

Child Protection Policy 2017

Westbrook Hay Prep School's Safeguarding Suite of policies comprises:

Child Protection Policy
Staff (Visiting Staff) Code of Conduct
Whistleblowing Procedures
Recruitment Policy and Procedures
Anti Bullying Policy
Medical Policy
Health and Safety Policy
Induction of New Staff, Governors and Volunteers Policy
E-Safety Policy including mobile technology
Taking, Storing and using Images of Children
Risk Assessment Policy
Fire Drill and Emergency Evacuation Policy
Educational (and EYFS) Visits
Residential Policy

Policy Review

This policy will be reviewed in full by the Governing Body annually.

The policy was last reviewed and agreed by the Governing Body on June 22, 2017

It is due for review on or before January 1, 2018 (up to 12 months from the above date).

Approved by Keith Young, Headmaster 22.06.17

Approved by the Board of Governors 22.06.17

INTRODUCTION

Safeguarding is defined as protecting children from maltreatment, preventing impairment of health and/or development, ensuring that children grow up in the provision of safe and effective care and taking action to enable all children to have the best life chances.

This Child Protection Policy forms part of a suite of documents and policies which relate to the safeguarding responsibilities of the school. This policy applies to the whole school including the Early Years Foundation Stage. It also applies to all children who take part in an occasional Residential Stay at School.

In particular, this policy should be read in conjunction with the Safer Recruitment Policy, Behaviour Policy, Policy on Restraint, Anti-Bullying Policy, Staff Code of Conduct, E-safety Policy (including mobile technology).

Purpose of a Child Protection Policy

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

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

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

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

www.hertssafeguarding.org.uk

School Staff & Volunteers

All school and college staff have a responsibility to provide a safe environment in which children can learn.

School staff and volunteers are particularly well placed to observe outward signs of abuse, changes in behaviour and failure to develop because they have daily contact with children.

All school staff will receive appropriate safeguarding children training, including PREVENT, (which is updated annually during staff inset by the Designated Senior Lead for Child Protection (DSL) and every three years by the Local Authority Designated Officer (LADO), 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. In addition all staff members will receive safeguarding and child protection updates (for example, via email, e-bulletins and staff meetings), as required.

Temporary staff and volunteers will be made aware of the safeguarding policies and procedures by the Designated Senior Lead -including Child Protection Policy and Staff Behaviour Policy (code of conduct).

MISSION STATEMENT

Establish and maintain an environment where children feel secure, are encouraged to talk, and are listened to when they have a worry or concern.

Establish and maintain an environment where school staff and volunteers feel safe, are encouraged to talk and are listened to when they have concerns about the safety and well-being of a child.

Ensure children know that there are adults in the school whom they can approach if they are worried.

Ensure that children, who have additional/unmet needs are supported appropriately. This could include referral to early help services or specialist services if they are a child in need or have been / are at risk of being abused and neglected.

Consider how children may be taught about safeguarding, including online, through teaching and learning opportunities, as part of providing a broad and balanced curriculum.

Staff members working with children are advised to maintain an attitude of 'it could happen here' where safeguarding is concerned. When concerned about the welfare of a child, staff members should always act in the interests of the child.

Implementation, Monitoring and Review of the Child Protection Policy

The policy will be reviewed annually by the governing body. It will be implemented through the school's induction and training programme, and as part of day to day practice. Compliance with the policy will be monitored by the Designated Senior Lead and through staff performance measures.

STATUTORY FRAMEWORK

In order to safeguard and promote the welfare of children, the school will act in accordance with the following legislation and guidance:

- The Children Act 1989
- The Children Act 2004
- Education Act 2002 (Section 175/157)
Outlines that Local Authorities and School Governing Bodies have a responsibility to "ensure that their functions relating to the conduct of school are exercised with a view to safeguarding and promoting the welfare of children who are its pupils".
- Hertfordshire Safeguarding Children Board Inter-agency Child Protection and Safeguarding Children Procedures (Electronic)
- Keeping Children Safe in Education (DfE, September 2016)
- Keeping Children Safe in Education: Part One- information for all school and college staff (DfE, September 2016) – APPENDIX 1 and ANNEX A.
- Working Together to Safeguard Children (DfE 2015)
- The Education (Pupil Information) (England) Regulations 2005
- Sexual Offences Act (2003)
- Section 26, The Counter Terrorism and Security Act 2015 (PREVENT duty)
- Female Genital Mutilation Act 2003 (Section 74, Serious Crime Act 2015)

Working Together to Safeguard Children (DfE 2015) requires each school to follow the procedures for protecting children from abuse which are established by the Hertfordshire Safeguarding Children Board.

Schools are also expected to ensure that they have appropriate procedures in place for responding to situations in which:

- (a) a child may have been abused or neglected or is at risk of abuse or neglect
- (b) a member of staff has behaved in a way that has, or may have harmed a child or that indicates they would pose a risk of harm.

DESIGNATED SENIOR LEAD FOR SAFEGUARDING (DSL)

During term time the designated safeguarding lead and or a deputy will always be available (both during school and out hours) for staff in the school to discuss any safeguarding concerns:

The Designated Senior Lead for Child Protection in this school, including EYFS, is:

Keith Young
Headmaster

keith_young@westbrookhay.co.uk

07841 338772

The Deputy Designated Senior Leads for Child Protection, including EYFS, in this school are:

Sarah Whitehead sarah_whitehead@westbrookhay.co.uk 07809 409344
Headmaster's PA/HR Manager/Clerk to the Governors/Member of The Senior Leadership Team

Elizabeth Ashfield elizabeth_ashfield@westbrookhay.co.uk 07825 030426
SENCO/ Member of The Senior Leadership Team

Victoria Gibbs victoria_gibbs@westbrookhay.co.uk 07739 403001
Head of Lower School/Year 1 Class Teacher/Member of the Senior Leadership Team

The broad areas of responsibility for the Designated Senior Lead are:

MANAGING REFERRALS AND CASES

- Refer all cases of suspected abuse or neglect to the Local Authority Children's Services (Safeguarding and Specialist Services), Police (cases where a crime may have been committed) and to the Channel programme where there is a radicalisation concern.
- Liaise with the Head Teacher or Principal to inform him/ her of issues- especially ongoing enquiries under Section 47 of the Children Act 1989 and police investigations.
- Act as a source of support, advice and expertise to staff on matters of safety and safeguarding and when deciding whether to make a referral by liaising with relevant agencies.
- Support staff who make referrals.
- Share information with appropriate staff in relation to a child's looked after (CLA) legal status (whether they are looked after under voluntary arrangements with consent of parents or on an Interim Care Order or Care Order) and contact arrangements with birth parents or those with parental responsibility.
- Ensure they have details of the CLA's social worker and the name of the virtual school Head Teacher in the authority that looks after the child.

INDUCTION AND TRAINING

The School follows Safer Recruitment procedures and has a robust Recruitment Policy and Procedure. Every new member of staff, including part-timers, temporary, visiting, volunteers and contract staff working in the School, receives appropriate induction training on their responsibilities in being alert to the signs of abuse, bullying or children at risk of radicalisation and on the procedures for recording and referring any concerns to the DSL (Headmaster) and, if required, to the main points of local procedures of Hertfordshire or, in certain circumstances, the police. Child Protection training is also given to new governors and volunteers. The particular training arrangements for the prevention of radicalisation are met through the safeguarding training resources available on the Hertfordshire Grid for Learning.

Training in child protection and safeguarding is an important part of the induction process. More detail is set out in our policy on 'Induction of New Staff in Child Protection'. Induction training includes:

- a review of the School's safeguarding policy including the Staff Code of Conduct ~~policy~~ and Behaviour Policy, and the School's Whistleblowing policy; and
- the identity of the DSL.

Training also promotes staff awareness of child sexual exploitation, Prevent (including referrals to Channel programmes), so called 'honour based' violence, forced marriage and female genital mutilation. Training on the early help process and process for making a referral to children's social care and for statutory assessment that may follow a referral (including what role they may be expected to play in such an assessment) will also be provided together with the importance of maintaining an appropriate level of confidentiality whilst at the same time liaising with relevant professionals.

Staff are made aware of the signs, symptoms and indicators of such practices and are required to take action *without delay* if such a practice is suspected.

All new staff must read and sign to confirm that they have read Part 1 of KCSIE and the relevant school policies listed in our Induction of New Staff in Child Protection policy; in particular, the Staff Code of Conduct, Whistleblowing Policy and E-Safety Policy including mobile technology. Temporary staff and volunteers will be provided with a copy of this policy, Staff Behaviour Policy and KCSIE Part 1. Annex A of KCSIE must be read by school leaders and all those who work directly with children.

The Head and all staff receive appropriate safeguarding and child protection training which is regularly updated in line with advice from the School's LSCB. In addition, the Head and all staff receive safeguarding and child protection updated as required, but at least annually to provide them with relevant skills and knowledge to safeguard children effectively.

The DSL and DDSL undergo formal training every two years, including Prevent awareness training. In addition to this training, their knowledge and skills are refreshed (for example via e-bulletins, meeting other DSLs, or taking time to read and digest safeguarding developments) at least annually to:

1. Understand the assessment process for providing early help and intervention, for example through locally agreed common and shared assessment processes such as early help assessments
2. Have a working knowledge of how local authorities conduct a child protection case conference and a child protection review conference and be able to attend and contribute to these effectively when required to do so
3. Ensure each member of staff has access to and understands the school's or college's safeguarding and child protection policy and procedures, especially new and part time staff
4. Be alert to the specific needs of children in need, those with special educational needs and young carers

5. Understand and support the school or college with regards to the requirements of the Prevent duty and are able to provide advice and support to staff on protecting children from the risk of radicalisation
6. Be able to keep detailed, accurate, secure written records of concerns and referrals
7. Obtain access to resources and attend any relevant or refresher training courses
8. Encourage a culture of listening to children and taking account of their wishes and feelings, among all staff, in any measures the school or college may put in place to protect them

RAISING AWARENESS

- The DSL ensures the school policies are known, understood and used appropriately.
- They ensure the school's child protection policy is reviewed annually and the procedures and implementation are updated and reviewed regularly, working with the governing body regarding this.
- They ensure the child protection policy is available publicly and parents are aware of the fact that referrals about suspected abuse or neglect may be made and the role of the in this.
- There is a link with the Local Safeguarding Children's Board (LSCB) to make sure staff are aware of training opportunities and the latest local policies on safeguarding.
- Where children leave the school, they ensure the file for safeguarding and any child protection information is sent to any new school as soon as possible but transferred separately from any other pupil information.
- The School's curriculum and pastoral systems are designed to foster the spiritual, moral, social and cultural development of all our pupils. All teaching staff play a vital role in this process, helping to ensure that all pupils relate well to one another and feel safe and comfortable within the school. We expect all the teaching and medical staff to lead by example and to play a full part in promoting an awareness that is appropriate to their age amongst all our pupils on issues relating to health, safety and well-being. All staff, including all non-teaching staff, have an important role in insisting that pupils always adhere to the standards of behaviour set out in our behaviour policy and in enforcing our anti-bullying policy.
- Time is allocated in PSCHCE to discussions of what constitutes appropriate behaviour and on why bullying and lack of respect for others is never right. Assemblies, drama and RE lessons are used to promote tolerance and mutual respect and understanding.
- All pupils know that there are adults to whom they can turn to if they are worried, including their class/form teacher/resident tutor (responsible for pastoral welfare), the DSL and Deputy DSL. If the school has concerns about a child there is always a recognised requirement for sensitive communication and designated staff members are aware of the need to avoid asking leading questions.

Our support to pupils includes the following:

- Throughout the school there are posters containing guidance on where to turn for advice, including confidential help lines and web addresses for external specialists such as ChildLine, Kidscape, Get Connected and the Samaritans.
- We provide regular lessons to pupils on e-safety and ensure that all pupils understand and adhere to the school's guidelines in this area. This includes guidance on educating pupils to stay safe including e-safety and online protection. For more details on cyber-bullying please refer to the school's anti-bullying policy. E-safety to students is taught through curriculum computing and PSHCE.

THE GOVERNING BODY

The Governing body must ensure that they comply with their duties under legislation. They must also have regard to this guidance to ensure that the policies, procedures and training in the school is effective and complies with the law at all times.

The nominated governor for child protection is:

Andrew Newland, Chairman of Governors 07831 505991

The responsibilities placed on the governing body includes:

- their contribution to inter-agency working, which includes providing a coordinated offer of early help when additional needs of children are identified
- ensuring that an effective child protection policy is in place, together with a staff behaviour policy
- ensuring staff are provided with Part One of Keeping Children Safe in Education (DfE 2016) – Appendix 1 and Annex A (where relevant) and are aware of specific safeguarding issues
- ensuring that staff induction is in place with regards to child protection and safeguarding appointing an appropriate senior member of staff to act as the Designated Senior Lead.
- ensuring that all of the Designated Senior Leads (including deputies) undergo formal child protection training every two years (in line with LCSB guidance) and receive regular (annual) safeguarding refreshers (for example via e-bulletins, meeting other DSLs, or taking time to read and digest safeguarding developments)
- prioritising the welfare of children and young people and creating a culture where staff are confident to challenge senior leaders over any safeguarding concerns
- **ensuring** that children are taught about safeguarding and keeping themselves safe in an age appropriate way in PSCH EE and IT lessons
- ensuring appropriate filters and appropriate monitoring systems are in place to safeguard children from potentially harmful and inappropriate online material.
- having a senior board level lead to take leadership responsibility for the organisation's safeguarding arrangements

WHEN TO BE CONCERNED

A child centred and coordinated approach to safeguarding:

Safeguarding and promoting the welfare of children is **everyone's responsibility**. In order to fulfil this responsibility effectively, all professionals should make sure their approach is **child centred**. This means that they should consider, at all times, what is in the best interests of the child.

Schools and their staff form part of the wider safeguarding system for children. This system is based on the principle of providing help for families to stay together where it is safe for the children to do so, and looking at alternatives where it is not, whilst acting in the **best interests** of the child at all times.

Children who may require early help

Families First is Hertfordshire's programme of early help services for families.

A directory of early help services is available at www.hertfordshire.gov.uk/familiesfirst and will help practitioners and families find information and support to prevent escalation of needs and crisis.

All staff should be aware of the **early help process**, and understand their role in identifying emerging problems, sharing information with other professionals to support early identification and assessment of a child's needs. It is important for children to receive the right help at the right time to address risks and prevent issues escalating. This also includes staff monitoring the situation and feeding back to the Designated Senior Person any ongoing/escalating concerns so that consideration can be given to a referral to Children's Services (Safeguarding and Specialist Services) if the child's situation doesn't appear to be improving.

Staff and volunteers working within the School should be alert to the potential need for early help for children also who are more vulnerable. For example:

- Children with a disability and/or specific additional needs.
- Children with special educational needs.
- Children who are acting as a young carer.
- Children who are showing signs of engaging in anti-social or criminal behaviour.
- Children whose family circumstances present challenges, such as substance abuse, adult mental health or learning disability, domestic violence
- Children who are showing early signs of abuse and/or neglect.

Staff members should be aware of the main categories of maltreatment: **physical abuse, emotional abuse, sexual abuse and neglect**. They should also be aware of the indicators of maltreatment and **specific safeguarding issues** so that they are able to identify cases of children who may be in need of help or protection.

See Appendix 4 for information on indicators of abuse and Appendix 1 for specific safeguarding issues.

CHILDREN WITH SPECIAL EDUCATIONAL NEEDS AND DISABILITIES:

Additional barriers can exist when recognising abuse and neglect in this group of children. This can include:

- Assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's impairment without further exploration;
- Assumptions that children with SEN and disabilities can be disproportionately impacted by things like bullying- without outwardly showing any signs;
- Communication barriers and difficulties
- Reluctance to challenge carers , (professionals may over empathise with carers because of the perceived stress of caring for a disabled child)
- Disabled children often rely on a wide network of carers to meet their basic needs and therefore the potential risk of exposure to abusive behaviour can be increased.
- A disabled child's understanding of abuse.
- Lack of choice/participation
- Isolation

PEER ON PEER ABUSE

Education settings are an important part of the inter-agency framework not only in terms of evaluating and referring concerns to Children's Services and the Police, but also in the assessment and

management of risk that the child or young person may pose to themselves and others in the education setting.

If one child or young person causes harm to another, this should not necessarily be dealt with as abuse.

When considering whether behaviour is abusive, it is important to consider:

- whether there is a large difference in power (for example age, size, ability, development) between the young people concerned; or
- whether the perpetrator has repeatedly tried to harm one or more other children; or
- whether there are concerns about the intention of the alleged perpetrator.

Peer on peer abuse can manifest itself in many ways and different gender issues can be prevalent. Severe harm may be caused to children by abusive and bullying behaviour of other children, which may be physical, sexual or emotional and can include gender based violence/ sexual assaults, sexting, teenage relationship abuse, peer-on-peer exploitation, serious youth violence, sexual bullying or harmful sexual behaviour. The threshold for dealing with an issue of pupil behaviour or bullying under the Child Protection Policy is when there is reasonable cause to suspect that a child is suffering, or likely to suffer, significant harm. Any such abuse is immediately referred to the LCSB.

Hertfordshire County Council recommends that education settings use The Sexual Behaviours Traffic Light Tool by the Brook Advisory Service to help professionals assess and respond appropriately to sexualised behaviour. The traffic light tool can be found at www.brook.org.uk/our-work/the-sexual-behaviours-traffic-light-tool.

Guidance on responding to and managing sexting incidents can be found at:

http://www.thegrid.org.uk/info/welfare/child_protection/reference/index.shtml#sex

Staff should recognise that children are capable of abusing their peers and should not be tolerated or passed off as "banter" or "part of growing up".

In order to minimise the risk of peer on peer abuse the school:

- Provides a developmentally appropriate PSHE curriculum which develops students understanding of acceptable behaviour and keeping themselves safe.
- Has systems in place for any pupil to raise concerns with staff, knowing that they will be listened to, believed and valued whether this be the form or class teacher or another trusted member of staff.
- Has relevant policies in place (e.g. behaviour policy)
- Will develop risk assessments where appropriate.

USE OF MOBILE PHONES AND CAMERAS

Neither staff nor children may use their own mobile phones to take photographs within the School's EYFS setting; nursery and up to Reception year. Please see the School's Data Protection Policy for the School's policy on taking photographs of pupils outside of these year groups.

ONLINE SAFETY

The School will ensure that:

- appropriate filters and monitoring systems are in place to keep children safe online. The School's systems are Cisco hardware firewall, Smoothwall web filtering appliance, where appropriate key word blocking (e.g. profanity). Such systems aims to reduce the risk of children being exposed to illegal, inappropriate and harmful materials online; reduce the risk of children being subjected to harmful online interaction with others; and help manage online behaviour that can increase a child's likelihood of, or causes, harm;
- children are taught about safeguarding and keeping themselves safe, including online, through PSCHEE and IT lessons; and
- staff are equipped with the knowledge to safeguard children online by attending inset online safety training.

The School's E-Safety Policy also sets out the School's approach to online safety.

CHILDREN MISSING FROM EDUCATION

A child going missing from education, particularly on repeat occasions, is a potential indicator of abuse or neglect including that a child may be at risk of radicalisation, FGM or forced marriage. Unauthorised absences from school will be managed in accordance with the School's Missing Child Policy.

The School will monitor all pupil absences from school and promptly address concerns about irregular attendance with the parent/carer. A pupil who fails to attend school regularly or has been absent from school without the School's permission for a continuous period of 10 school days or more will be reported to the local authority. For further details on when the School has a duty to report to the local authority, please see the Missing Child Policy and Procedures when a Child is not Collected on Time.

CHILD SEXUAL EXPLOITATION

The School recognises that children who are victims of child sexual exploitation may go missing from education. School staff will be alert to possible indicators of child sexual exploitation and any concerns will be managed in accordance with this policy.

SO-CALLED 'HONOUR BASED' VIOLENCE ('HBV')

So-called HBV can include forced marriage and Female Genital Mutilation ('FGM'). School staff will be alert to possible indicators of HBV. Guidance on the warning signs of HBV can be found on pages 38-41 of the Multi-agency statutory guidance of FGM

(<https://www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation>) and pages 13-14 of the Multi-agency guidelines: Handling case of forced marriage (<https://www.gov.uk/guidance/forced-marriage>).

All teachers (along with social workers and healthcare professionals) have a statutory duty to report to the police where they discover (either through disclosure by the victim or visual evidence) that FGM appears to have been carried out on a girl under 18. Those failing to report such cases will face disciplinary sanctions. It will be rare for teachers to see visual evidence, and they should not be examining pupils.

For the purposes of the mandatory reporting duty, a teacher is someone who undertakes teaching work as follows (including through distance learning or computer aided techniques):

- planning and preparing lessons and courses for pupils;
- delivering lessons to pupils;
- assessing the development, progress and attainment of pupils; and
- reporting on the development, progress and attainment of pupils.

These activities are not teaching work if the person carrying out the activity does so (other than for the purposes of induction) subject to the direction and supervision of a qualified teacher or other person nominated by the head teacher to provide such direction. The mandatory reporting duty will not therefore apply to supervised teaching assistants.

If staff have concerns that FGM has taken place, as well as reporting this to the police, they should also activate local safeguarding procedures. Information on when and how to make a report can be found at Mandatory reporting of female genital mutilation: procedural information (<https://www.gov.uk/government/publications/mandatory-reporting-of-female-genital-mutilation-procedural-information>)

The local police non-emergency number is 101.

VISITING SPEAKERS

The Prevent statutory guidance requires schools to have clear protocols for ensuring that any visiting speakers are appropriately supervised and suitable. The School's responsibility to our pupils is to ensure that they can critically assess the information that they receive as to its value to themselves, and that the information is aligned to the ethos and values of the School and British values.

The School is required to undertake a risk assessment before agreeing to a Visiting Speaker being allowed to attend the School. This will take into account any vetting requirements considered appropriate in the circumstances, and may include a DBS check if relevant.

Visiting speakers will be expected to understand that where appropriate their session should actively promote the British values of democracy, the rule of law, individual liberty and mutual respect and tolerance of those with different faiths and beliefs and at no point undermine these.

In some cases, the School may request a copy of the Visiting Speaker's presentation and/or footage in advance of the session being provided.

Visiting Speakers, whilst on the School site, will be accompanied and supervised by a School employee at all times. On attending the School, Visiting Speakers will be required to show original current identification document including a photograph such as a passport or photo card driving licence. The School shall also keep a formal register of visiting speakers retained in line with its Data Protection Policy.

DEALING WITH A DISCLOSURE

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

- Listen to what is being said without displaying shock or disbelief
- Accept what is being said



- Allow the child to talk freely
- Reassure the child, but not make promises which it might not be possible to keep
- Never promise a child that they will not tell anyone - as this may ultimately not be in the best interests of the child.
- Reassure him or her that what has happened is not his or her fault
- Stress that it was the right thing to tell
- Listen, only asking questions when necessary to clarify
- Not criticise the alleged perpetrator
- Explain what has to be done next and who has to be told
- Make a written record (see Record Keeping)
- Pass the information to the Designated Senior Lead without delay

SUPPORT

Dealing with a disclosure from a child, and safeguarding issues can be stressful. The member of staff/volunteer should, therefore, consider seeking support for themselves and discuss this with the Designated Senior Lead.

If a staff member receives a disclosure about potential harm caused by another staff member, they should see page 12 of this policy– *Allegations involving school staff/volunteers*.

RECORD KEEPING

All concerns, discussions and decisions made and the reasons for those decisions should be recorded in writing. If in doubt about recording requirements staff should discuss with the designated safeguarding lead.

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

- Record as soon as possible after the conversation. Use the school record of concern sheet wherever possible
- Do not destroy the original notes in case they are needed by a court
- Record the date, time, place and any noticeable non-verbal behaviour and the words used by the child
- Draw a diagram to indicate the position of any injuries
- Record statements and observations rather than interpretations or assumptions

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

The Designated Senior Lead will ensure that all safeguarding records are managed in accordance with the Education (Pupil Information) (England) Regulations 2005.

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

CONFIDENTIALITY

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

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

SCHOOL PROCEDURE

Please see Appendix 3: What to do if you are worried a child is being abused : flowchart.

If any member of staff is concerned about a child they must inform the Designated Senior Lead. The Designated Senior Lead will decide whether the concerns should be referred to Children's Services: Safeguarding and Specialist Services. If it is decided to make a referral to Children's Services: Safeguarding and Specialist Services this will be discussed with the parents, unless to do so would place the child at further risk of harm.

While it is the DSL's role to make referrals, any staff member can make a referral to Children's Services. If a child is in immediate danger or is at risk of harm (e.g. concern that a family might have plans to carry out FGM), a referral should be made to Children's Services and/or the Police immediately. Where referrals are not made by the DSL, the DSL should be informed as soon as possible.

If a **teacher** (persons employed or engaged to carry out teaching work at schools and other institutions in England), in the course of their work in the profession, discovers that an act of Female Genital Mutilation (FGM) appears to have been carried out on a girl under the age of 18 the **teacher** must report this to the police. **This is a mandatory reporting duty.** See Appendix 1- Keeping Children Safe in Education (DfE 2016): Annex A for further details.

Hertfordshire Children's Services (including out of hours) 0300 123 4043.

If the allegations raised are against other children, the school should follow section 4.4 of the Hertfordshire Safeguarding Children Board Procedures Manual – Children Who Abuse Others . Please see the school's anti-bullying policy for more details on procedures to minimise the risk of peer on peer abuse.

The member of staff must record information regarding the concerns on the same day. The recording must be a clear, precise, factual account of the observations using the school's Child Protection Concern Form.

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

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

The Designated Senior Lead is responsible for making the senior leadership team aware of trends in behaviour that may affect pupil welfare. If necessary, training will be arranged.

COMMUNICATION WITH PARENTS

Westbrook Hay Prep School will ensure the Child Protection Policy is available publicly via the school website.

Parents should be informed prior to referral, unless it is considered to do so might place the child at increased risk of significant harm by:

- The behavioural response it prompts e.g. a child being subjected to abuse, maltreatment or threats / forced to remain silent if alleged abuser informed;
- Leading to an unreasonable delay;
- Leading to the risk of loss of evidential material;

The school may also consider not informing parent(s) where it would place a member of staff at risk.

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

ALLEGATIONS INVOLVING SCHOOL STAFF/VOLUNTEERS

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 child
- Possibly committed a criminal offence against/related to a child
- Behaved towards a child or children in a way which indicates s/he would pose a risk of harm if they work regularly or closely with children

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

What staff should do if they have concerns about safeguarding practices within the school

All staff and volunteers should feel able to raise concerns about poor or unsafe practice and potential failures in the school or education setting's safeguarding arrangements.

The school's Whistleblowing procedure can be found in *adminshare/policy*, on the school website and in the Staff Handbook.

The person to whom an allegation is first reported should take the matter seriously and keep an open mind. They 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.

Actions to be taken include making an immediate written record of the allegation using the informant's words – including time, date and place where the alleged incident took place, brief details of what happened, what was said and who was present. This record should be signed, dated and immediately passed on to the Headmaster/Chairman of Governors.

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.

All allegations against anyone working with children in the school which appear to meet the reporting criteria in *KCS/E* will be reported straight away, normally to the Headmaster and in his absence to the Chairman of Governors, who will keep the Headmaster informed. Should the Headmaster be the subject of the allegation or concern, the report should be made to the Chairman of Governors, without informing the Headmaster first.

The Chairman of Governors in this school is:

Andrew Newland **07831 505991**

In the absence of the Chair of Governors, the Vice Chair should be contacted.

The Vice Chair in this school is:

Michael Woolf **07774 237575**

The local authority designated offer (LADO) on 01992 555420 will be informed within one working day of all allegations that come to the school's attention or that are made directly to the police.

If an allegation is made against anyone working with children in a school, all unnecessary delays should be eradicated. The school must not undertake its own investigations of allegations without prior consultation with the LADO or in the most serious cases, the police, so as not to jeopardise statutory investigations. In borderline cases, discussions with the LADO can often be held informally and without naming the school or individual.

Children's Services – 03001234043

SOOHS (Out of Hours Service-Children's Services) – 03001234043

The immediate contact with the LADO is to discuss the allegation, consider the nature, content and context of the allegation and agree a course of action including any involvement of the police. Discussions should be recorded in writing, and any communication with both the individual and the

parents of the child/children agreed. The school will consider carefully whether the circumstances of the case warrant suspension or whether alternative arrangements should be put in place. The school will give due weight to the views of the LADO, *KCS/E* and *WT* when making a decision about suspension.

If it is decided that the allegation meets the threshold for safeguarding, this will take place in accordance with section 4.1 of the Hertfordshire Safeguarding Children Board Inter-agency Child Protection and Safeguarding Children Procedures.

If it is decided that the allegation does not meet the threshold for safeguarding, it will be handed back to the school for consideration via the school's internal procedures.

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

If an allegation is upheld and a person is dismissed or removed the DBS will be informed. If allegation of professional misconduct is upheld the NCTL will be informed.

For further information, see:

HSCB Inter-agency Child Protection and Safeguarding Children Procedures (Electronic)
Section 4.1 Managing Allegations Against Adults who work with Children and Young People

Where a staff member feels unable to raise an issue through the whistleblowing procedure or feels that their genuine concerns are not being addressed, other whistleblowing channels may be open to them:

- Children's Services 0300 123 4043
- NSPCC whistleblowing helpline is available for staff who do not feel able to raise concerns regarding child protection failures internally. Staff can call: 0800 028 0285 – line is available from 8:00 AM to 8:00 PM, Monday to Friday and Email: help@nspcc.org.uk

Additional external contact details:

Hertfordshire website for child protection:

<http://www.hertsdirect.org/services/healthsoc/childfam/childprotection/hertssafboard/>

Police Emergency – 999

Police Non-Emergency - 101

OFSTED Safeguarding Children

08456 404046 (Monday to Friday from 8am to 6pm)

whistleblowing@ofsted.gov.uk

Children's Services Early Help/Advice Team – 0808 808 1001 / help@nyas.net

The Office of the Children's Commissioner

Tel: 0800 528 0731. www.childrenscommissioner.gov.uk

Extremism:

Prevent

Department for Education dedicated helpline for staff and governors: 020 7340 7264 and counter-extremism@education.gsi.gov.uk

Disclosure and Barring Service

PO Box 181, Darlington, DL1 9FA

Tel: 01325 953795

National College for Teaching and Leadership

Tel: 0345 609 0009

SAFER WORKING PRACTICE

To reduce the risk of allegations, all staff should be aware of safer working practice and should be familiar with the guidance contained in the Staff Handbook/ ~~school~~ Staff Code of Conduct /~~staff~~ and Behaviour Policy and Safer Recruitment Consortium document *Guidance for safer working practice for those working with children and young people in education settings (September 2015)* available at http://www.thegrid.org.uk/info/welfare/child_protection/allegations/safe.shtml

The document seeks to ensure that the responsibilities of school leaders towards children and staff are discharged by raising awareness of illegal, unsafe, unprofessional and unwise behaviour. This includes guidelines for staff on positive behaviour management in line with the ban on corporal punishment (School Standards and Framework Act 1998). Please see the school's behaviour management policy for more information.



APPENDIX 1: KEEPING CHILDREN SAFE IN EDUCATION (DfE 2016)

Part One : Information for all school and college staff

Annex A: Further information

All staff members are required to read Part One of KCSIE.

All school leaders and staff who work directly with children are required to read Annex A.

Those who work directly with children include:

- Teachers
- Teaching Assistants
- Catering Staff
- First Aiders
- Games and PE Staff
- Volunteers
- School minibus drivers



Department
for Education

Keeping children safe in education

Statutory guidance for schools and
colleges

May 2016: For information only

Guidance will commence: 5 September 2016

On publication of this Child Protection Policy (July 2016), the May 2016 version of the statutory guidance '**Keeping Children Safe In Education**' available online, has been denoted by DfE as 'for information only'. The guidance commences on 5th September 2016. The DfE have confirmed that this guidance will be updated annually thereafter.

The existing version of the statutory guidance mentions that there will be also be updates likely before September 2016 in respect to the definition of Child Sexual Exploitation and also regulations relating to Children Missing from Education.

The CPSLO Service have therefore decided to provide the hyperlink only to Keeping Children Safe in Education in this policy rather than the document in its entirety, due to likely frequent change in content.

It is **essential** that **all** staff have access to this online document and read Part 1 and Annex , which provides further information on:

- children missing from education
- child sexual exploitation
- ‘honour based’ violence
- FGM mandatory reporting duty
- forced marriage
- preventing radicalisation

This is to assist staff to understand and discharge their role and responsibilities as set out in this guidance.

We highly recommend that staff are asked to sign to say they have read these sections (please see Appendix 2) and should subsequently be re-directed to these online documents again should any changes occur.

Link to Keeping Children Safe in Education:

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

APPENDIX 2: DECLARATION FOR STAFF

Child Protection Policy and Keeping Children Safe in Education (DfE 2016)

Westbrook Hay Prep School

Academic Year

Please sign and return to Keith Young (DSL) by

I, _____ have read and am familiar with the contents of the following documents and understand my role and responsibilities as set out in these document(s):

The School's Child Protection Policy

Part 1 and Annex A of 'Keeping Children Safe in Education' DfE Guidance , 2016

Staff Code of Conduct

Whistleblowing Policy

E-Safety Policy including mobile technology

I am aware that the DSLs are:

.....

and I am able to discuss any concerns that I may have with them.

I know that further guidance, together with copies of the policies mentioned above, are available in *adminshare/policy* and on the school's website

Signed _____ Date _____

APPENDIX 3: WHAT TO DO IF YOU ARE WORRIED A CHILD IS BEING ABUSED: ADVICE FOR PRACTITIONERS (DfE 2015)

FLOWCHART

Be alert

- Be aware of the signs of abuse and neglect
- Identify concerns early to prevent escalation.
- Know what systems the school have in place regarding support for safeguarding e.g. induction training , staff behaviour policy / code of conduct and the role of the Designated Safeguarding Lead (DSP) .

Question behaviours

- Talk and listen to the views of children, be non - judgemental.
- Observe any change in behaviours and question any unexplained marks / injuries
- To raise concerns about poor or unsafe practice , refer to the HT or principal, if the concerns is about the HT or Principal, report to Chair of Governors. Utilise whistleblowing procedure.

Ask for help

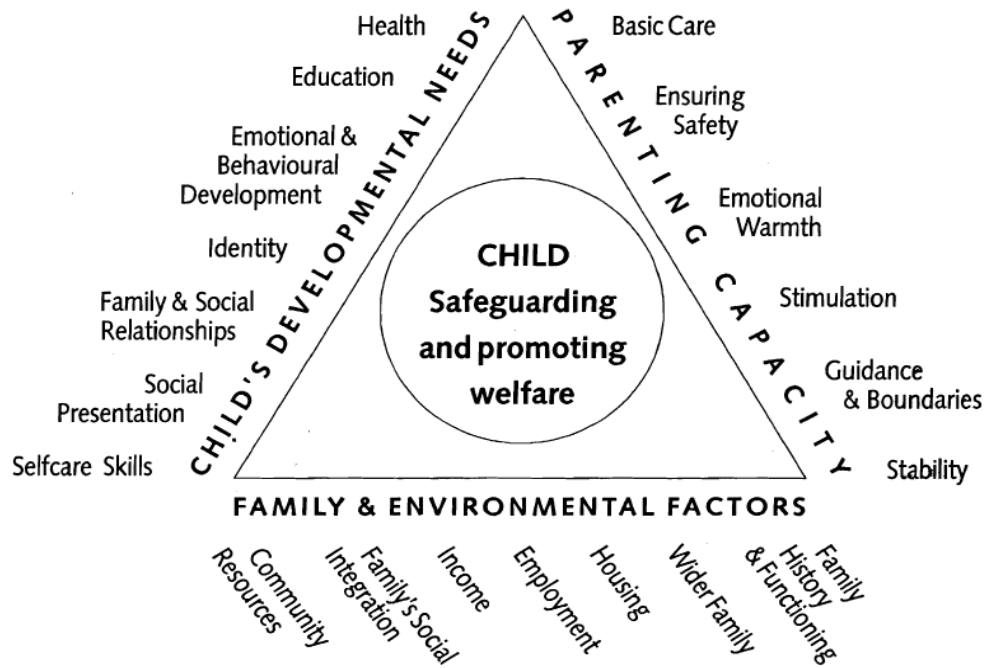
- Record and share information appropriately with regard to confidentiality
- If staff members have concerns, raise these with the school's or college's Designated Safeguarding Lead (DSP)
- Responsibility to take appropriate action, do not delay.

Refer

- DSP will make referrals to children services but in an emergency or a genuine concern that appropriate action has not been taken, staff members can speak directly to Children's Services on 03001234043 .

APPENDIX 4: INDICATORS OF ABUSE AND NEGLECT

The framework for understanding children's needs:



APPENDIX 1 - KCSIE definition of abuse and neglect

Abuse, neglect and safeguarding issues are rarely standalone events that can be covered by one definition or label. In most cases multiple issues will overlap with one another.

Abuse: a form 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 others (e.g. via the internet). They may be abused by an adult or adults or another child or children.

Physical abuse: a form of abuse which 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 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 cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, 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: 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.

APPENDIX 2 - INDICATORS OF HARM

PHYSICAL ABUSE

Indicators in the child

Bruising

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

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

Fractures

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

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

There are grounds for concern if:

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

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

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

Mouth Injuries

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

Poisoning

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



Fabricated or Induced Illness

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

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

Bite Marks

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

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

Burns 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/behavioural presentation

- Refusal to discuss injuries
- Admission of punishment which appears excessive
- Fear of parents being contacted and fear of returning home
- Withdrawal from physical contact
- Arms and legs kept covered in hot weather
- Fear of medical help



- Aggression towards others
- Frequently absent from school
- An explanation which is inconsistent with an injury
- Several different explanations provided for an injury

Indicators in the parent

May have injuries themselves that suggest domestic violence

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

Indicators in the family/environment

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

EMOTIONAL ABUSE

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

Indicators in the child

Physical presentation

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

Development

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



Emotional/behavioural presentation

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

Indicators in the parent

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

Indicators in the child

Physical presentation

- Urinary infections, bleeding or soreness in the genital or anal areas
- Recurrent pain on passing urine or faeces
- Blood on underclothes



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

Emotional/behavioural presentation

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

Indicators in the parents

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

Indicators in the family/environment

Marginalised or isolated by the community.

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