Child Protection Policy Summary

Sept 2015

Whiteley Primary School Child Protection Policy

Policy Statement

We recognise our moral and statutory responsibility to safeguard and promote the welfare of all children.
We make every effort to provide a safe and welcoming environment underpinned by a culture of openness where both children and adults feel secure, able to talk and believe that they are being listened to.
We maintain an attitude of "it could happen here" where safeguarding is concerned.
The purpose of this policy is to provide staff, volunteers and governors with the framework they need in order to keep children safe and secure in our school and to inform parents and guardians how we will safeguard their children whilst they are in our care.
Specific guidance is available to staff within the procedure documents.

Definitions

Within this document:
The umbrella term '***Safeguarding'*** is defined in the Children Act 2004 as protecting from maltreatment; preventing impairment of health and development; ensuring that children grow up with the provision of safe and effective care; and work in a way that gives the best life chances and transition to adult hood. Our safeguarding practice applies to every child.

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

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

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

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

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

Aims

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

Principles and Values

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

Leadership and Management

We recognise that staff anxiety around child protection can undermine good practice and so have established clear lines of accountability, training and advice to support the process and individual staff within that process.
In this school any individual can contact the Designated Safeguarding Lead (DSL) if they have concerns about a young person.
DSL is **Lesley Pennington** and the **deputy DSLs** are **Alyson Gibbons and Victoria Skipp.**
There is a nominated Safeguarding Governor who will receive reports of allegations against the Head Teacher and act on the behalf of the Governing Body.

As an employer we comply with the "Disqualification under the Childcare Act 2006" guidance issued in February 2015

Training

All frontline staff in Education should be aware of the signs and symptoms of abuse and be able to respond appropriately. Training is provided to the whole school every three years with separate training to all new staff on appointment. The DSL will attend initial training for their role and then refresh this every two years. This is by attending refresher training after the first two years then demonstrating evidence of Continuing Professional Development thereafter

Any update in national or local guidance will be shared with all staff in briefings and then captured in the next whole school training.

Staff Responsibilities

Staff have a key role to play in identifying concerns early and provide help for children.

Listening and responding

All staff receive training in how to listen and respond to children. They will allow the child to speak and only ask open questions to aid clarification.

Record keeping

Any member of staff who has concerns about the welfare of a child must share this information with the DSL.

- Staff will make a brief, accurate and verbatim record of the concerns including the child's own words (if a disclosure) or the evidence that has lead to the concerns.
- This report is given to the DSL who will analyse risk and refer onwards as necessary and appropriate.
- Referrals where urgent action is required should never be delayed in order for a full record to be written.
- CP records will be stored securely and away from the main pupil records.

Confidentiality

- We maintain that all matters relating to child protection are to be treated as confidential and only shared as per the 'working together' guidance.
- Information will only be shared with agencies who we have a statutory duty to share with or individuals within the school who 'need to know'.
- All staff are aware that they cannot promise a child that they will keep a secret
- Disciplinary action will be considered for any breach of confidentiality.

Reporting

- Staff will notify DSL of any child on a Child Protection Plan where there is an unexplained absence
- Staff will report to DSL any additional concerns, disclosures or observations after the initial referral, not assuming that a referral in itself will protect children.

Referral

The DSL will assess the information and consider if significant harm has happened or there is a risk that it may happen. If the evidence suggests the threshold of significant harm, or risk of significant harm has been reached; or they are not clear if the threshold is met, then the DSL will contact children's social care.

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

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

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

Dealing with allegations against staff

If a concern is raised about the practice or behaviour of a member of staff this information will be recorded and passed to the head teacher **Name**. The Local Authority Designated Officer will be contacted and the relevant guidance will be followed

If the allegation is against the head teacher, the person receiving the allegation will contact the LADO or nominated governor directly.

The responsibilities of the Governing Body

The Governing body is responsible for ensuring

- the school has effective safeguarding policies and procedures in place:
- that the school has a broad and balanced curriculum that incorporates safeguarding
- that national and local guidance is followed, specifically Keeping Children Safe in Education
- there is a member of the schools leadership identified as DSL
- that training is undertaken at the required frequency
- there is a nominated governor for dealing with allegations against the head teacher
- an annual audit of safeguarding is carried out and any concerns are remedied without delay

Legal context

Section 175 (maintained schools) or Section 157 (independent schools and academies) of the Education Act 2002.
Children Act 2004 & 1989

Guidance
Hampshire Safeguarding Children's Board protocols and guidance and their procedures (from Working Together to Safeguard Children 2015)
Keeping Children Safe in Education 2015
Disqualification under the Childcare Act 2006 (2015)

Annual review

As a school, we review this policy annually in line with DfE, HSCB and HCC guidance.

Date Approved by Governing Body: Autumn 2015

Next review date: Autumn 2016

Date of DSL Training/Refresher: June 2014

Date of Whole School Training: March 2018

Whiteley Primary School Child Protection Procedures

Definitions

Throughout this procedure document:

- The umbrella term '**Safeguarding'** is defined in the Children Act 2004 as protecting from maltreatment; preventing impairment of health and development; ensuring that children grow up with the provision of safe and effective care; and work in a way that gives the best life chances and transition to adult hood. Our safeguarding practice applies to every child.
- **Child Protection** is an aspect of safeguarding, but is focused on how we respond to children who have been significantly harmed or are at risk of significant harm.
- The term **Staff** applies to all those working for or on behalf of the school, full time or part time, in either a paid or voluntary capacity including Governors. If Governors are mentioned it is a specific role of theirs.
- **Child** refers to all young people who have not yet reached their 18 birthday. On the whole, this will apply to pupils of our school, however the policy will extend to visiting students from other establishments
- **Parent** refers to birth parents and other adults in a parenting role for example adoptive parents, step parents and foster carers.

Overview

These procedures apply to all staff working in the school. Additional information, which is specific to particular roles within the school, is included within the Annex. It is important that staff are aware of all the content even if it does not apply to them.
The aim of our procedures is to provide a robust safeguarding framework which enables us to safeguard and promote the welfare of pupils as follows:

- Raise awareness of child protection and safeguarding roles and responsibilities with staff and governors.
- Develop, implement and review procedures in our school that enable the identification and reporting of all cases, or suspected cases, of abuse.
- Support pupils in line with their child protection plan.
- Support children with additional needs through early help and external agencies.
- Ensure the practice of safe recruitment in checking and recording the suitability of staff and volunteers to work with children.
- Establish a safe environment in which children can learn and develop.
- Ensure that allegations or concerns against staff are dealt with in accordance with guidance from Department for Education (DfE), Hampshire Safeguarding Children's Board (HSCB) and Hampshire County Council (HCC).

The role of staff

Staff will:

- Establish and maintain an environment where children feel secure, are encouraged to talk and are listened to.
- Ensure children know that there are adults in the school whom they can approach if they are worried about any problems.

- Plan opportunities within the curriculum for children to develop the skills they need to assess and manage risk appropriately and keep themselves safe.
- Attend training in order to be aware of and alert to the signs of abuse.
- Maintain an attitude of “it could happen here” with regards to safeguarding.
- Record their concerns if they are worried that a child is being abused and report these to the relevant person as soon as practical that day.
- If the disclosure is an allegation against a member of staff they will follow the allegations procedures (Annex 6).
- Follow the procedures set out by the HSCB and HCC and take account of guidance issued by the DfE.
- Treat information with confidentiality but never promising to “keep a secret”.
- Notify DSL of any child on a Child Protection Plan who has unexplained absence.
- In the context of early help, staff will notify colleagues and/or parents of any concerns about their child(ren), and provide them with or signpost them to opportunities to change the situation.
- Liaise with other agencies that support pupils and provide early help.
- Ensure they know who the Designated Safeguarding Lead (DSL) and deputy DSL are and know how to contact them.

Senior management team (including DSL):

- Contribute to inter-agency working in line with guidance (Working together 2015)
- Provide a co-ordinated offer of early help when additional needs of children are identified
- Working with children’s social care, support their assessment and planning processes including the schools attendance at conference and core group meetings.
- Carry out tasks delegated by the governing body such as training of staff; safer recruitment; maintaining a Single Central Register.
- Provide support and advice on all matters pertaining to safeguarding and child protection to all staff regardless of their position within the school.
- Treat any information shared by staff or pupils with respect and follow procedures.

Governing Body

The full role of the Governing body is set out in Annex 13

In Summary, the governing body is responsible for ensuring that:

- The school has effective safeguarding policies & procedures including a child protection policy and a staff behaviour policy.
- HSCB is informed annually about the Discharge of Duties (audit).
- Recruitment, selection and induction follows safer recruitment practice.
- Allegations Against Staff are dealt with by the Head Teacher.
- A member of senior staff team is designated as designated safeguarding lead (DSL) and have this recorded in their job description.
- Staff have been trained appropriately and this is updated in line with guidance.
- Any safeguarding deficiencies or weaknesses are remedied without delay.

- They have identified a nominated governor for allegations against Head.

DSL responsibilities
In this school the DSL is Lesley Pennington
The deputy DSL are Alyson Gibbons and Victoria Skipp

In addition to the role of staff and senior management team the DSL will

- Assist the Governing Body in fulfilling their responsibilities under Section 175 or 157 of the Education Act 2002.
- Attend initial training for the role and refresh this every two years. This is by attending refresher training after the first two years and then demonstrating evidence of continuing professional development thereafter.
- Ensure every member of staff knows who the DSL is, is aware of the DSL role and has their contact details.
- Ensure all staff and volunteers understand their responsibilities in being alert to the signs of abuse and responsibility for referring any concerns to the DSL.
- Ensure that whole school training occurs regularly so that staff, governors and volunteers can fulfil their responsibilities.
- Ensure any members of staff joining the school outside of this training schedule receive an inducation prior to commencement of their duties.
- Keep written records of child protection concerns securely and separately from the main pupil file and use these records to assess the likelihood of risk.
- Ensure that copies of safeguarding records are transferred accordingly (separate from pupil files) when a child transfers school.
- Ensure that where a pupil transfers school and is on a child protection plan or is a child looked after, the information is passed to the new school immediately and that the child's social worker is informed.
- Link with the HSCB to make sure staff are aware of training opportunities and the latest local policies on safeguarding.

Child Protection Procedures

The prime concern at all stages must be the interests and safety of the child. Where there is a conflict of interests between the child and an adult, the interests of the child must be paramount.

These procedures should be read in conjunction with the flow chart (Annex 2).

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

1. Make an initial record of the information.

2. Report it to the DSL / Head teacher immediately.

3. The DSL or Head teacher will consider if there is a requirement for immediate medical intervention, however urgent medical attention should not be delayed if DSL or Head teacher are not immediately available. (see point 8 below)

4. Make an accurate record (which may be used in any subsequent court proceedings) as soon as possible and within 24 hours of the occurrence, of all that has happened, including details of:

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

The records must be signed and dated by the author.

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

1. Decide whether or not there are sufficient grounds for suspecting significant harm in which case a referral must be made to Children's Social Care.

2. Normally the school should try to discuss any concerns about a child's welfare with the family and where possible to seek their agreement before making a referral to Children's Social Care. However, in accordance with DfE guidance, this should only be done when it will not place the child at increased risk or could impact a police investigation. The child's views should also be taken into account.

3. If there are grounds to suspect a child is suffering, or is likely to suffer, significant harm they must contact Children's Social Care via the Children's Reception Team (CRT) on 01329 225379 and make a clear statement of:
    - the known facts
    - any suspicions or allegations
    - whether or not there has been any contact with the child's family

    If the DSL feels unsure about whether a referral is necessary they can phone Children's Social Care (CRT) to discuss concerns.

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

5. The DSL must confirm any referrals in writing to Children's Social Care, within 24 hours, including the actions that have been taken. The written referral should be made using the inter-agency referral form [link] which will provide Children's Social Care with the supplementary information required about the child and family's circumstances.

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

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

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

When dealing with allegations against staff, governors and volunteers:

The procedure for dealing with allegations can be found in Annex 6 (pg. 19)

Only the Head teacher, delegated staff or nominated governor should deal with allegations, all other staff or governors must:

- Report any concerns about the conduct of any member of staff to the Head teacher as soon as immediately as possible and within 24 hours. 'Staff' includes adults in the school from external agencies; those in a temporary, supply or locum basis within the school; and adults not directly involved in face to face work within the school environment.

- If the allegation concerns the **Head teacher**, the information needs to be passed to the LADO or nominated Governor immediately.

Dealing with Disclosures

All staff should:

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

Additional consideration needs to be given to children with communication difficulties and for those whose preferred language is not English. It is important to communicate with them in a way that is appropriate to their age, understanding and preference.

All staff should know who the DSL is and who to approach if the DSL is unavailable. Ultimately, all staff have the right to make a referral to the police or social care directly and should do this if, for whatever reason, there are difficulties following the agreed protocol, e.g. they are the only adult on the school premises at the time and have concerns about sending a child home.

Guiding principles, the seven R's

Receive

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

Reassure

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

Respond

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

Report

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

Record

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

Remember

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

Review (lead by DSL)

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

What happens next?

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

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

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

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

Allegations against Staff

Procedure

This procedure should be used in all cases in which it is alleged a member of staff or volunteer in a school has:

- **behaved in a way that has harmed a child, or may have harmed a child;**
- **possibly committed a criminal offence against or related to a child; or**
- **behaved towards a child or children in a way that indicates he or she would pose a risk of harm if they work regularly or closely with children.**

In dealing with allegations or concerns against an adult in the school:

- Report any concerns about the conduct of any member of staff or volunteer to the Head teacher or their deputy as soon as possible.
- If an allegation is made against the Head teacher, the concerns need to be raised with the LADO or nominated governor as soon as possible.
- Once and allegation has been received by the head or nominated governor they will contact the Local Authority Designated Officer on 01962 876364

The LADO and the personnel provider for the school will support the school in following procedures set out in Keeping Children Safe in Education (2015) and the HSCB procedures.

Intimate Care

As a school we follow the guidance for good practice set out by Hampshire Safeguarding Childrens Board below

Guidelines for good practice (adapted from the Chailey Heritage centre)

1. Treat every child with dignity and respect and ensure privacy appropriate to the child's age and the situation. Privacy is an important issue. Much intimate care is carried out by one staff member alone with one child. The 4LSCBs believe this practice should be actively supported unless the task requires two people. Having people working alone does increase the opportunity for possible abuse. However, this is balanced by the loss of privacy and lack of trust implied if two people have to be present - quite apart form the practical difficulties. It should also be noted that the presence of two people does not guarantee the safety of the child or young person - organised abuse by several perpetrators can, and does, take place. Therefore, staff should be supported in carrying out the intimate care of children alone unless the task requires the presence of two people. The 4LSCBs recognise that there are partner agencies that recommend two carers in specific circumstances. Where possible, the member of staff carrying out intimate care should be someone chosen by the child or young person. For older children it is preferable if the member of staff is the same gender as the young person. However, this is not always possible in practice. Agencies should consider the implications of using a single named member of staff for intimate care or a rota system in terms of risks of abuse.

2. Involve the child as far as possible in his or her own intimate care. Try to avoid doing things for a child that s/he can do alone, and if a child is able to help ensure that s/he is given the chance to do so. This is as important for tasks such as removing underclothes as it is for washing the private parts of a child's body. Support children in doing all that they can themselves. If a child is fully dependent on you, talk with her or him about what you are doing and give choices where possible.

3. Be responsive to a child's reactions. It is appropriate to "check" your practice by asking the child - particularly a child you have not previously cared for - "Is it OK to do it this way?"; "Can you wash there?; "How does mummy do that?". If a child expresses dislike of a certain person carrying out her or his intimate care, try and find out why. Conversely, if a child has a "grudge" against you or dislikes you for some reason, ensure your line manager is aware of this.

4. Make sure practice in intimate care is as consistent as possible. Line managers have a responsibility for ensuring their staff have a consistent approach. This does not mean that everyone has to do things in an identical fashion, but it is important that approaches to intimate care are not markedly different between individuals. For

example, do you use a flannel to wash a child's private parts rather than bare hands? Do you pull back a child's foreskin as part of daily washing? Is care during menstruation consistent across different staff?

5. Never do something unless you know how to do it. If you are not sure how to do something, ask. If you need to be shown more than once, ask again. Certain intimate care or treatment procedures, such as rectal examinations, must only be carried out by nursing or medical staff. Other procedures, such as giving rectal valium, suppositories or intermittent catheterisation, must only be carried out by staff who have been formally trained and assessed as competent.

6. If you are concerned that during the intimate care of a child:
   - You accidentally hurt the child;
   - The child seems sore or unusually tender in the genital area;
   - The child appears to be sexually aroused by your actions;
   - The child misunderstands or misinterprets something;
   - The child has a very emotional reaction without apparent cause (sudden crying or shouting).

   Report any such incident as soon as possible to another person working with you and make a brief written note of it. This is for two reasons: first, because some of these could be cause for concern, and secondly, because the child or another adult might possibly misconstrue something you have done.

7. Additionally, if you are a member of staff who has noticed that a child's demeanour has changed directly following intimate care, e.g. sudden distress or withdrawal, this should be noted in writing and discussed with your designated person for child protection.

8. Encourage the child to have a positive image of her or his own body. Confident, assertive children who feel their body belongs to them are less vulnerable to abuse. As well as the basics like privacy, the approach you take to a child's intimate care can convey lots of messages about what her or his body is "worth". Your attitude to the child's intimate care is important. As far as appropriate and keeping in mind the child's age, routine care of a child should be enjoyable, relaxed and fun.

Intimate care is to some extent individually defined, and varies according to personal experience, cultural expectations and gender. The 4LSCBs recognise that children who experience intimate care may be more vulnerable to abuse:-

- Children with additional needs are sometimes taught to do as they are told to a greater degree than other children. This can continue into later years. Children who are dependent or over-protected may have fewer opportunities to take decisions for themselves and may have limited choices. The child may come to believe they are passive and powerless
- Increased numbers of adult carers may increase the vulnerability of the child, either by increasing the possibility of a carer harming them, or by adding to their sense of lack of attachment to a trusted adult

- Physical dependency in basic core needs, for example toileting, bathing, dressing, may increase the accessibility and opportunity for some carers to exploit being alone with and justify touching the child inappropriately
- Repeated “invasion” of body space for physical or medical care may result in the child feeling ownership of their bodies has been taken from them
- Children with additional needs can be isolated from knowledge and information about alternative sources of care and residence. This means, for example, that a child who is physically dependent on daily care may be more reluctant to disclose abuse, since they fear the loss of these needs being met. Their fear may also include who might replace their abusive carer

The above is taken largely from the publication 'Abuse and children who are disabled: a training and resource pack for trainers in child protection and disability, 1993'.

Young People with Medical Needs

There will be occasions when children are temporarily unable to attend school on a full time basis because of their medical needs. These children and young people are likely to be:

- children and young people suffering from long-term illnesses
- children and young people with long-term post-operative or post-injury recovery periods
- children and young people with long-term mental health problems (emotionally vulnerable)

Hampshire uses the phrase "long-term" to define any period exceeding 15 continuous school days of absence from school because of medical needs.

Where it is clear that an absence will be for more than 15 continuous school days then the Education and Inclusion Service provision should begin at the earliest possible date and should not automatically be delayed until the 16th day of absence.

It is important that the referring school must notify the School Nurse service at the point it is identified that the child or young persons medical need is preventing their attendance at school.

At all times during the period of Education and Inclusion Service provision the young person will remain on the roll of their home school and the home school will retain ultimate educational responsibility for the young person.

Referral to the Education Inclusion Service:

Referral to the Education Inclusion Service (EIS) must be made by the young person's home school and must be made via the Education and Inclusion Service referral form. Referrals should normally be supported by either:

- a Hospital Consultant
- a Senior Clinical Medical Officer
- a Consultant Child Psychiatrist
- a General Practitioner (GP)
- a member of the Hampshire Education Psychology Service (HEPS)

What is Child Abuse?

The following definitions are taken from *Working Together to Safeguard Children* HM Government (2015). In addition to these definitions, it should be understood that children can also be abused by Honour Based Violence, Forced Marriage or Female Genital Mutilation

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

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

Emotional abuse
The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

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

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

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

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

Indicators of Abuse

Neglect

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

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

Neglect can include parents or carers failing to:
- provide adequate food, clothing and shelter
- protect a child from physical and emotional harm or danger
- ensure adequate supervision or stimulation
- ensure access to appropriate medical care or treatment.

NSPCC research has highlighted the following examples of the neglect of children under 12
- frequently going hungry
- frequently having to go to school in dirty clothes
- regularly having to look after themselves because of parents being away or having problems such as drug or alcohol misuse
- being abandoned or deserted
- living at home in dangerous physical conditions
- not being taken to the doctor when ill
- not receiving dental care.

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

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

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

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

Physical indicators of neglect
- Constant hunger and stealing food
- Poor personal hygiene - unkempt, dirty or smelly
- Underweight
- Dress unsuitable for weather
- Poor state of clothing
- Illness or injury untreated
- Looking sad, false smiles

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

Emotional Abuse

The nature of emotional abuse
Most harm is produced in *low warmth, high criticism* homes, not from single incidents.
Emotional abuse is difficult to define, identify/recognise and/or prove.
Emotional abuse is chronic and cumulative and has a long-term impact.
All kinds of abuse and neglect have emotional effects although emotional abuse can occur by itself.
Children can be harmed by witnessing someone harming another person – as in domestic violence.

It is sometimes possible to spot emotionally abusive behavior from parents and carers to their children, by the way that the adults are speaking to, or behaving towards children. An appropriate challenge or intervention could affect positive change and prevent more intensive work being carried out later on.

Indicators of Emotional Abuse
developmental issues
- Delays in physical, mental and emotional development
- Poor school performance
- Speech disorders, particularly sudden disorders or changes.

Behaviour
- Acceptance of punishment which appears excessive
- Over-reaction to mistakes

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

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

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

Physical Abuse

The nature of physical abuse
Most children collect cuts and bruises quite routinely as part of the rough and tumble of daily life. Clearly, it is not necessary to be concerned about most of these minor injuries. But accidental injuries normally occur on the *bony prominences* – e.g., shins. Injuries on the *soft* areas of the body are more likely to be inflicted intentionally and should therefore make us more alert to other concerning factors that may be present.

A body map (annex *4)* can assist in the clear recording and reporting of physical abuse. The body map should only be used to record observed injuries and no child should be asked to remove clothing by a member of staff of the school.

Indicators of physical abuse / factors that should increase concern
- Multiple bruising or bruises and scratches (especially on the head and face).
- Clusters of bruises – e.g., fingertip bruising (caused by being grasped).
- Bruises around the neck and behind the ears – the most common abusive injuries are to the head.

- Bruises on the back, chest, buttocks, or on the inside of the thighs.
- Marks indicating injury by an instrument – e.g., linear bruising (stick), parallel bruising (belt), marks of a buckle
- Bite marks
- Deliberate burning may also be indicated by the pattern of an instrument or object – e.g., electric fire, cooker, cigarette.
- Scalds with upward splash marks or *tide marks*
- Untreated injuries
- Recurrent injuries or burns
- Bald patches.

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

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

You should be concerned if the child or young person:

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

Sexual Abuse

The nature of sexual abuse

Sexual abuse is often perpetrated by people who are known and trusted by the child – e.g., relatives, family friends, neighbours, babysitters, people working with the child in school, faith settings, clubs or activities. Children can also be subject to Child Sexual Exploitation.

Characteristics of child sexual abuse:

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

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

Indicators of sexual abuse

Physical observations

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

Behavioural observations

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