

# **St. Peter's Catholic Primary School**

## **Whole School Policy for Child Protection and Safeguarding**



Policy	Child Protection and Safeguarding Policy
Date	September 2019
Date of review	September 2020
Signed Chair of Governors	<i>George Lopez</i>
Signed Headteacher	<i>Clare Scott</i>

***We, the family of St Peter's, united in faith by God strive to learn and grow together to be the best we possibly can every day.***

**Headteacher/Principal/Senior Manager:**

responsible for implementing policies & procedures, allocating resources to the safeguarding team & addressing staff safeguarding concerns.

**Mrs Clare Scott**

**Tel: 0208 270 6524**

**Designated Safeguarding Lead (DSL):** a member of the leadership team with appropriate authority, responsible for dealing with safeguarding issues, providing advice and support to other staff, liaising with the local authority, and working with other agencies.

**Mrs Gail McBride**

**Designated Safeguarding Deputy:** a member of the teaching, support or pastoral staff, in a post which requires assessment of children and with sufficient status & authority to effectively deputise for the DSL role above. This cannot be an administrative or finance worker.

**Mrs Clare Scott**

**Miss Marie Hazleton & Miss Stephanie Doe**

**Special Educational Needs Coordinator (SENCo):** a staff member who provides advice, liaison & support for school staff and other agencies working with pupils with special education needs and their parents or carers.

**Miss Stephanie Doe**

(Additional box for any additional/ relevant roles)

**The Safeguarding Children Team also links in with the:****Safeguarding/Child Protection Governor:**

ensures there are appropriate safeguarding children policies and procedures in place, monitors whether they are followed and, together with the rest of the governing body, remedies deficiencies and weaknesses that are identified.

**Mrs Lynn Barnes**

**Chair of Governors:** takes the lead in dealing with allegations of abuse made against the Headteacher/Principal/Senior Manager (and other members of staff when the Headteacher is not available), in liaison with the Local Authority; and on safe recruitment practices with the Headteacher/Principal/Senior Manager.

**Mr George Lopez & Mr John Mudad**

## 1. PURPOSE

1.1 We will follow the procedures set out by the Local Safeguarding Children Board (LSCB) and the DfE guidance on 'Keeping Children Safe in Education' (September 2019)

This policy has been written in line with the most recent

'Keeping Children Safe in Education' statutory guidance (September 2019). It also reflects the contents of 'Working together to safeguard children' (July 2018), the 2016 changes to the Pupil Registration Regulations, and 'What to do if you are worried a child is being abused' (March 2015) It also takes account of Ofsted's inspections of early years and schools will be carried out under Ofsted's Educational Framework. Inspectors will always report whether or not arrangements for safeguarding children and learners are effective. The policy is provided to all staff (including temporary staff and volunteers) at induction alongside our Staff Code of Conduct, our policy to manage children who go missing from education and Part One of the statutory guidance 'Keeping Children Safe in Education' DfE, September 2019. All staff should read and understand at least Part 1 of this guidance.

The purpose of St Peter's Catholic Primary School Child Protection and Safeguarding policy is to ensure every child who is a registered pupil at our school is safe and protected from harm. This means we will always work to;

- Protect our children/young people from maltreatment
- Prevent impairment of our children's / young people's health development
- Ensure that our children / young people grow up in circumstances consistent with the provision of safe and effective care
- Undertake that role so as to enable our children/young people to have optimum life chances and enter adulthood successfully.

1.2 This policy will give clear direction to staff, volunteers, visitors and parents about the expected behaviour and our legal responsibility to safeguard and promote the welfare of all children at our school.

Our policy applies to all staff, governors and volunteers working in the school. The five main elements to our policy are to:

- ensure we practice safe recruitment in checking the suitability of staff and volunteers to work with children
- raise awareness of child protection issues and equip children with the skills needed to keep them safe
- develop and implement procedures for identifying and reporting cases, or suspected cases, of abuse
- support pupils who have been abused in accordance with the agreed child protection plan
- establish a safe environment in which children can learn and develop.

## **2. INTRODUCTION**

2.1 Our school fully recognises the contribution it can make to protect children from harm and supporting and promoting the welfare of all children who are registered pupils at our school. The elements of our policy are prevention, protection and support.

2.2 Our policy applies to all Pupils, Staff, Parents, Governors, volunteers and visitors.

## **3. OUR APPROACH**

3.1 Our school will establish and maintain an ethos where our pupils feel secure, are encouraged to talk, are listened to and are safe. Children at our school will be able to talk freely to any member of staff or regular visitor to our school if they are worried or concerned about something.

3.2 All staff and regular visitors will, either through training or induction, know how to recognise a disclosure from a child and will know how to manage this. We will not make promises to any child and we will not keep secrets. Every child will know what their chosen adult will have to do with whatever they have been told.

3.3 Throughout our curriculum we will provide activities and opportunities that will equip our children with the skills they need to stay safe. This will also be extended to include material that will encourage our children to develop essential life skills.

3.4 At all times we will work in partnership and endeavour to establish effective working relationships with parents, carers and colleagues from other agencies.

## **4. TRAINING**

4.1 Every member of staff will receive appropriate safeguarding and child protection training which is regularly updated. In addition all staff members should receive safeguarding and child protection updates (for example, via email, educare and staff meetings), as required, but at least annually, to provide them with relevant skills and knowledge to safeguard children effectively. The senior designated professional, the alternate designated member of staff and any other senior member of staff who may be in a position of making referrals or attending child protection conferences or core groups will also attend relevant training.

(Please see Appendix A – Statutory Training Schedule)

4.2 Our governing body will also undertake appropriate training to ensure they are able to carry out their duty to safeguard all of the children at our school. Training for Governors to support them in their safeguarding role is available from Barking and Dagenham Governor Support Service.

4.3 We actively encourage all of our staff to keep up to date with the most recent local and national safeguarding advice and guidance.

4.4 The Head teacher and the Senior Designated Person should be used as a first point of contact for concerns and queries regarding any safeguarding concern in our school.

## **5. SAFE STAFF**

5.1 All adults who come into contact with our children have a duty of care to safeguard and promote their welfare. There is a legal duty placed upon us to ensure that all adults who work with or on behalf of our children are competent, confident and safe to do so.

5.2 Our aim is to provide a safe and supportive environment which secures the well-being and very best outcomes for our children. We do recognise that sometimes the behaviour of adults may lead to an allegation of abuse being made.

5.3 Allegations sometimes arise from a differing understanding of the same event, but when they occur they are distressing and difficult for all concerned. We also recognise that many allegations are genuine and there are some adults who deliberately seek to harm or abuse children.

5.4 We will take all possible steps to safeguard our children and to ensure that the adults in our school are safe to work with our children.

5.5 All adults who come into contact with children will be made aware of the steps that will be taken if an allegation is made. We will seek appropriate advice from the Local Authority Designated Officer (LADO).

5.6 Neither the Head teacher nor any other member of school staff will investigate these matters. We will seek and work with the advice that is provided. Should an allegation be made against the Headteacher, this will be reported to the Chair of our governing body who will liaise the LADO and school HR.

5.7 If volunteers or parent helpers are working with children they will be visible to other members of staff. (for example school trips) They will be expected to inform another member of staff of their whereabouts in school, who they are with and for how long. Doors will be left open. However, regular volunteers will have a DBS.

5.8 There are sensible steps that every adult should take in their daily professional conduct with children.

## **6. RECORDS AND MONITORING**

6.1 If we are concerned about the welfare or safety of any child all adults in school will record their concern on the agreed report form and give this to the senior designated person.

6.2 Any information recorded will be kept in a separate named file, in a secure cabinet and not with the child's academic file. These files will be the responsibility of

the Senior Designated Person and information will only be shared within school on a need to know basis for the protection of the child.

6.3 Any safeguarding information will be kept in the secure file and will be added to. Copies of referrals, invitations to child protection conferences, core groups and reports will be stored here. All our safeguarding files will have a chronology and contents front cover and will record significant events in the child's life.

6.4 Reports of a concern to the Senior Designated Person must be made in writing and signed and dated by the person with the concern.

6.5 If a child leaves our school we will ensure that our Senior Designated Person makes contact with the senior designated person at the following school and the file will be forwarded with appropriate security.

## **7. ROLES AND RESPONSIBILITIES**

7.1 At St Peter's Catholic Primary School the Headteacher is the Senior Designated Person and will appoint deputy designated persons. Through appropriate training, knowledge and experience our Designated Persons will liaise with Children's Services and other agencies where necessary, and make referrals to Children's Services.

7.2 Any concern for a child's safety or welfare will be recorded in writing and given to a Senior Designated Person. A Senior Designated Person at St Peter's will represent our school at child protection conferences and core group meetings and will be responsible for ensuring that all staff members and volunteers are aware of our policy and the procedure they need to follow.

7.3 The Senior Designated Person will ensure that all staff, volunteers and regular visitors have received appropriate child protection information during induction and have been trained within the school to the agreed school's safeguarding training pack. Where appropriate the Senior Designated Person will also ensure multi agency training is applied for and attended by staff that are required to attend.

7.4 The governing body will ensure that our Child Protection and Safeguarding policy is in place and is reviewed annually. This policy will be accessible on our school website.

7.5 The governing body will receive a safeguarding report that will record training that has taken place, the number of staff attending and any outstanding training requirements for the school. It will also record all safeguarding activity that has taken place, for example, meetings attended, reports written, training or induction given. It will not identify any individual pupil.

7.6 At all times the Headteacher and governing body will ensure that safe recruitment practices are followed. We will ensure that our Headteacher and at least one governor have completed appropriate safer recruitment training and are accredited by the National College of School Leadership.

7.7 We require evidence of original academic certificates. We do not accept testimonials and insist on taking up references prior to interview wherever possible. We will question the contents of application forms if we are unclear about them, we will undertake enhanced DBS checks and use any other means of ensuring we are recruiting and selecting the most suitable people to work with our children. We will use the recruitment and selection process to deter and reject unsuitable candidates and will adhere to the requirements of *the document 'Keeping Children Safe in Education' (September 2018)*.

7.8 It is the responsibility of every member of staff, volunteer and regular visitor to our school to ensure that they carry out the requirements of this procedure and at all times work in a way that will safeguard and promote the welfare of all of our children.

7.9 The Governing Body of our school is accountable for ensuring the effectiveness of this policy and our compliance with it. Although our Governing Body takes collective responsibility to safeguard and promote the welfare of our children we also have a named governor.

7.10 Our Governing Body ensures our recruitment practices are safe and compliant with statutory requirements.

7.11 The Governing Body undertakes to remedy without delay any weakness in regard to our safeguarding arrangements that are brought to their attention.

## **8. RECOGNISING ABUSE**

8. We recognise that children who are abused or witness violence may find it difficult to develop a sense of self-worth. They may feel helplessness, humiliation and some sense of blame. The school may be the only stable, secure and predictable element in the lives of children at risk. When at school their behaviour may be challenging and defiant or they may be withdrawn. The school will endeavour to support the pupil through:

- the content of the curriculum;
- the school ethos which promotes a positive, supportive and secure environment and gives pupils a sense of being valued;
- the school behaviour policy which is aimed at supporting vulnerable pupils in the school. The school will ensure that the pupil knows that some behaviour is unacceptable but they are valued and not to be blamed for any abuse which has occurred;
- liaison with other agencies that support the pupil such as social services, Child and Adult Mental Health Service (CAHMS), education welfare service and educational psychology service;
- ensuring that, where a pupil on the child protection register leaves, their information is transferred to the new school immediately and that the child's social worker is informed.

***Abuse of children and young people may take several forms, which are not mutually exclusive.***

**Physical abuse** results from the actions of others, which cause injury to the child. Bruises, burns, scalds and abrasions should be of concern to staff.

**Neglect** involves not providing the basic necessities: food, warmth, shelter, caring, supervision or reasonable cleanliness.

**Emotional Abuse**, which is harder to detect or define, may result from locking the child away, excessive shouting, teasing or humiliation, the denial of love, affection, interest or friendship, or overprotection so as to deny the child the normal experiences of life.

**Sexual Abuse** is the involvement of emotionally immature young people in sexual activity usually with an adult or significantly older person, to which they cannot give informed consent or which breaks social taboos. It is more common than was previously believed and can have serious long-term damaging effects on the victim. All members of the School staff should be alert to the possible signs of abuse of a pupil.

**Physical abuse** can result in bruises, burns and scalds, bites, fractures and scars and includes the practices of female genital mutilation (FGM). The following can be indicators of concern:

- explanations for the above which are inconsistent with the injury
- several different explanations provided for an injury
- parents/carers undisturbed or disinterested by an accident or injury
- repeated presentation for minor injuries which may represent a cry for help
- reluctance to give information or mention previous injuries

Child-related indicators of **general neglect** include a child who:

- is unkempt or inadequately clothed
- is listless, apathetic or unresponsive
- frequently and/or inexplicably returns to school hungry
- has frequent accidents or injuries
- thrives away from home

Signs of **emotional abuse** are behavioural not physical and can include, from the parental perspective:

- abnormal attachment between a child and parent e.g. anxious, upset at the thought of returning home, or no attachment at all
- parents who frequently complain about or to the child
- parents who never praise or give attention to the child
- parents who are emotionally distant from the child

Recognition of **sexual abuse** is difficult unless the child chooses to disclose, but signs are likely to be behavioural and emotional. In addition, there may be:



- sexually explicit conversation or behaviour inappropriate to the child's age
- self harm including eating disorders
- suicide attempts
- running away
- From a child's perspective, there may be:
- poor peer relationships including unwillingness to be involved or communicate
- failure to thrive
- sudden changes in behaviour or extreme mood swings
- withdrawal
- low self esteem and lack of confidence
- depression

### **Peer on Peer abuse**

All staff should be aware that children can abuse other children (often referred to as peer on peer abuse) This is most likely to include, but may not be limited to:

- bullying (including cyberbullying)
- Physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm
- Sexual violence
- Sexual harassment, such as sexual comments, remarks etc
- Upskirting
- Sexting (also known as youth produced sexual imagery)
- Initiation/hazing type violence and rituals

### **Children who may be particularly vulnerable**

St Peter's Catholic Primary School recognises that some children may have an increased risk of abuse. Many factors can contribute to an increase in risk, including prejudice and discrimination, Special Educational Need, isolation, social exclusion, communication issues and reluctance on the part of some adults to accept that abuse can occur. To ensure that all of our pupils receive equal protection, we will give special consideration to children who are:

- a) disabled or have special educational needs
- b) young carers
- c) living in a domestic abuse situation
- d) affected by parental substance misuse
- e) affected by mental health issues
- f) asylum seekers
- g) living away from home
- h) vulnerable to being bullied, or engaging in bullying including online, homophobic, racist bullying

- i) living in temporary accommodation
- j) live transient lifestyles
- k) missing education
- l) persistently absent from school
- m) living in chaotic and unsupportive home situations
- n) vulnerable to discrimination and maltreatment on the grounds of race, ethnicity, religion, disability or sexuality
- o) vulnerable to extremism or radicalisation
- p) involved directly or indirectly in sexual exploitation or trafficking
- q) do not have English as a first language
- r) at risk of female genital mutilation (FGM) or forced marriage

### **Opportunities to teach safeguarding**

We ensure that children are taught about safeguarding, including online safety. We consider this to be part of a broad and balanced curriculum. This includes relevant issues through SRE and PSHE.

Online safety Information and support New link to government guidance Teaching online safety in school (DfE, 2019c) has been added which outlines how schools can ensure pupils understand how to stay safe online and this has been added to our school based curriculum.

## **9. Procedures**

Any adult to whom abuse is reported by a pupil has a duty to listen to the pupil, to provide reassurance, and record the pupil's statements. S/he must not press the pupil, ask probing questions or suggest answers. The situation should then be discussed with the CPOs or the Deputy Head who will be guided by the LA and national guidance on Safeguarding.

1. **Listen** sympathetically.
2. **Write notes.** If possible this should be done during the interview, using the child's actual words and noting the location and the names of everyone present. If it is not possible during the interview, it should be done as soon as possible afterwards. In either case, the original notes should be retained.
3. **No guarantee of confidentiality** should be given. If a child asks that what she is about to say be kept secret, explain that, in order for her to receive the help and support she needs with a serious problem, it may well be necessary for you to speak to someone else. Do emphasise that no one will be told who does not need to know.
4. **Don't ask leading questions.**

5. **Tell a member of the Child Protection Team** as soon as possible and they will ask for a 'Record of Concern' form to be completed.
6. **Discuss any action** that may be required immediately (e.g. the child may need to be protected).
7. **Don't investigate.** This is the province of outside agencies.
8. **Don't assume abuse is impossible** in the context ("I know the family really well..." / "I've worked with him for 10 years...").

## **10. Complaints procedure**

Our complaints procedure will be followed where a parent raises a concern about the handling of the process of dealing with safeguarding issues. The school's complaints policy is on the school's website.

Complaints from staff are dealt with under the school's complaints and disciplinary and grievance procedures.

## **Concerns about a colleague & managing allegations involving Staff**

St Peter's Catholic Primary School's aim is to provide a safe and supportive environment which secures the wellbeing and very best outcomes for the children at our school. We recognise however that sometimes the behaviour of adults may lead to an allegation of abuse being made. Allegations sometimes arise from a differing understanding of the same event, but when they occur they are distressing and difficult for all concerned. We also recognise that many allegations are genuine and there are some adults who deliberately seek to harm or abuse children.

Staff who are concerned about the conduct of a colleague towards a pupil are undoubtedly placed in a very difficult situation. They may worry that they have misunderstood the situation and they will wonder whether a report could jeopardise their colleague's career. All staff must remember that the welfare of the child is paramount. The school's whistleblowing Policy enables staff to raise concerns or allegations in confidence and for a sensitive enquiry to take place.

## **11. PREVENT Strategy and Channel Programme**

Protecting children from the risk of radicalisation is part of the school's wider safeguarding duties, and is similar in nature to protecting children from other forms of harm and abuse. During the process of radicalisation it is possible to intervene to prevent vulnerable people being radicalised.

Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism. There is no single way of identifying an individual who is likely to be susceptible to an extremist ideology. It can happen in many different ways and settings.

The Counter-Terrorism and Security Act 2015 places a duty on school staff to have due regard to the need to prevent people from being drawn into terrorism. Known as the Prevent Duty.

School staff should use their professional judgement in identifying children who might be at risk of radicalisation or extremism and report any concerns to the Designated Safeguarding Lead.

School and college staff should understand when it is appropriate to make a referral to the Channel programme. Channel is a programme which focuses on providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism. It provides a mechanism for schools to make referrals if they are concerned that an individual might be vulnerable to radicalisation. An individual's engagement with the programme is entirely voluntary at all stages.

## **12. Female Genital Mutilation (FGM)**

Female Genital Mutilation (FGM) comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs. It is illegal in the UK and a form of child abuse with long-lasting harmful consequences. Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a girl being at risk of FGM, or already having suffered FGM.

### **Indicators**

There is a range of potential indicators that a girl may be at risk of FGM. Warning signs that FGM may be about to take place, or may have already taken place, can be found on pages 16-17 of the Multi-Agency Practice Guidelines , and Chapter 9 of those Guidelines (p42-44) focuses on the role of schools and colleges.

### **Actions**

Teachers must personally report to the police cases where they discover that an act of FGM appears to have been carried out. Unless the teacher has good reason not to, they should still consider and discuss any such case with the DSL (Or deputy) and involve children's social care as appropriate.

If staff have a concern they should activate local safeguarding procedures, using existing national and local protocols for multi-agency liaison with police and children's social care. When mandatory reporting commences in October 2015 these procedures will remain when dealing with concerns regarding the potential for FGM to take place. Where a teacher discovers that an act of FGM appears to have been carried out on a girl who is aged under 18, there will be a statutory duty upon that individual to report it to the police.

### **13. Child Sexual Exploitation**

Child sexual exploitation (CSE) involves exploitative situations, contexts and relationships where young people receive something (for example food, accommodation, drugs, alcohol, gifts, money or in some cases simply affection) as a result of engaging in sexual activities. Sexual exploitation can take many forms ranging from the seemingly 'consensual' relationship where sex is exchanged for affection or gifts, to serious organised crime by gangs and groups. What marks out exploitation is an imbalance of power in the relationship. The perpetrator always holds some kind of power over the victim which increases as the exploitative relationship develops. Sexual exploitation involves varying degrees of coercion, intimidation or enticement, including unwanted pressure from peers to have sex, sexual bullying including cyberbullying and grooming. However, it is also important to recognise that some young people who are being sexually exploited do not exhibit any external signs of this abuse.

### **14. Child on Child Sexual Violence and Sexual Harassment (Section 5 of Keeping Children Safe in Education, 2019)**

Reports of sexual violence and sexual harassment are likely to be complex and require difficult professional decisions to be made, often quickly and under pressure. Pre-planning, effective training and effective policies provide schools and colleges with the foundation for a calm, considered and appropriate response to any reports.

This part of the guidance in KCSIE (2019) does not attempt to provide (nor would it be possible to provide) detailed guidance on what to do in any or every particular case. The guidance provides effective safeguarding practice and principles for schools and colleges to consider in their decision making process.

Ultimately, any decisions are for the school or college to make on a case-by-case basis, with the designated safeguarding lead (or a deputy) taking a leading role and using their professional judgement, supported by other agencies, such as children's social care and the police as required.

### **15. Serious Violent Crime**

All staff have been made aware of indicators, which may signal that children are at risk from, or are involved with serious violent crime. These may include increased absence from school, a change in friendships or relationships with older individuals or groups, a significant decline in performance, signs of self-harm or a significant change in well-being, or signs of assault or unexplained injuries. Unexplained gifts or new possessions could also indicate that children have been approached by, or are involved with individuals associated with criminal networks or gangs" (DfE, 2019a)

### **16. Managing Safeguarding**

Multi-agency working new safeguarding partners and child death review partner arrangements will come into place from September 2019. These will comprise of the local authority, a clinical commissioning group and the chief officer for police equally sharing responsibilities for working together to safeguard and promote the welfare of

local children within each area. Safeguarding partners are expected to ensure schools are “fully engaged, involved and included in the new safeguarding arrangements” (DfE, 2019a) and it is expected that they will name schools and colleges as relevant agencies and if named schools will have a statutory duty to cooperate with the published arrangements. Which we are aware of and support.

## **17. OTHER RELEVANT POLICIES**

To underpin the values and ethos of our school and our intent to ensure our children/young people are appropriately safeguarded the following policies are also included under our safeguarding umbrella:

- Anti-Bullying
- Behaviour
- Attendance
- Health and Safety
- Equal opportunities and Race Equality Policies
- Whistleblowing Policy

## **18. POLICY CONSULTATION**

18.1 This policy is referred to in our school prospectus and is available on request from the school office. We also inform new parents and carers to the school about this policy when they join our school and through our school newsletter and it is available on our website.

18.2 We will review this policy annually and will make amendments as required by national or local changes to procedure.

## **19. Policy review**

This policy will be reviewed in September 2020.

## APPENDIX A:

### **Statutory Training Schedule**

<b>Training</b>	<b>Date/Term</b>	<b>Training Provider</b>	<b>New Staff</b>	<b>Existing Staff</b>	<b>Govs</b>
<b>DSL Training</b>	When Required	NSPCC	If applicable to role	If applicable to role	No
<b>DSL Refresher Training</b>	Every 3 years	NSPCC	If applicable to role	If applicable to role	No
<b>Safer Recruitment Training</b>	Every 5 years	Online Training	If applicable to role	If applicable to role	If applicable to role
<b>Safeguarding Induction Training</b>	When appointed	Online Training	Yes	No	Yes
<b>Safeguarding Refresher Training</b>	Annually (Autumn)	DSL	Yes	Yes	Yes
<b>PREVENT anti-radicalisation</b>	Autumn and Summer term	L.A PREVENT coordinator & Online Training	Yes (Online Training)	Yes	Yes
<b>E-Safety and online safeguarding</b>	Annually	DSL	No	Yes	No

# APPENDIX B:

St. Peter's Catholic Primary School

## SAFEGUARDING FORM – REPORT OF CONCERN

Name of Child: \_\_\_\_\_

Class: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Name and status of person filling in form: \_\_\_\_\_

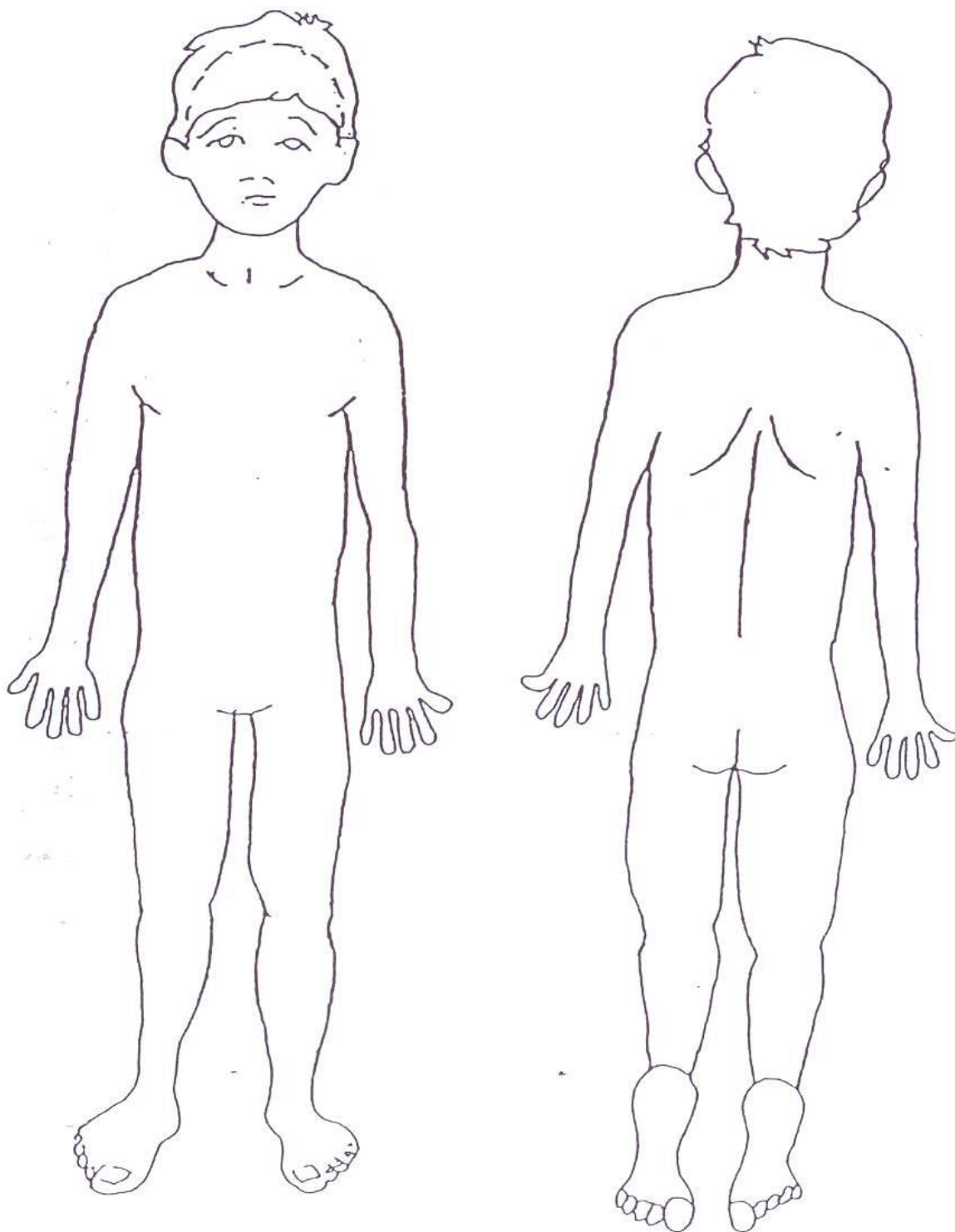
Concern:

Signature: \_\_\_\_\_ Please continue on reverse if necessary

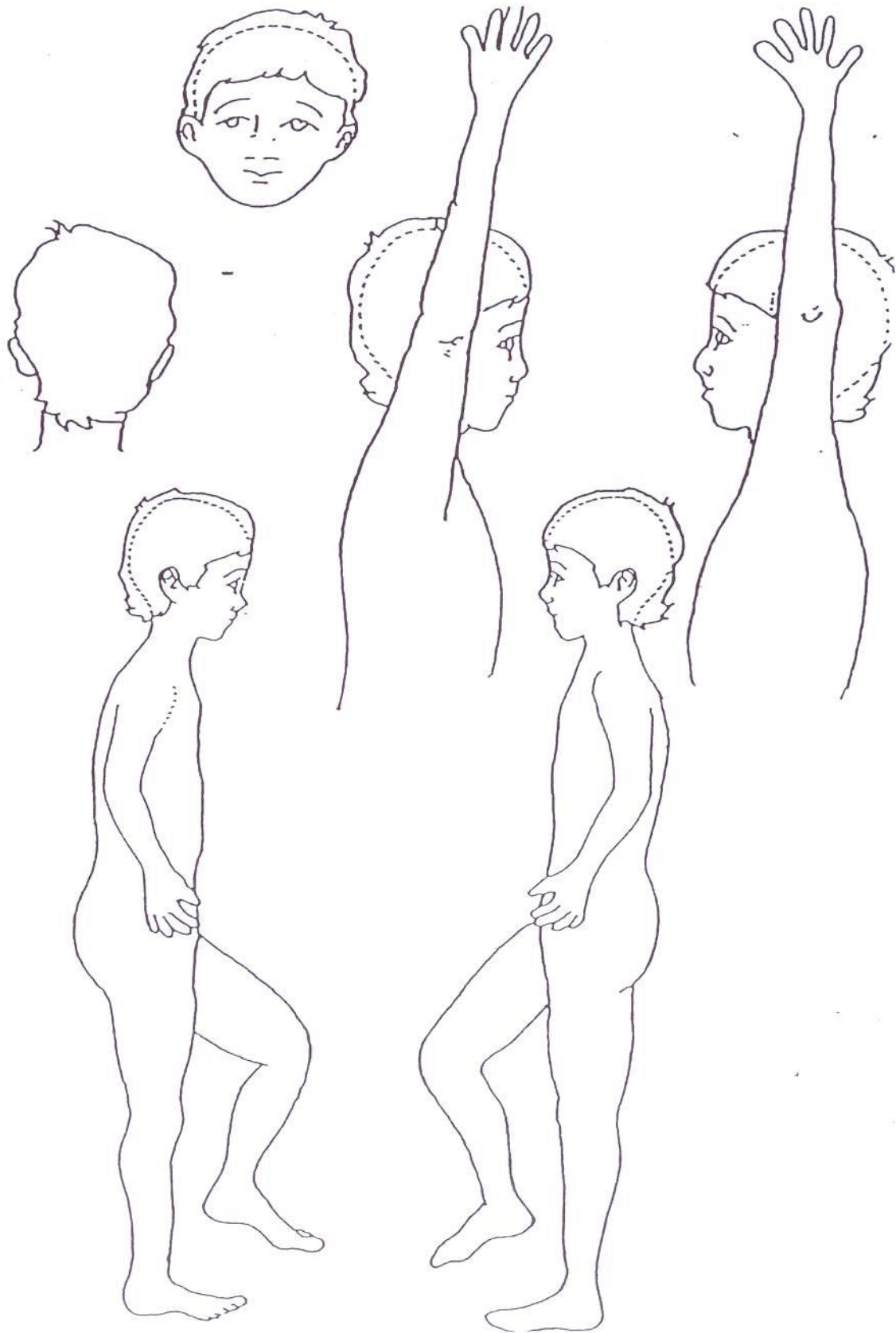
**Pass to Designated Safeguarding Lead immediately**



## APPENDIX C (part 1):



## APPENDIX C (part 2):



## APPENDIX C (part 3):

### Body Map Guidance for Schools

Body Maps should be used to document and illustrate visible signs of harm and physical injuries.

Always use a black pen (never a pencil) and do not use correction fluid or any other eraser.

Do not remove clothing for the purpose of the examination unless the injury site is freely available because of treatment.

**\*At no time should an individual teacher/member of staff or school be asked to or consider taking photographic evidence of any injuries or marks to a child's person, this type of behaviour could lead to the staff member being taken into managing allegations procedures, the body map below should be used in accordance with recording guidance. Any concerns should be reported and recorded without delay to the appropriate safeguarding services, e.g. MASH or the child's social worker if already an open case to social care.**

**When you notice an injury to a child, try to record the following information in respect of each mark identified e.g. red areas, swelling, bruising, cuts, lacerations and wounds, scalds and burns:**

- Exact site of injury on the body, e.g. upper outer arm/left cheek.
- Size of injury - in appropriate centimetres or inches.
- Approximate shape of injury, e.g. round/square or straight line.
- Colour of injury - if more than one colour, say so.
- Is the skin broken?
- Is there any swelling at the site of the injury, or elsewhere?
- Is there a scab/any blistering/any bleeding?
- Is the injury clean or is there grit/fluff etc.?
- Is mobility restricted as a result of the injury?
- Does the site of the injury feel hot?
- Does the child feel hot?
- Does the child feel pain?
- Has the child's body shape changed/are they holding themselves differently?

Importantly the date and time of the recording must be stated as well as the name and designation of the person making the record. Add any further comments as required.

**Ensure First Aid is provided where required and record**

A copy of the body map should be kept on the child's concern/confidential file.

## APPENDIX D:

### TO BE COMPLETED BY THE DESIGNATED SAFEGUARDING LEAD

Name of Child: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Name of Designated Safeguarding Lead completing form: \_\_\_\_\_

Following referral by member of staff the following action was taken.  
Note names of contact made with outside agencies.

Signature: \_\_\_\_\_ Please continue on reverse if necessary

# Appendix E:

## Guidance for staff - Identifying Concerns

All members of staff, volunteers and governors will know how to respond to a pupil who discloses abuse, or where others raise concerns about them and will be familiar with procedures to be followed.

If a child chooses to tell a member of staff about alleged abuse, there are a number of actions that staff will undertake to support the child:

- The key facts will be established in language that the child understands and the child's words will be used in clarifying/expanding what has been said.
- No promises will be made to the child e.g. to keep secrets.
- Staff will stay calm and be available to listen.
- Staff will actively listen with the utmost care to what the child is saying.
- Question normally without pressurising and only using open questions.
  - Leading questions should be avoided as much as possible.
  - Questioning should not be extensive.
- Staff will not put words in the child's mouth but note the main points carefully.
- A full written record will be kept by the staff duly signed and dated, including the time the conversation with the child took place, outline what was said, comment on the child's body language, etc.
- It is not appropriate for staff to make children write statements about abuse that may have happened to them.
- Staff will reassure the child and let them know that they were right to inform them and inform the child that this information will now have to be passed on.
- The Designated Safeguarding Lead will be immediately informed, unless the disclosure has been made to them.

## Appendix F:

Child's name: \_\_\_\_\_

### Log of events

Date	Time	

## Appendix G:

### Indicators of Abuse

#### PHYSICAL ABUSE

**Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.**

Indicators in the Child	Indicators in the Parent	Indicators in Family/Environmental
<ul style="list-style-type: none"> <li>• Bruises – shape, grouping, site, repeat or multiple</li> <li>• Bite marks – site and size</li> <li>• Burns and Scalds – shape, definition, size, depth, scars</li> <li>• Fractures- delay in seeking medical attention, old fractures,</li> <li>• Injuries not typical of accidental injury</li> <li>• Fabricated or induced illness</li> <li>• Improbable or conflicting explanations for injuries</li> <li>• Repeated or multiple in injuries</li> <li>• Admission of punishment which appears excessive</li> <li>• Fear of parents being contacted and fear of returning home</li> <li>• Withdrawal from physical contact</li> <li>• Aggression towards others</li> <li>• Frequently absent from school</li> </ul> <p><b>Emotional/behavioural presentation</b></p> <ul style="list-style-type: none"> <li>• Refusal to discuss injuries</li> <li>• Admission of punishment which appears excessive</li> <li>• Fear of parents being contacted and fear of returning home</li> <li>• Withdrawal from physical contact</li> <li>• Arms and legs kept covered in hot weather</li> <li>• Fear of medical help</li> <li>• Aggression towards others</li> <li>• Frequently absent from school</li> <li>• An explanation which is inconsistent with an injury</li> <li>• Several different explanations provided for an injury</li> </ul>	<ul style="list-style-type: none"> <li>• Parent with injuries that may suggest domestic violence</li> <li>• Not seeking medical help/unexplained delay in seeking treatment</li> <li>• Evasive or aggressive towards child or others</li> <li>• Refusal or reluctance to discuss injuries or mention previous injuries</li> <li>• Delay in seeking treatment</li> <li>• Given explanation inconsistent with injury</li> <li>• Over chastisement of child / aggressive towards child or others</li> <li>• Absent without good reason when their child is presented for treatment</li> <li>• Disinterested or undisturbed by accident or injury</li> <li>• Unauthorised attempts to administer medication</li> <li>• Tries to draw the child into their own illness.</li> <li>• Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault</li> <li>• May appear unusually concerned about the results of investigations which may indicate physical illness in the child</li> <li>• Wider parenting difficulties may (or may not) be associated with this form of abuse.</li> <li>• Parent/carers has convictions for violent crimes.</li> </ul>	<ul style="list-style-type: none"> <li>• Marginalised or isolated by the community</li> <li>• History of mental health, alcohol or drug misuse or domestic violence</li> <li>• History of unexplained death, illness or multiple surgery in parents and/or siblings of</li> <li>• the family</li> <li>• Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.</li> </ul>

## **Notes on Physical Abuse**

### **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
- Petechae 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 out 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 ABUSE

***Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction.***

***It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including online bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.***

Indicators in the Child	Indicators in the Parent	Indicators in Family/Environmental
<ul style="list-style-type: none"> <li>• Developmental delay</li> <li>• Abnormal attachment e.g. anxious, indiscriminate or no attachment</li> <li>• Aggressive behaviour towards others</li> <li>• Child scapegoated within the family</li> <li>• Frozen watchfulness, particularly in pre-school children</li> <li>• Low self esteem and lack of confidence</li> <li>• Withdrawn or seen as a 'loner' - difficulty relating to others</li> <li>• Over-reaction to mistakes</li> <li>• Inappropriate emotional responses to painful situations</li> <li>• Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)</li> <li>• Self harm</li> <li>• Fear of parents being contacted</li> <li>• Extremes of passivity or aggression</li> <li>• Drug/solvent abuse</li> <li>• Chronic running away</li> <li>• Compulsive stealing</li> <li>• Low self-esteem</li> <li>• 'don't care' attitude</li> <li>• Social isolation – does not join in and has few friends</li> <li>• Depression, withdrawal</li> <li>• Behavioural problems e.g. aggression, attention seeking, hyperactivity, poor attention</li> <li>• Low self esteem, lack of confidence, fearful, distressed, anxious</li> <li>• Poor peer relationships including withdrawn or isolated behavior.</li> </ul>	<ul style="list-style-type: none"> <li>• Domestic abuse</li> <li>• Mental health; drug or alcohol difficulties</li> <li>• Abnormal attachment to child e.g. overly anxious or disinterest in the child</li> <li>• Scapegoats one child in the family</li> <li>• Cold or unresponsive to the child's needs</li> <li>• Imposes inappropriate expectations on the child e.g. prevents the child's developmental exploration or learning, or normal social interaction through overprotection.</li> <li>• Overly critical of the child</li> <li>• Never allowing anyone else to undertake the child's care</li> <li>• History of abuse or mental health problems</li> <li>• Wider parenting difficulties may (or may not) be associated with this form of abuse.</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of support from family or social network.</li> <li>• Marginalised or isolated by the community.</li> <li>• History of mental health, alcohol or drug misuse or domestic violence.</li> <li>• History of unexplained death, illness or multiple surgery in parents and/or siblings of the family</li> <li>• Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.</li> </ul>

## NEGLECT

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

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

- **provide adequate food, clothing and shelter (including exclusion from home or abandonment);**
- **protect a child from physical and emotional harm or danger;**
- **ensure adequate supervision (including the use of inadequate care-givers); or**
- **ensure access to appropriate medical care or treatment.**
- **It may also include neglect of, or unresponsiveness to a child's basic emotional needs.**

Indicators in the Child	Indicators in the Parent	Indicators in Family/Environmental
<p><b>Physical presentation</b></p> <ul style="list-style-type: none"> <li>• Failure to thrive/ underweight or small stature</li> <li>• Frequent hunger</li> <li>• Dirty, unkempt condition</li> <li>• clothing in a poor state of repair or inadequate</li> <li>• Swollen limbs with sores that are slow to heal, usually associated with cold injury</li> <li>• Abnormal voracious appetite</li> <li>• Dry, sparse hair</li> <li>• Recurrent / untreated infections or skin conditions e.g. severe nappy rash, eczema or persistent head lice</li> <li>• Untreated medical problems</li> <li>• Frequent accidents or injuries</li> </ul> <p><b>Development</b></p> <ul style="list-style-type: none"> <li>• General delay, especially speech and language delay</li> <li>• Inadequate social skills and poor socialization</li> </ul> <p><b>Emotional/behavioural presentation</b></p> <ul style="list-style-type: none"> <li>• Attachment disorders</li> <li>• Absence of normal social responsiveness</li> <li>• Indiscriminate behaviour in relationships with adults</li> <li>• Emotionally needy</li> <li>• Compulsive stealing</li> <li>• Constant tiredness</li> <li>• Frequently absent or late at school</li> <li>• Poor self esteem</li> <li>• Destructive tendencies</li> <li>• Thrives away from home</li> <li>• Disturbed peer relationships</li> <li>• Self harming behaviour</li> </ul>	<ul style="list-style-type: none"> <li>• Dirty, unkempt presentation</li> <li>• Inadequately clothed</li> <li>• Inadequate social skills and poor socialisation</li> <li>• Abnormal attachment to the child .e.g. anxious</li> <li>• Low self esteem and lack of confidence</li> <li>• Failure to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene</li> <li>• 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</li> <li>• Child left with adults who are intoxicated or violent</li> <li>• Child abandoned or left alone for excessive periods</li> <li>• Wider parenting difficulties, may (or may not) be associated with this form of abuse</li> </ul>	<ul style="list-style-type: none"> <li>• History of neglect in the family</li> <li>• Family marginalised or isolated by the community.</li> <li>• Family has history of mental health, alcohol or drug misuse or domestic violence.</li> <li>• History of unexplained death, illness or multiple surgery in parents and/or siblings of the family</li> <li>• 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.</li> <li>• Dangerous or hazardous home environment including failure to use home safety equipment; risk from animals</li> <li>• Poor state of home environment e.g. unhygienic facilities, lack of appropriate sleeping arrangements, inadequate ventilation (including passive smoking) and lack of adequate heating</li> <li>• Lack of opportunities for child to play and learn</li> </ul>

## SEXUAL ABUSE

*Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet).*

*Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.*

Indicators in the Child	Indicators in the Parent	Indicators in Family/Environmental
<p><b>Physical presentation</b></p> <ul style="list-style-type: none"> <li>• Pain, bleeding, bruising or itching in genital and /or anal area</li> <li>• Recurrent pain on passing urine or faeces / Blood on underclothes</li> <li>• Sexually transmitted infections</li> <li>• Pregnancy in a younger girl where there is secrecy about identity of the father</li> <li>• Physical symptoms such as injuries/bruises to the genital or anal area, buttocks, abdomen and thighs</li> <li>• presence of semen on vagina, anus, external genitalia or clothing</li> </ul> <p><b>Emotional/behavioural presentation</b></p> <ul style="list-style-type: none"> <li>• Makes a disclosure.</li> <li>• Exhibits sexual knowledge or behaviour inappropriate to age/stage of development, or that is unusually explicit</li> <li>• Inexplicable changes in behaviour, such as becoming aggressive or withdrawn</li> <li>• Self-harm - eating disorders, self mutilation and suicide attempts</li> <li>• Poor self-image, self-harm, self-hatred</li> <li>• Reluctant to undress for PE</li> <li>• Running away from home</li> <li>• Poor attention / concentration</li> <li>• Sudden changes in school work habits, becomes truant</li> <li>• Withdrawal, isolation or excessive worrying or depression</li> <li>• Inappropriate sexualised conduct</li> <li>• Sexually exploited or indiscriminate choice of sexual partners</li> <li>• Wetting or other regressive behaviours e.g. thumb sucking</li> <li>• Draws sexually explicit pictures</li> </ul>	<ul style="list-style-type: none"> <li>• Comments made by the parent/carer about the child.</li> <li>• Lack of sexual boundaries</li> <li>• Wider parenting difficulties or vulnerabilities</li> <li>• Grooming behaviour</li> <li>• Parent is a sex offender</li> </ul>	<ul style="list-style-type: none"> <li>• Marginalised or isolated by the community.</li> <li>• History of mental health, alcohol or drug misuse or domestic violence.</li> <li>• History of unexplained death, illness or multiple surgery in parents and/or siblings of the family</li> <li>• Past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.</li> <li>• Family member is a sex offender.</li> </ul>