



# Broomwood Primary School



## Child protection policy

### Policy Statement

We recognise our moral and statutory responsibility to safeguard and promote the welfare of all children.

We make every effort to provide a safe and welcoming environment underpinned by a culture of openness where both children and adults feel secure, able to talk and believe that they are being listened to.

We maintain an attitude of “it could happen here” where safeguarding is concerned. The purpose of this policy is to provide staff, volunteers and governors with the framework they need in order to keep children safe and secure in our school and to inform parents and guardians how we will safeguard their children whilst they are in our care. Specific guidance is available to staff within the procedure documents.

### Within this document:

**Child Protection** is an aspect of safeguarding, but is focused on how we respond to children who have been significantly harmed or are at risk of significant harm.

The term **Staff** applies to all those working for or on behalf of the school, full time or part time, in either a paid or voluntary capacity. This also includes parents and governors.

**Child** refers to all young people who have not yet reached their 18 birthday. On the whole, this will apply to pupils of our school; however the policy will extend to visiting children and students from other establishments

**Parent** refers to birth parents and other adults in a parenting role for example adoptive parents, step parents, guardians and foster carers.

**Abuse** could mean neglect, physical, emotional or sexual abuse or any combination of these. Parents, carers and other people can harm children either by direct acts and / or failure to provide proper care. Explanations of these are given within the procedure document.

### Aims

- To provide Staff with the framework to promote and safeguard the wellbeing of children and in so doing ensure they meet their statutory responsibilities.
- To ensure consistent good practice across the school.
- To demonstrate our commitment to protecting children.

## Principles and Values

- Children have a right to feel secure and cannot learn effectively unless they do so.
- All children regardless of age, gender, race, ability, sexuality, religion, culture or language have a right to be protected from harm.
- All staff have a key role in prevention of harm and an equal responsibility to act on any suspicion or disclosure that may indicate a child is at risk of harm in accordance with the guidance.
- We acknowledge that working in partnership with other agencies protects children and reduces risk and so we will engage in partnership working throughout the child protection process to safeguard children.
- Whilst the school will work openly with parents as far as possible, the school reserves the right to contact children's social care or the police, without notifying parents if this is in the child's best interests.

## Leadership and Management

We recognise that staff anxiety around child protection can undermine good practice and so have established clear lines of accountability, training and advice to support the process and individual staff within that process.

In this school any individual can contact the designated safeguarding lead (DSL) if *they have concerns about a young person*.

**DSL is Louise Hossen Headteacher and the deputy DSLs are Allison McCarthy, Jessica Cunliffe, Julie Ford and Sue Stevenson** There is a nominated governor for child protection: **Donna Vipond** and a deputy governor: **Krys Rabin**.

Staff must feel that they can contact the DSL or the deputy DSL at any time with concerns about child protection even if it falls outside the school day. The telephone numbers of the DSL and Deputy DSL are in the staff handbook. Staff should also feel that they can email the relevant members of staff at any point too.

## Training

All staff in our school are expected to be aware of the signs and symptoms of abuse and must be able to respond appropriately. All staff complete an online course in safeguarding and must have at least level 1 before they start a position in school. Most staff have level 2. Training is also provided every year as a reminder which is linked to level 1. The DSL will attend annual training to enable them to fulfil their role. *[based on draft KCSiE guidance*

<https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>

All DSL's have level 4 safeguarding training.

Any update in national or local guidance will be shared with all staff in briefings and then captured in the next whole school training. This policy will be updated during the year to reflect any changes brought about by new guidance.

## Referral

Following any concerns raised by staff, the DSL or deputy DSL's will assess the information and consider if significant harm has happened or there is a risk that it may happen. If the evidence suggests the threshold of significant harm, or risk of significant harm has been reached; or they are not clear if the threshold is met, then the DSL will contact children's social care. If the DSL is not available or there are immediate concerns, the staff member should feel that they can refer directly to children's social care.

**If a member of staff suspects abuse or they have a disclosure of abuse made to them they must:**

1. Make an initial record of the information in the 'child concern book'
2. Report it to the DSL / headteacher/ Deputy DSL immediately
3. The DSL/ Deputy DSL will consider if there is a requirement for immediate medical intervention, however urgent medical attention should not be delayed if DSL or headteacher are not immediately available (see point 8 below)
4. Make an accurate record (which may be used in any subsequent court proceedings) as soon as possible and within 24 hours of the occurrence, of all that has happened, including details of:

- Dates and times of their observations
- Dates and times of any discussions they were involved in.
- Any injuries
- Explanations given by the child / adult
- What action was taken
- Any actual words or phrases used by the child
- The records must be signed and dated by the author.

Staff also need to be aware that they must record anything of concern as this could potentially build up a picture about a child- e.g not having breakfast, looking dirty etc...

If a staff member is not happy with the response from the DSL or the deputy DSL they have the right to contact MARAT directly on: 0161-912-5125 or on [marat@trafford.gov.uk](mailto:marat@trafford.gov.uk).

**Following a report of concerns from a member of staff, the DSL must:**

1. Decide whether or not there are sufficient grounds for suspecting significant harm in which case a referral must be made to children's social care
2. Normally the school should try to discuss any concerns about a child's welfare with the family and where possible to seek their agreement before making a referral to children's social care. However, in accordance with DfE guidance, this should only be done when it will not place the child at increased risk or could impact a police investigation. The child's views should also be taken into account.

3. If there are grounds to suspect a child is suffering, or is likely to suffer, significant harm they must contact children's social care via MARAT- 0161-912-5125 and make a clear statement of:

- the known facts
- any suspicions or allegations
- whether or not there has been any contact with the child's family
- If the DSL feels unsure about whether a referral is necessary they can phone children's reception team (CRT) to discuss concerns

*The Children Act 1989 introduced Significant Harm as the threshold that justifies compulsory intervention in family life in the best interests of children.*

*Physical Abuse, Sexual Abuse, Emotional Abuse and Neglect are all categories of Significant Harm.*

*Harm is defined as the ill treatment or impairment of health and development. This definition was clarified in section 120 of the Adoption and Children Act 2002 (implemented on 31 January 2005) so that it may include, "for example, impairment suffered from seeing or hearing the ill treatment of another".*

4. If there is not a risk of significant harm, then the DSL will either actively monitor the situation or consider the early help process

5. The DSL must confirm any referrals in writing to children's social care, within 24 hours, including the actions that have been taken. The written referral should be made using the inter-agency referral form

6. If a child is in immediate danger and urgent protective action is required, the police should be called. The DSL should also notify children's social care of the occurrence and what action has been taken

7. Where there are doubts or reservations about involving the child's family, the DSL should clarify with children's social care or the police whether, the parents should be told about the referral and, if so, when and by whom. This is important in cases where the police may need to conduct a criminal investigation.

8. When a pupil is in need of *urgent* medical attention and there is suspicion of abuse the DSL/Deputy DSL should take the child to the accident and emergency unit at the nearest hospital, having first notified children's social care. The DSL should seek advice about what action children's social care will take and about informing the parents, remembering that parents should normally be informed that a child requires urgent hospital attention.

Generally the DSL will inform the parents prior to making a referral however there are situations where this may not be possible or appropriate.

***N.B.*** *The exception to this process will be in those cases of known FGM where there is a mandatory requirement for the teacher to report directly to the police.*

### **Confidentiality**

- We maintain that all matters relating to child protection are to be treated as confidential and only shared as per the 'working together' guidance.

- Information will only be shared with agencies who we have a statutory duty to share with or individuals within the school who 'need to know'.
- All staff are aware that they cannot promise a child to keep a disclosure confidential.

## **Dealing with disclosures**

### **All staff should:**

A member of staff who is approached by a child should listen positively and try to reassure them. They cannot promise complete confidentiality and should explain that they may need to pass information to other professionals to help keep the child or other children safe. The degree of confidentiality should always be governed by the need to protect the child.

Additional consideration needs to be given to children with communication difficulties and for those whose preferred language is not English. It is important to communicate with them in a way that is appropriate to their age, understanding and preference. All staff should know who the DSL is and who to approach if the DSL is unavailable. Ultimately, all staff have the right to make a referral to the police or social care directly and should do this if, for whatever reason, there are difficulties following the agreed protocol, e.g. they are the only adult on the school premises at the time and have concerns about sending a child home.

## **Guiding principles, the seven R's**

### **Receive**

- Listen to what is being said, without displaying shock or disbelief
- Accept what is said and take it seriously
- Make a note of what has been said as soon as practicable

### **Reassure**

- Reassure the pupil, but only so far as is honest and reliable
- Don't make promises you may not be able to keep e.g. 'I'll stay with you' or 'everything will be alright now' or 'I'll keep this confidential'
- Do reassure e.g. you could say: 'I believe you', 'I am glad you came to me', 'I am sorry this has happened', 'We are going to do something together to get help'

### **Respond**

- Respond to the pupil only as far as is necessary for you to establish whether or not you need to refer this matter, but do not interrogate for full details
- Do not ask 'leading' questions i.e. 'did he touch your private parts?' or 'did she hurt you?' Such questions may invalidate your evidence (and the child's) in any later prosecution in court
- Do not criticise the alleged perpetrator; the pupil may care about him/her, and reconciliation may be possible
- Do not ask the pupil to repeat it all for another member of staff. Explain what you have to do next and whom you have to talk to. Reassure the pupil that it will be a senior member of staff

## **Report**

- Share concerns with the designated safeguarding lead as soon as possible
- If you are not able to contact your designated safeguarding lead, and the child is at risk of immediate harm, contact the children's services department directly
- If you are dissatisfied with the level of response you receive following your concerns, you should press for re-consideration

## **Record**

- If possible make some very brief notes at the time, and write them up as soon as possible
- Keep your original notes on file
- Record the date, time, place, persons present and noticeable nonverbal behaviour, and the words used by the child. If the child uses sexual 'pet' words, record the actual words used, rather than translating them into 'proper' words
- Complete a body map to indicate the position of any noticeable bruising
- Record facts and observable things, rather than your 'interpretations' or 'assumptions'

## **Remember**

- Support the child: listen, reassure, and be available
- Complete confidentiality is essential. Share your knowledge only with appropriate professional colleagues
- Try to get some support for yourself if you need it

## **Review (led by DSL)**

- Has the action taken provided good outcomes for the child?
- Did the procedure work?
- Were any deficiencies or weaknesses identified in the procedure? Have these been remedied?
- Is further training required?

## **What happens next?**

It is important that concerns are followed up and it is everyone's responsibility to ensure that they are. The member of staff should be informed by the DSL what has happened following the report being made. If they do not receive this information they should be proactive in seeking it out.

If they have concerns that the disclosure has not been acted upon appropriately they might inform the safeguarding governor of the school and/or may ultimately contact the children's services department.

Receiving a disclosure can be upsetting for the member of staff and schools should have a procedure for supporting them after the disclosure. This might include reassurance that they have followed procedure correctly and that their swift actions will enable the allegations to be handled appropriately.

In some cases additional counselling might be needed and they should be encouraged to recognise that disclosures can have an impact on their own emotions.

**As a school we will educate and encourage pupils to keep safe through:**

- The content of the curriculum
- A school ethos which helps children to feel safe and able to talk freely about their concerns, believing that they will be listened to and valued.

**Dealing with allegations against staff (see separate policy also- managing allegations against staff)**

When allegations arise against a person working with children (including volunteers) the employer should follow the procedures outlined in Working Together to Safeguard Children (2015). The procedures should be used when an allegation is made that an adult has:

- Behaved in a way that has harmed, or may have harmed a child;
- Possibly committed a criminal offence against, or related to a child; or
- Behaved towards a child or children in a way that indicates they may pose a risk of harm to children.

Concerns or allegations about the behaviour of an adult may be brought to the attention of a manager in a variety of ways. For example:

- An allegation made directly by a child or parent;
- An allegation made by a colleague or member of staff;
- Information from police or local authority social care team;
- Information from a third party or the general public;
- Information disclosed anonymously or online; or
- Concerns generated through an employment relationship.

Although the school has a policy about managing allegation against staff, it is important to reference the most up to date guidance from the Greater Manchester Safeguarding procedures manual at: [greatermanchesterscb.proceduresonline.com](http://greatermanchesterscb.proceduresonline.com) The procedures allow for consideration of the adult's behaviour at the earliest opportunity when a concern or allegation arises and is brought to the manager/employer's attention. Where there is no employer, the allegation should nevertheless be brought to the attention of the LADO (Anita Hopkins). A referral can be made online at: [tscb.co.uk](http://tscb.co.uk)- Allegations of abuse made against adults who work with children and young people. The online referral document is available there. Please refer to the managing allegations flowchart (appendix 3)

- If a concern is raised about the practice or behaviour of a member of staff this information will be recorded and passed to the headteacher- Louise Hossen. The local authority designated officer (LADO)- Anita Hopkins will be contacted and the relevant guidance will be followed.

- If the allegation is against the headteacher, the person receiving the allegation will contact the LADO or nominated governor directly.
- Within the guidance please note that the above guidance needs to be followed when a disclosure is made about **anyone** who has a role in looking after children- this can include: teaching staff, non-teaching staff, foster carers, volunteers etc...

It is important to ensure that even apparently less serious allegations are seen to be followed up, and that they are examined objectively by someone independent of the organisation concerned.

Discussion should always take place between the employer and the LADO when the concern or allegation meets the criteria.

### **What to record**

**At this stage the manager should ensure that a factual account of the allegation is recorded, dated and signed, a chronology of events initiated and any other key information identified. No attempts should be made to investigate further before discussion with the LADO.**

### **Dealing with allegations against pupils**

- If a concern is raised that there is an allegation of a pupil abusing another pupil within the school, the 'dealing with allegations against pupils' guidance will be followed (annex 1)

## **Roles and responsibilities within Broomwood Primary School**

### **Staff responsibilities**

All staff have a key role to play in identifying concerns early and in providing help for children. To achieve this they will:

- Establish and maintain an environment where children feel secure, are encouraged to talk and are listened to.
- Ensure children know that there are adults in the school whom they can approach if they are worried about any problems.
- Plan opportunities within the curriculum for children to develop the skills they need to assess and manage risk appropriately and keep themselves safe.
- Attend training in order to be aware of and alert to the signs of abuse.
- Maintain an attitude of "it could happen here" with regards to safeguarding.
- Record their concerns if they are worried that a child is being abused and report these to the relevant person as soon as practical that day.
- If the disclosure is an allegation against a member of staff they will follow the allegations' procedures within the whistleblowing policy and the Managing allegations against a staff member
- If allegations are made about another child- follow the procedures in annex 1
- Support pupils in line with their child protection plan.
- Treat information with confidentiality but never promising to "keep a secret".
- Notify DSL of any child on a child protection plan who has unexplained absence.



- In the context of early help, staff will notify colleagues and/or parents of any concerns about their child(ren), and provide them with, or signpost them to, opportunities to change the situation.
- Liaise with other agencies that support pupils and provide early help.
- Ensure they know who the designated safeguarding lead (DSL) and deputy DSL are and know how to contact them.

### **Senior management team responsibilities:**

- Contribute to inter-agency working in line with guidance (working together 2015)
- Provide a co-ordinated offer of early help when additional needs of children are identified
- Working with children's social care, support their assessment and planning processes including the schools attendance at conference and core group meetings
- Carry out tasks delegated by the governing body such as training of staff; safer recruitment; maintaining a single central register
- Provide support and advice on all matters pertaining to safeguarding and child protection to all staff regardless of their position within the school
- Treat any information shared by staff or pupils with respect and follow procedures
- Ensure that allegations or concerns against staff are dealt with in accordance with guidance from department for education (DfE), Trafford safeguarding children board (TSCB) and Trafford council
- Provide copies of policies (including the Child Protection Policy; Safeguarding Policy and Staff Behaviour Policy (Code of Conduct)) and a copy of part one of Keeping Children Safe in Education to all staff at induction.
- Ensure all staff understand the role of the DSL and are aware of systems within their school which support safeguarding.

### **Governing body responsibilities**

- The school has effective safeguarding policies & procedures including a child protection policy and a staff behaviour policy
- TSCB is informed annually about the discharge of duties via the safeguarding audit
- Recruitment, selection and induction follow safer recruitment practice.
- Allegations against staff are dealt with by the headteacher.
- A member of the senior staff team is designated as designated safeguarding lead (DSL) and have this recorded in their job description
- Staff have been trained appropriately and this is updated in line with guidance
- Any safeguarding deficiencies or weaknesses are remedied without delay
- The Chair of Governors is responsible for managing allegations against the headteacher
- Ensure that the Child Protection Policy is updated at least annually and available publicly (for example via the school website).
- Ensure children are taught about safeguarding, including online, through teaching and learning opportunities.
- Ensure appropriate filters and appropriate monitoring systems are in place to safeguard pupils from potentially harmful and inappropriate online material.

- Provide opportunities for staff to contribute to and shape safeguarding arrangements and child protection policy so recognising the experience and expertise of their staff
- Ensure that all staff read at least Part one of Keeping Children Safe in Education.
- Ensure that mechanisms are in place to assist staff to understand and discharge their role and responsibilities as set out in Part one of Keeping Children Safe in Education.

**DSL responsibilities** *(to be read in conjunction with DSL role description in any up to date KCSiE)*

**In this school the DSL is Louise Hossen**

**The deputy DSLs: Anns Solomon, Allison McCarthy, Julie Ford, Sue Stevenson**

In addition to fulfilling the responsibilities of staff and senior management team, the DSL will also follow the role description set out in Annex B of Keeping Children Safe in Education 2016.

## Annex 1

### **Managing allegations against other pupils Policy & procedure**

DfE guidance keeping children safe in education (2016) says that 'governing bodies should ensure that there are procedures in place to handle allegations against other children'. The guidance also states the importance of minimising the risks of peer-on-peer abuse. In most instances, the conduct of students towards each other will be covered by the school's behaviour policy. Some allegations may be of such a serious nature that they may raise safeguarding concerns. These allegations are most likely to include physical abuse, emotional abuse, sexual abuse and sexual exploitation. It is also likely that incidents dealt with under this policy will involve older students and their behaviour towards younger students or those who are vulnerable.

### **The safeguarding implications of sexual activity between young people**

The intervention of child protection agencies in situations involving sexual activity between children can require difficult professional judgments. Some situations are statutorily clear – for example, a child under the age of 13 cannot consent to sexual activity. But it will not necessarily be appropriate to initiate safeguarding procedures where sexual activity involving children and young people below the age of legal consent (16 years) comes to notice. In our society generally the age at which children become sexually active has steadily dropped. It is important to distinguish between consensual sexual activity between children of a similar age (where at least one is below the age of consent), and sexual activity involving a power imbalance, or some form of coercion or exploitation. It may also be difficult to be sure that what has or has been alleged to have taken place definitely does have a sexual component.

As usual, important decisions should be made on a case by case basis, on the basis of an assessment of the children's best interests. Referral under safeguarding arrangements may be necessary, guided by an assessment of the extent to which a child is suffering, or is likely to suffer, significant harm. Key specific considerations will include:

- The age, maturity and understanding of the children;
- Any disability or special needs of the children;
- Their social and family circumstance;
- Any evidence in the behaviour or presentation of the children that might suggest they have been harmed;
- Any evidence of pressure to engage in sexual activity;
- Any indication of sexual exploitation;
- There are also contextual factors. Gender, sexuality, race and levels of sexual knowledge can all be used to exert power. A sexual predator may sometimes be a woman or girl and the victim a boy

At Broomwood Primary School we believe that all children have a right to attend school and learn in a safe environment. Children should be free from harm by adults in the school and other students.

- We recognise that some students will sometimes negatively affect the learning and wellbeing of others and their behaviour will be dealt with under the school's behaviour policy.

### **Prevention**

- As a school we will minimise the risk of allegations against other pupils by:-
- Providing a developmentally appropriate PSHE syllabus which develops students understanding of acceptable behaviour and keeping themselves safe
- Having systems in place for any student to raise concerns with staff, knowing that they will be listened to, believed and valued
- Delivering targeted work on assertiveness and keeping safe to those pupils identified as being at risk
- Developing robust risk assessments & providing targeted work for pupils identified as being a potential risk to other pupils.

### **Allegations against other pupils which are safeguarding issues**

- Occasionally, allegations may be made against students by others in the school, which are of a safeguarding nature. Safeguarding issues raised in this way may include physical abuse, emotional abuse, sexual abuse and sexual exploitation. It is likely that, to be considered a safeguarding allegation against a pupil, some of the following features will be found.

If the allegation:-

- Is made against an older pupil and refers to their behaviour towards a younger pupil or a more vulnerable pupil
- Is of a serious nature, possibly including a criminal offence
- Raises risk factors for other pupils in the school
- Indicates that other pupils may have been affected by this student
- Indicates that young people outside the school may be affected by this student
- Examples of safeguarding issues against a student could include:

### **Physical Abuse**

- Violence, particularly pre-planned
- Forcing others to use drugs or alcohol

### **Emotional Abuse**

- Blackmail or extortion
- Threats and intimidation

### **Sexual Abuse**

- Indecent exposure, indecent touching or serious sexual assaults
- Forcing others to watch pornography or take part in sexting

### **Sexual Exploitation**

- Encouraging other children to engage in inappropriate sexual behaviour ( For example - having an older boyfriend/girlfriend, associating with unknown adults or other sexually exploited children, staying out overnight)

- Photographing or videoing other children performing indecent acts

**Procedure:-**

- When an allegation is made by a pupil against another student, members of staff should consider whether the complaint raises a safeguarding concern. If there is a safeguarding concern the designated safeguarding lead (DSL) should be informed
- A factual record should be made of the allegation, but no attempt at this stage should be made to investigate the circumstances
- The DSL should contact the children's reception team (CRT) to discuss the case
- The DSL will follow through the outcomes of the discussion and make a referral where appropriate
- If the allegation indicates that a potential criminal offence has taken place, CRT will refer the case to the multi-agency safeguarding hub where the police will become involved
- Parents, of both the student being complained about and the alleged victim, should be informed and kept updated on the progress of the referral
- The DSL will make a record of the concern, the discussion and any outcome and keep a copy in the files of both pupils' files
- It may be appropriate to exclude the pupil being complained about for a period of time according to the school's behaviour policy and procedures
- Where neither social services nor the police accept the complaint, a thorough school investigation should take place into the matter using the school's usual disciplinary procedures
- In situations where the school considers a safeguarding risk is present, a risk assessment should be prepared along with a preventative, supervision plan
- The plan should be monitored and a date set for a follow-up evaluation with everyone concerned

Annex 2:

### **What is child abuse?**

The following definitions are taken from *working together to safeguard children* HM Government (2015). In addition to these definitions, it should be understood that children can also be abused by honour based violence, forced marriage or female genital mutilation

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

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger. They may be abused by an adult or adults, or another child or children.

### **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.

### **Emotional abuse**

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 a 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 a 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, although it may occur alone.

### **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.

## **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)
- ensure access to appropriate medical care or treatment

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

## **Indicators of abuse**

### **Neglect**

#### **The nature of neglect**

Neglect is a lack of parental care but poverty and lack of information or adequate services can be contributory factors.

Far more children are registered to the category of neglect on child protection plans than to the other categories. As with abuse, the number of children experiencing neglect is likely to be much higher than the numbers on the plans.

#### **Neglect can include parents or carers failing to:**

- provide adequate food, clothing and shelter
- protect a child from physical and emotional harm or danger
- ensure adequate supervision or stimulation
- ensure access to appropriate medical care or treatment.

#### **NSPCC research has highlighted the following examples of the neglect of children under 12:**

- frequently going hungry
- frequently having to go to school in dirty clothes
- regularly having to look after themselves because of parents being away or having problems such as drug or alcohol misuse
- being abandoned or deserted
- living at home in dangerous physical conditions
- not being taken to the doctor when ill
- not receiving dental care.

Neglect is a difficult form of abuse to recognise and is often seen as less serious than other categories. It is, however, very damaging: children who are neglected often develop more slowly than others and may find it hard to make friends and fit in with their peer group.

Neglect is often noticed at a stage when it does not pose a risk to the child. The duty to safeguard and promote the welfare of children (*what to do if you're worried a child is being abused* 2015) would suggest that an appropriate intervention or conversation at this early stage can address the issue and prevent a child continuing to suffer until it reaches a point when they are at risk of harm or in significant need.

Neglect is often linked to other forms of abuse, so any concerns school staff have should at least be discussed with the designated person/child protection co-ordinator.

### **Indicators of neglect**

**The following is a summary of some of the indicators that may suggest a child is being abused or is at risk of harm. It is important to recognise that indicators alone cannot confirm whether a child is being abused. Each child should be seen in the context of their family and wider community and a proper assessment carried out by appropriate persons. What is important to keep in mind is that if you feel unsure or concerned, do something about it. Don't keep it to yourself.**

#### **Physical indicators of neglect**

- Constant hunger and stealing food
- Poor personal hygiene - unkempt, dirty or smelly
- Underweight
- Dress unsuitable for weather
- Poor state of clothing
- Illness or injury untreated

#### **Behavioural indicators of neglect**

- Constant tiredness
- Frequent absence from school or lateness
- Missing medical appointments
- Isolated among peers
- Frequently unsupervised
- Stealing or scavenging, especially food
- Destructive tendencies

#### **Emotional abuse**

##### **The nature of emotional abuse**

- Most harm is produced in *low warmth, high criticism* homes, not from single incidents.
- Emotional abuse is difficult to define, identify/recognise and/or prove.
- Emotional abuse is chronic and cumulative and has a long-term impact.
- All kinds of abuse and neglect have emotional effects although emotional abuse can occur by itself.
- Children can be harmed by witnessing someone harming another person – as in domestic violence.
- It is sometimes possible to spot emotionally abusive behavior from parents and carers to their children, by the way that the adults are speaking to, or behaving towards children. An appropriate challenge or intervention could affect positive change and prevent more intensive work being carried out later on.

##### **Indicators of emotional abuse**

##### **Developmental issues**



- Delays in physical, mental and emotional development
- Poor school performance
- Speech disorders, particularly sudden disorders or changes.

### **Behaviour**

- Acceptance of punishment which appears excessive
- Over-reaction to mistakes
- Continual self-deprecation (I'm stupid, ugly, worthless etc)
- Neurotic behaviour (such as rocking, hair-twisting, thumb-sucking)
- Self-mutilation
- Suicide attempts
- Drug/solvent abuse
  
- Running away
- Compulsive stealing, scavenging
- Acting out
- Poor trust in significant adults
- Regressive behaviour – e.g., wetting
- Eating disorders
- Destructive tendencies
- Neurotic behaviour
- Arriving early at school, leaving late

### **Social issues**

- Withdrawal from physical contact
- Withdrawal from social interaction
- Over-compliant behaviour
- Insecure, clinging behaviour
- Poor social relationships

### **Emotional responses**

- Extreme fear of new situations
- Inappropriate emotional responses to painful situations (“I deserve this”)
- Fear of parents being contacted
- Self-disgust
- Low self-esteem
- Unusually fearful with adults
- Lack of concentration, restlessness, aimlessness
- Extremes of passivity or aggression

### **Physical abuse**

#### **The nature of physical abuse**

- Most children collect cuts and bruises quite routinely as part of the rough and tumble of daily life. Clearly, it is not necessary to be concerned about most of these minor injuries. But accidental injuries normally occur on the *bony prominences* – e.g., shins. Injuries on the *soft* areas of the body are more likely to

be inflicted intentionally and should therefore make us more alert to other concerning factors that may be present.

- A body map (annex 3) can assist in the clear recording and reporting of physical abuse. The body map should only be used to record observed injuries and no child should be asked to remove clothing by a member of staff of the school.

### **Indicators of physical abuse / factors that should increase concern**

- Multiple bruising or bruises and scratches (especially on the head and face)
- Clusters of bruises – e.g., fingertip bruising (caused by being grasped)
- Bruises around the neck and behind the ears – the most common abusive injuries are to the head
- Bruises on the back, chest, buttocks, or on the inside of the thighs
- Marks indicating injury by an instrument – e.g., linear bruising (stick), parallel bruising (belt), marks of a buckle
- Bite marks
- Deliberate burning may also be indicated by the pattern of an instrument or object – e.g., electric fire, cooker, cigarette
- Scalds with upward splash marks or *tide marks*
- Untreated injuries
- Recurrent injuries or burns
- Bald patches.

**In the social context of the school, it is normal to ask about a noticeable injury. The response to such an enquiry is generally light-hearted and detailed. So, most of all, concern should be increased when:**

- the explanation given does not match the injury
- the explanation uses words or phrases that do not match the vocabulary of the child (adults words)
- no explanation is forthcoming
- the child (or the parent/carer) is secretive or evasive
- the injury is accompanied by allegations of abuse or assault

**You should be concerned if the child or young person:**

- is reluctant to have parents/carers contacted
- runs away or shows fear of going home
- is aggressive towards themselves or others
- flinches when approached or touched
- is reluctant to undress to change clothing for sport
- wears long sleeves during hot weather
- is unnaturally compliant in the presence of parents/carers.
- has a fear of medical help or attention
- admits to a punishment that appears excessive.

## **Sexual abuse**

### **The nature of sexual abuse**

Sexual abuse is often perpetrated by people who are known and trusted by the child – e.g., relatives, family friends, neighbours, babysitters, people working with the child in

school, faith settings, clubs or activities. Children can also be subject to child sexual exploitation.

#### **Characteristics of child sexual abuse:**

- it is often planned and systematic – people do not sexually abuse children by accident, though sexual abuse can be opportunistic
- grooming the child – people who abuse children take care to choose a vulnerable child and often spend time making them dependent
- grooming the child's environment – abusers try to ensure that potential adult protectors (parents and other carers especially) are not suspicious of their motives.

Most people who sexually abuse children are men, but some women sexually abuse too.

#### **Indicators of sexual abuse**

##### **Physical observations**

- Damage to genitalia, anus or mouth
- Sexually transmitted diseases
- Unexpected pregnancy, especially in very young girls
- Soreness in genital area, anus or mouth and other medical problems such as chronic
- itching
- Unexplained recurrent urinary tract infections and discharges or abdominal pain

##### **Behavioural observations**

- Sexual knowledge inappropriate for age
- Sexualised behaviour or affection inappropriate for age
- Sexually provocative behaviour/promiscuity
- Hinting at sexual activity
- Inexplicable decline in school performance
- Depression or other sudden apparent changes in personality as becoming insecure or clinging
- Lack of concentration, restlessness, aimlessness
- Socially isolated or withdrawn
- Overly-compliant behaviour
- Acting out, aggressive behaviour
- Poor trust or fear concerning significant adults
- Regressive behaviour, Onset of wetting, by day or night; nightmares
- Onset of insecure, clinging behaviour
- Arriving early at school, leaving late, running away from home
- Suicide attempts, self-mutilation, self-disgust
- Suddenly drawing sexually explicit pictures
- Eating disorders or sudden loss of appetite or compulsive eating
- Regressing to younger behaviour patterns such as thumb sucking or bringing out discarded cuddly toys
- Become worried about clothing being removed
- Trying to be 'ultra-good' or perfect; overreacting to criticism.

### Managing Allegations Flowchart

