and Safeguarding Student Procedures
- Ensure that the Head Teacher and members of the LT are kept fully informed of any concerns
- Develop effective working relationships with other agencies and services
- Decide upon the appropriate level of response to specific concerns about a child e.g. discuss with parents, offer an assessment under the Early Help Hounslow (EHH) or Common Assessment Framework (CAF) or refer to Student, Schools and Families social care.
- Attend follow up meetings with regard to students referred and disseminate information as appropriate
- Liaise with social care teams over suspected cases of child abuse
- Ensure that accurate records relating to individual students are kept separate from the academic file in a secure place and marked 'Strictly Confidential' and are passed securely should the student transfer to a new provision.
- Update confidential records on sims and produce half termly reports for LT on individual student concerns
- Ensure reports are submitted and that the appropriate staff member attends Child Protection Conferences and contributes to decision making and delivery of actions planned to safeguard the students.
- Ensure that the school effectively monitors students about whom there are concerns, notifying social care when there is an unexplained absence of more than two days for a student who is the subject of a child protection plan.
- Provide guidance to parents, student and staff about obtaining suitable support.
- Report annually to the governing body

THE GOVERNING BODY

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

The nominated governor for child protection is: Terri George

In particular the Governing Body must ensure:

- Child protection policy and procedures are in place.
- Safer recruitment procedures are adhered to.
- Appointment of a DSPCO who is a senior member of school leadership team
- Relevant safeguarding Student training for school staff/volunteers is attended
- Safe management of allegations
- Deficiencies or weaknesses in safeguarding arrangements are remedied without delay
- A member of the Governing Body (usually the Chair) is nominated to be responsible in the event of an allegation of abuse being made against the Head teacher
- Safeguarding policies and procedures are reviewed annually.

Appendix 1 contains a more detailed breakdown of the roles and responsibilities of those involved in safeguarding

SCHOOL PROCEDURES

- If any member of staff is concerned about a student he or she must inform the Designated Senior Person for Child Protection or Deputy DSPCO
- The Designated Senior Person or Deputy DSPCO will decide whether the concerns should be referred to Social Care. This should be done immediately if there is a risk of immediate serious harm.
- If the DCPO or Deputy DCPO are not available and a member of staff believes that there is an urgent safety issue then members of staff should refer to the head teacher or another member of the Leadership team.
- Members of the Leadership Team will need to exercise their professional judgment and can refer the matter on to the relevant agency or out of hours duty team if they believe the student is at risk of immediate serious harm.
- If there is no senior member of staff in school (if the incident occurs out of school hours for example) contact the caretakers, who have out of hours contact numbers for the head teacher and members of the Leadership Team.
- The member of staff must record information regarding the concerns on the same day and as soon as possible. The recording must be a clear, precise and factual account of the observations. The member of staff must use the BSfG Child Protection Record of Concern Form. Appendix (2)
- If it is decided to make a referral this will be done with prior discussion with the parents, unless to do so would place the child at further risk of harm
- It is important to note that any staff member can refer their concerns to children's social care directly
- If the child's situation does not appear to be improving the staff member with concerns should press for reconsideration

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

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

WHEN TO BE CONCERNED

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

- Physical abuse
- Emotional abuse
- Sexual abuse
- Neglect

All staff and volunteers should be concerned about a student if he/ she presents with indicators of possible significant harm. See Appendix 4 for further information and indicators of abuse

In addition to this all staff and volunteers need to be aware of specific concerns relating to forced marriage and female genital mutilation. See Appendix 5 for further guidance on these concerns.

DEALING WITH A DISCLOSURE

If a student 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 student to talk freely

- Reassure the student, but not make promises which it might not be possible to keep
- Not promise confidentiality
- 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 CP Record sheet)
- Pass information to the Designated Senior Person or Deputy DSP without delay

SUPPORT

Dealing with a disclosure from a student, and safeguarding issues is likely to be a stressful experience. The member of staff/volunteer should, therefore, consider seeking support for him/herself and discuss this with the Designated Senior Child Protection Officer / Deputy DSPCO.

CONFIDENTIALITY

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

- All staff in schools, both teaching and non-teaching staff, have a responsibility to share relevant information about the protection of students with other professionals, particularly the investigative agencies (Student Schools and Families and the Police).
- If a student confides in a member of staff/volunteer and requests that the information is kept secret, it is important that the member of staff/volunteer tell the student in a manner appropriate to the students age/stage of development that they cannot promise complete confidentiality – instead they must explain that they may need to pass information to other professionals to help keep the child or other student safe.
- Staff/volunteers who receive information about student and their families in the course of their work should share that information only within appropriate professional contexts.

COMMUNICATION WITH PARENTS

Brentford School for Girls will undertake appropriate discussion with parents prior to involvement of another agency unless to do so would place the student at further risk from harm.

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

RECORD KEEPING

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

- Make brief notes as soon as possible after the conversation. Use the school record of concern sheet wherever possible (see CP record sheet) (Appendix 2)
- Not destroy the original notes in case they are needed by a court
- Record the date, time, place and any noticeable non-verbal behaviour and the words used by the student
- Draw a diagram to indicate the position of any bruising or other injuries (or use the diagram in Appendix 2)
- Record statements and observations rather than interpretations or assumptions

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

ALLEGATIONS INVOLVING SCHOOL STAFF/VOLUNTEERS

See the separate policy on Allegations against Staff and the Whistleblowing policy

An allegation is any information, which indicates that a member of staff/volunteer may have:

- Behaved in a way that has, or may have harmed a student.

- Possibly committed a criminal offence against/related to a student
- Behaved towards a student in a way which indicates s/he is unsuitable to work with students

This applies to any child the member of staff/volunteer has contact with in the personal, professional or community life.

- The person to whom an allegation is first reported should take the matter seriously and keep an open mind. S/he should not investigate or ask leading questions if seeking clarification, it is important not to make assumptions. Confidentiality should not be promised and the person should be advised that the concern will be shared on a 'need to know' basis only.
- Action should be taken including making a written record of the allegation using the informant's words – including time, date and place where the alleged incident took place, what was said and if anyone else was present. This record should be signed and dated and immediately passed on to the Head teacher.
- It is important to note that any staff member can refer their concerns to children's social care directly
- If the concerns are about the Head Teacher, then the **Chair of Governors** should be contacted.

NAME: Ms Terri George

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

NAME: Mr John Bowling

The contact details can be obtained from the Head teacher's PA.

- The recipient of an allegation must not unilaterally determine its validity, and failure to report it in accordance with procedures is a potential disciplinary matter.
- The Head teacher/ Governor (in the case of the HT) will not investigate the allegation itself, or take written or detailed statements, but will assess whether it is necessary to refer the concern to social care in consultation with the Local Authority Designated Officer
- If it is decided that the allegation meets the threshold for further action through the HSCB Inter-agency Child Protection and Safeguarding Student Procedures, the Headteacher must immediately make a referral to the Social Care 0208 583 2000
- If it is decided that the allegation does not meet the threshold for referral to Social Care, the Headteacher and the Local Authority Designated Officer will consider the appropriate course of action e.g. joint evaluation meeting, internal investigation.
- The Headteacher should, as soon as possible, **following briefing** from the Local Authority Designated Officer inform the subject of the allegation

MONITORING AND EVALUATION

The Child Protection policy and procedures will be monitored by:

- Scrutiny of secure files
- Scrutiny of half termly reports to the LT
- Scrutiny of LM minutes
- Weekly updates on current issues to members of the LT
- Annual Report to the Governors / Reviews by Governors and further updates as required

APPENDIX 1 - ROLES AND RESPONSIBILITIES: SAFEGUARDING

The following individuals have specific roles and responsibilities:

Designated Person for Child Protection (DPCO)

Deputy Designated Person for Child Protection (Deputy DPCO)

Governors

Head teacher

Head Teacher

- Take overall responsibility for safeguarding across the school
- Ensure that the school has appointed a member of the SLT to the position of DPCO
- Ensure that the DPCO fulfils the requirements of their role including providing safeguarding training for staff
- Ensure that the safeguarding policies are up to date and implemented effectively
- Ensure that safeguarding provision is monitored and maintained

GOVERNORS

- Make sure that there is an up to date Safeguarding policy and that it is reviewed annually
- Make sure that procedures to safeguard children's welfare are effective and appropriately resourced
- That the Chair of Governors and Deputy chair are aware of their roles
- That the Chair of Governors takes appropriate action if an allegation is made against the head teacher

Policy

Designated Person for Child Protection (DPCO)

- Ensure the LT and whole school is aware of the significance of the Safeguarding policy
- Ensure the policy is current – and includes names of Chair / Deputy with specific responsibility for safeguarding
- Ensure that linked policies exist and are updated
- Ensure that parents are informed of the existence of the policy – and that it is on the website
- Ensure that students are aware of the existence of the policy

Practice

Designated Person for Child Protection (DPCO)

- Ensure that staff follow school procedures with regard to safeguarding concerns – provide effective induction for all adults in the school
- Ensure staff know what to do if an allegation relates to an adult who works in the school or if staff have concerns relating to anyone's conduct - whistle blowing policy
- Ensure the names and contact details of DPCO and Deputy DCPO are on display for all staff, parents, visitors
- Ensure there is guidance as to what to do if neither DCPO/ Deputy DPCO is available
- Oversight of the work of the Deputy DPCO with regard to following procedures – weekly meetings
- Work closely with the DCPO in the segregation of duties
- Ensure reports on current issues are provided on a half termly basis
- Ensure there are appropriately trained people who can lead on CAFs / EHH
- Make staff aware of the CAF / EHH process
- Ensure the curriculum supports understanding, awareness and resilience of young people and takes current research into risks to young people into account

Deputy Designated Person for Child Protection (Deputy DPCO)

- Exercise professional judgement as to whether the concerns can be dealt with by the school / child and parents or if the concern should be referred on
- Liaise with DPCO on a regular basis
- Discuss concerns with outside agencies
- Complete necessary paperwork for referrals
- Represent the school at CP conferences and other core group / multi agency meetings or ensure other appropriate representation (head of year) – or provide written report prior to meeting.
- Ensure joint working with pastoral staff / heads of year
- Compile and submit a written report regarding children subject to CP conference and share this with parents prior to the meeting
- Ensure that welfare records are kept securely and confidentially – locked / limited access
- Ensure CP / welfare records are updated / maintained in chronological order with significant events highlighted
- Ensure records are transferred when a child changes school
- Report to DPCO weekly and more often if needed on current concerns
- Keep DPCO / LT updated and informed on CP issues as appropriate
- Respond to requests for information from LADO etc
- Ensure all new staff receive CP information at induction
- Contact parents about CP concerns and referrals (in agreed circumstances)
- Provide information, advice and support to pupils, staff and parents
- Support the DPCO as required to produce data and information
- To ensure all necessary steps are taken to improve the educational progress and attainment of Looked after Children, including implementation of PEP plans, to ensure the child receives the best possible support by co-ordinating effectively
- Representing the key link to all necessary agencies
- To implement and be the lead professional on CAF/EHA referrals
- Liaise with relevant professionals and individuals, e.g. educational psychologists, the police and other social services;
- Maintaining accurate records and preparing written reports and evaluations; with staff, carers and professionals outside the school

Procedures

Both DCPO and Deputy DCPO

- Ensure that concerns from individual staff are written up on the pro forma, kept safely and that confidentiality is maintained
- Ensure that referrals to outside agencies are made using the correct forms, kept safely and that confidentiality is maintained
- Keep staff informed as necessary of actions arising from conferences, reviews, core group meetings and of children subject to CP plan
- Pass on relevant information to the designated person in the child's subsequent school
- Inform Governors / keep updated regularly on number of children subject to CP / CIN / TAC etc and current safeguarding issues

Professional Development

Both DCPO and Deputy DCPO

- Attend designated person training at least every 2 years
- Attend other relevant training
- Ensure that there is CPD on safeguarding issues for pastoral staff eg sexual exploitation, self-harm etc.

DCPO

- Ensure that all staff receive safeguarding training as part of induction and that this is regularly updated
- Provide annual briefing for all staff on CP issues and school procedures

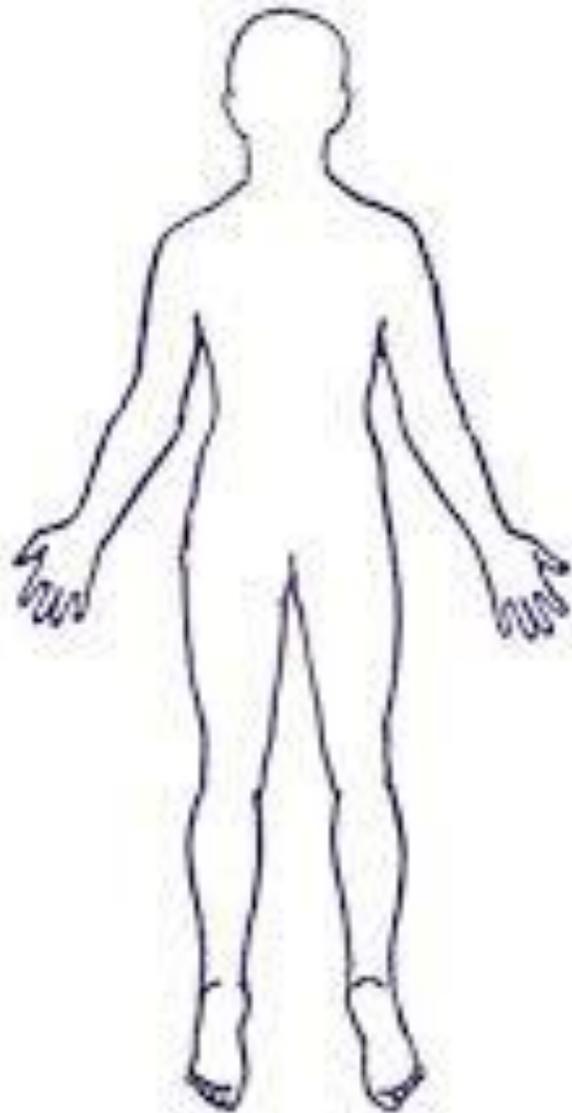
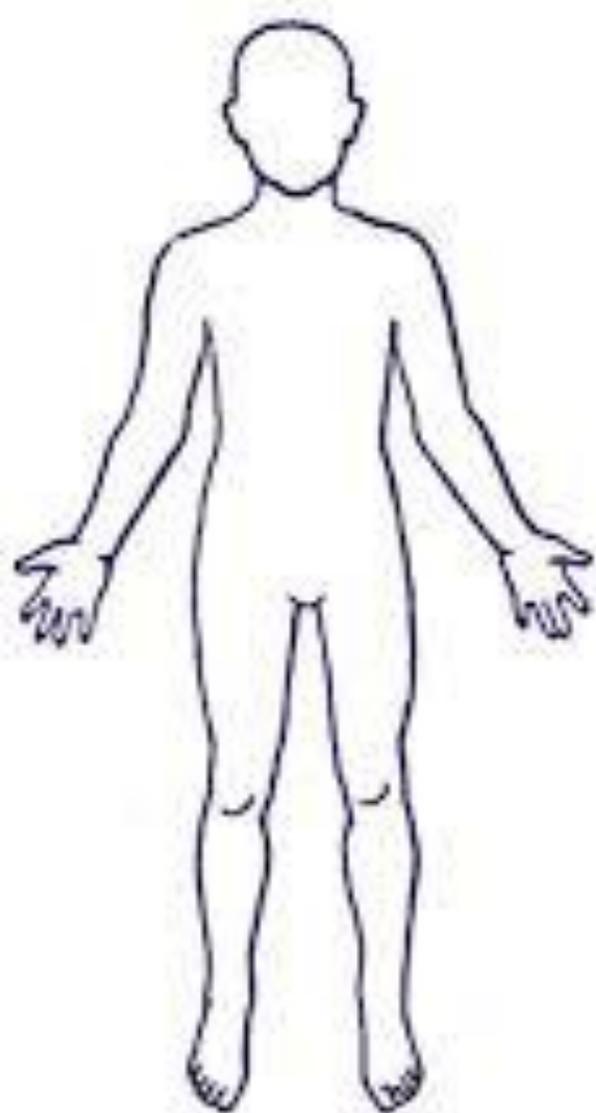
- Ensure that newly appointed staff and governors are given the necessary information on safeguarding and procedures on induction

APPENDIX 2 - REPORTING A CONCERN

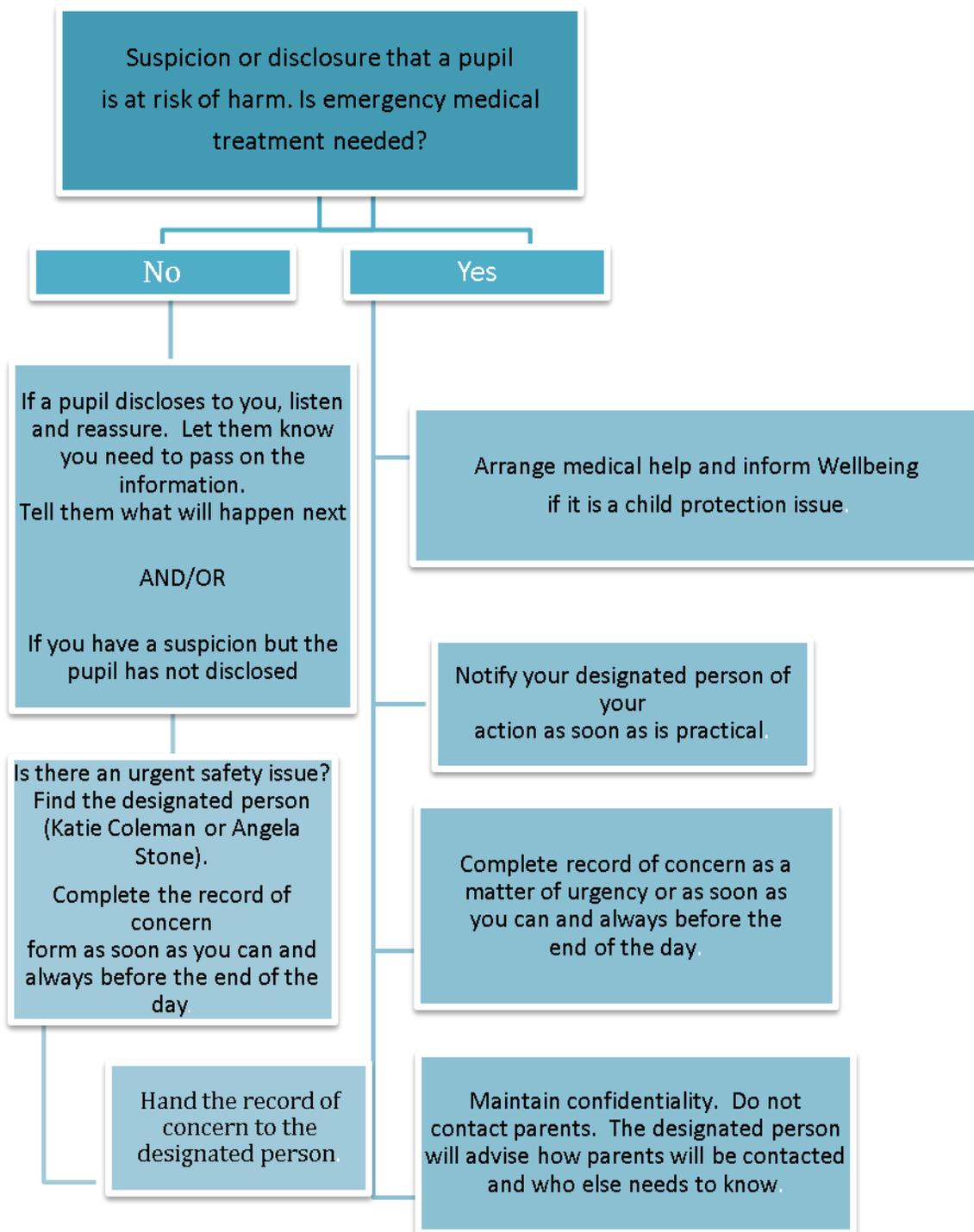
CHILD PROTECTION

Brentford School for Girls Record of Concern

| | |
|--|--|
| Students Name: | |
| Students DOB: | |
| Date & Time of concern: | |
| Your account of the concern: (what was said, observed reported and by whom) | |
| Additional Information: (Your opinion, context of concern/disclosure) | |
| Your response: (what did you do/say following the concern) | |
| Your Name: | |
| Your signature: | |
| Your position in school: | |
| Date and time of this recording: | |
| Action and response of DSP/HT | |
| Name..... Date..... | |



APPENDIX 3: PROCEDURES



- If the DCPO or Deputy DCPO are not available and a member of staff believes that there is an urgent safety issue then this should be referred to the head teacher or another member of the Leadership Team.
- If there is no senior member of staff in school (if the incident occurs out of school hours for example) contact the caretakers, who have out of hours contact numbers for the head teacher and members of the Leadership Team.

APPENDIX 4 - 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 child under 5 is usually due to the carelessness of a parent or carer, but it may be self-harm even in young child.

FABRICATED OR INDUCED ILLNESS

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

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

BITE MARKS

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

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

BURNS AND SCALDS

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

Any burn with a clear outline may be suspicious e.g. circular burns from cigarettes, linear burns from hot metal rods or electrical fire elements, burns of uniform depth over a large area, scalds that have a line indicating immersion or poured liquid. Old scars indicating previous burns/scalds, which did not have appropriate treatment or adequate explanation. Scalds to the buttocks of a child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

The following points are also worth remembering:

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

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

INDICATORS IN THE PARENT

- May have injuries themselves that suggest domestic violence

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

INDICATORS IN THE FAMILY/ENVIRONMENT

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

EMOTIONAL ABUSE

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

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

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

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

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

INDICATORS IN THE CHILD

- Developmental delay
- Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or no attachment
- Aggressive behaviour towards others
- Child scapegoated within the family
- Frozen watchfulness, particularly in pre-school children
- Low self-esteem and lack of confidence
- Withdrawn or seen as a 'loner' - difficulty relating to others
- Over-reaction to mistakes
- Fear of new situations
- Inappropriate emotional responses to painful situations
- Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)
- Self-harm
- Fear of parents being contacted
- Extremes of passivity or aggression
- Drug/solvent abuse
- Chronic running away
- Compulsive stealing

- Low self-esteem
- Air of detachment – ‘don’t care’ attitude
- Social isolation – does not join in and has few friends
- Depression, withdrawal
- Behavioural problems e.g. aggression, attention seeking, hyperactivity, poor attention
- Low self-esteem, lack of confidence, fearful, distressed, anxious
- Poor peer relationships including withdrawn or isolated behaviour

INDICATORS IN THE PARENT

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

INDICATORS OF IN THE FAMILY/ENVIRONMENT

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

NEGLECT

Neglect is the persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of the child’s health or development. Neglect may occur during pregnancy as a result of maternal substance abuse.

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

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

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

INDICATORS IN THE CHILD

PHYSICAL PRESENTATION

- Failure to thrive or, in older Student, short stature
- Underweight
- Frequent hunger
- Dirty, unkempt condition
- Inadequately clothed, clothing in a poor state of repair
- Red/purple mottled skin, particularly on the hands and feet, seen in the winter due to cold
- Swollen limbs with sores that are slow to heal, usually associated with cold injury
- Abnormal voracious appetite
- Dry, sparse hair
- Recurrent / untreated infections or skin conditions e.g. severe nappy rash, eczema or persistent head lice/scabies/diarrhoea
- Unmanaged / untreated health / medical conditions including poor dental health
- Frequent accidents or injuries

DEVELOPMENT

- General delay, especially speech and language delay

- Inadequate social skills and poor socialization

EMOTIONAL/BEHAVIOURAL PRESENTATION

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

INDICATORS IN THE PARENT

- Dirty, unkempt presentation
- Inadequately clothed
- Inadequate social skills and poor socialisation
- Abnormal attachment to the child. e.g. anxious
- Low self-esteem and lack of confidence
- Failure to meet 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 Student 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).

Adult males do not solely perpetrate sexual abuse. 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/BEHAVIORAL PRESENTATION

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

INDICATORS IN THE PARENTS

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

INDICATORS IN THE FAMILY/ENVIRONMENT

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

SEXUAL ABUSE BY YOUNG PEOPLE

The boundary between what is abusive and what is part of normal childhood or youthful experimentation can be blurred. The determination of whether behaviour is developmental, inappropriate or abusive will hinge around the related concepts of true consent, power imbalance and exploitation. This may include children and young people who exhibit a range of sexually problematic behaviour such as indecent exposure, obscene telephone calls, fetishism, bestiality and sexual abuse against adults, peers or children.

Developmental Sexual Activity encompasses those actions that are to be expected from children and young people as they move from infancy through to an adult understanding of their physical, emotional and behavioural relationships with each other. Such sexual activity is essentially information gathering and experience testing. It is characterised by mutuality and of the seeking of consent.

Inappropriate Sexual Behaviour can be inappropriate socially, inappropriate to development, or both. In considering whether behaviour fits into this category, it is important to consider what negative effects it has on any of the parties involved and what concerns it raises about a child or young person. It should be recognised that some actions may be motivated by information seeking, but still cause significant upset, confusion, worry, physical damage, etc. It may also be that the behaviour is “acting out” which may derive from other sexual situations to which the child or young person has been exposed.

If an act appears to have been inappropriate, there may still be a need for some form of behaviour management or intervention. For some children, educative inputs may be enough to address the behaviour.

Abusive sexual activity includes any behaviour involving coercion, threats, aggression together with secrecy, or where one participant relies on an unequal power base.

ASSESSMENT

In order to more fully determine the nature of the incident the following factors should be given consideration. The presence of exploitation in terms of:

- **Equality** – consider differentials of physical, cognitive and emotional development, power and control and authority, passive and assertive tendencies
- **Consent** – agreement including all the following:
 - Understanding that is proposed based on age, maturity, development level, functioning and experience
 - Knowledge of society’s standards for what is being proposed
 - Awareness of potential consequences and alternatives
 - Assumption that agreements or disagreements will be respected equally
 - Voluntary decision
 - Mental competence
- **Coercion** – the young perpetrator who abuses may use techniques like bribing, manipulation and emotional threats of secondary gains and losses that is loss of love, friendship, etc. Some may use physical force, brutality or the threat of these regardless of victim resistance.

In evaluating sexual behaviour of children and young people, the above information should be used only as a guide.

APPENDIX 5: FORCED MARRIAGE & FGM

FORCED MARRIAGE (FM)

This is an entirely separate issue from arranged marriage. It is a human rights abuse and falls within the Crown Prosecution Service definition of domestic violence. Young men and women can be at risk in affected ethnic groups. Whistle-blowing may come from younger siblings. Other indicators may be detected by changes in adolescent behaviours. Never attempt to intervene directly as a school or through a third party.

FEMALE GENITAL MUTILATION (FGM)

It is essential that staff are aware of FGM practices and the need to look for signs, symptoms and other indicators of FGM.

WHAT IS FGM?

It involves procedures that intentionally alter/injure the female genital organs for non-medical reasons.

4 types of procedure:

Type 1 Clitoridectomy – partial/total removal of clitoris

Type 2 Excision – partial/total removal of clitoris and labia minora

Type 3 Infibulation entrance to vagina is narrowed by repositioning the inner/outer labia

Type 4 all other procedures that may include: pricking, piercing, incising, cauterising and scraping the genital area.

Why is it carried out?

Belief that:

- FGM brings status/respect to the girl – social acceptance for marriage
- Preserves a girl's virginity
- Part of being a woman / rite of passage
- Upholds family honour
- Cleanses and purifies the girl
- Gives a sense of belonging to the community
- Fulfils a religious requirement
- Perpetuates a custom/tradition
- Helps girls be clean / hygienic
- Is cosmetically desirable
- Mistakenly believed to make childbirth easier

IS FGM LEGAL?

FGM is internationally recognised as a violation of human rights of girls and women. It is **illegal** in most countries including the UK.

Circumstances and occurrences that may point to FGM happening

- Child talking about getting ready for a special ceremony
- Family taking a long trip abroad
- Child's family being from one of the 'at risk' communities for FGM (Kenya, Somalia, Sudan, Sierra Leon, Egypt, Nigeria, Eritrea as well as non-African communities including Yemeni, Afghani, Kurdistan, Indonesia and Pakistan)
- Knowledge that the child's sibling has undergone FGM
- Child talks about going abroad to be 'cut' or to prepare for marriage

Signs that may indicate a child has undergone FGM:

- Prolonged absence from school and other activities
- Behaviour change on return from a holiday abroad, such as being withdrawn and appearing subdued
- Bladder or menstrual problems
- Finding it difficult to sit still and looking uncomfortable

- Complaining about pain between the legs
- Mentioning something somebody did to them that they are not allowed to talk about
- Secretive behaviour, including isolating themselves from the group
- Reluctance to take part in physical activity
- Repeated urinal tract infection
- Disclosure

The 'One Chance' rule

As with Forced Marriage there is the 'One Chance' rule. It is essential that settings /schools/colleges take action **without delay**.