

## New Forest Small School

### Child Protection Policy, Procedure and Guidance

|                             |             |
|-----------------------------|-------------|
| Member of Staff Responsible | Headteacher |
| Regularity of Review        | Annually    |

#### **Policy Statement**

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

We make every effort to provide a safe and welcoming environment underpinned by a culture of openness where both students 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 students safe and secure in our school and to inform parents and carers how we will safeguard their children whilst they are in our care.

Specific guidance is available to staff within the procedure documents.

## **New Forest Small School Child Protection Policy**

### **Definitions**

Within this document:

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

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

**Child** refers to all young people who have not yet reached their 18th birthday. On the whole, this will apply to students of our school; however the policy will also 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, stepparents, guardians and foster carers.

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

#### **Aims**

To provide Staff with the framework to promote and safeguard the wellbeing of students and in so doing ensure they meet their statutory responsibilities.

To ensure consistent good practice across the school.

To demonstrate our commitment to protecting students.

### **Principles and Values**

- Students have a right to feel secure and cannot learn effectively unless they do so.
- All students have a right to be protected from harm.
- Staff recognise their statutory duty under the Equality Act 2010 to ensure that students do not experience direct or indirect discrimination on the grounds of age, disability, gender reassignment, marriage or civil partnership (if applicable, noting that marriage is legal for a young person aged 16 or 17 only with parental consent), pregnancy or maternity, race, religion or belief, sex, or sexual orientation.
- This applies to the process of identification of need and risk faced by the individual child and the process of assessment. No child or group of children will be treated less favourably than others in being able to access effective services which meet their particular needs.
- In addition to the statutory requirements we will also ensure that there is no discrimination on the grounds of other related factors, such as socio-economic disadvantage, culture or language.
- 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 student is at risk of harm in accordance with the guidance.

- We acknowledge that working in partnership with other agencies protects students and reduces risk and so we will engage in partnership working throughout the child protection process to safeguard students.
- Whilst the school will work openly with parents/carers as far as possible, the school reserves the right to contact children's social care or the police, without notifying parents/carers if this is in the student's best interests.
- Whilst the school will work openly with parents/carers as far as possible, the school reserves the right to keep safeguarding documentation confidential if it is not in the student's best interests for information to be shared.
- The school takes a child-centred approach to safeguarding, ensuring that the needs of adults are not placed above those of children, and recognising that children need:
  - **Vigilance:** to have adults notice when things are troubling them
  - **Understanding and action:** to understand what is happening; to be heard and understood; and to have that understanding acted upon
  - **Stability:** to be able to develop an ongoing stable relationship of trust with those helping them
  - **Respect:** to be treated with the expectation that they are competent rather than not
  - **Information and engagement:** to be informed about and involved in procedures, decisions, concerns and plans
  - **Explanation:** to be informed of the outcome of assessments and decisions, and reasons when their views have not met with a positive response
  - **Support:** to be provided with support in their own right as well as a member of their family
  - **Advocacy:** to be provided with advocacy to assist them in putting forward their views,

## 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.

**The Deputy DSL *is to be contacted in the event of an allegation against Mr or Mrs Alp***

As an employer we comply with the 2018 Childcare (Disqualification) Regulations and Childcare (Early Years Provision Free of Charge) (Extended Entitlement) (Amendment) Regulations 2018 and recognise that staff working in early years provision, or in the provision of later years childcare outside school hours to children under the age of eight, are required to provide information on any member of their household or person employed in their household who is disqualified from working in childcare (see DBS Checks policy for further details).

## **Training**

All staff in our school are expected to be aware of the signs and symptoms of abuse and must be able to respond appropriately, following the eight principles of the child-centred approach. Training is provided every year with separate training to all new staff on appointment. The DSL will attend training every 2 years to enable them to fulfil their role.

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

## **Referral**

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

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

If the DSL feels that the child protection issue does not meet the threshold of significant harm or risk of significant harm at present, but early help may be beneficial to prevent it from escalating, they may take the role of lead professional in the early help assessment process. More information on early help assessment can be found in Appendix B of the Safeguarding Policy.

All staff are reminded of the Mandatory Reporting Duty for Female Genital Mutilation, which requires a teacher obtaining evidence that FGM has been practiced on a girl under 18 to report this directly to the police. This should be done with the full knowledge of the DSL, provided that this does not introduce any undue delays. If the DSL is not available at the time of reporting then the staff member in question should complete a Safeguarding Concern Sheet and mark the level of concern as 'high', and should report the matter to the DSL at the earliest opportunity.

## **Confidentiality**

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

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

- The content of the curriculum
- A school ethos which helps students 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 Headteacher. A designated local authority officer or team for the management and oversight of allegations against people that work with children. will be contacted and the relevant guidance will be followed.

If the allegation is against the Headteacher, the person receiving the allegation will contact the Chair of Governors and School owner who deal with allegations against the headteacher.

## Dealing with allegations against students

If a concern is raised that there is an allegation of a student abusing another student within the school, the 'dealing with allegations against students' guidance will be followed (Annex 6)

### Legal context

Section 157 (independent schools and academies) of the Education Act 2002, and the resulting Education (Independent School Standards) Regulations 2014, especially paragraph 7(b) of the Schedule to these Regulations

Section 3(2) of the Safeguarding Vulnerable Groups Act 2006

Section 128 of the Education and Skills Act 2008

The Equality Act 2010

Section 142 of the Education Act 2002

The United Nations Convention on the Rights of the Child (UNCRC)

Children Act 2004 & 1989

The Childcare (Disqualification) and Childcare (Early Years Provision Free of Charge) (Extended Entitlement) (Amendment) Regulations 2018

Guidance

Hampshire Safeguarding Children Board [protocols and guidance](#) and their [procedures](#)

[Working Together to Safeguard Children 2018](#)

[Keeping Children Safe in Education. September 2018](#)

[Disqualification under the Childcare Act 2006 \(2015\)](#)

## Annual review

As a school, we review this policy at least annually in line with DfE, HSCB and HCC and other relevant statutory guidance.

## **Roles and responsibilities within New Forest Small School**

### **Staff responsibilities**

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

- Establish and maintain an environment where students feel secure, are encouraged to talk and are listened to.
- Ensure students 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 students to develop the skills they need to assess and manage risk appropriately and keep themselves safe.
- Receive 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 student 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 5).
- Follow the procedures set out by the HSCB and take account of guidance issued by the DfE.
- Support students in line with their child protection plan.
- Treat information with confidentiality but never promising to “keep a secret”.
- Notify DSL of any student who has unexplained absence.
- Notify the police immediately in accordance with the Mandatory Reporting Duty if they become aware that a student has been subjected to Female Genital Mutilation, and inform the DSL.
- In the context of early help, staff will notify colleagues and/or parents/carers 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 students and provide early help.
- Ensure they know who the designated safeguarding lead (DSL) and deputy DSL are and know how to contact them.

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

- Provide copies of policies (including the Child Protection Policy; Safeguarding Policy (where adopted) and Staff Behaviour Policy (Code of Conduct) and a copy of part one of Keeping Children Safe in Education (2018) to all staff at induction.
- Ensure all staff understand the role of the DSL and are aware of systems within their school which support safeguarding.
- Contribute to inter-agency working in line with guidance (Working Together 2018)
- Provide a co-ordinated offer of early help when additional needs of students 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 students with respect and follow procedures
- Ensure that allegations or concerns against staff are dealt with in accordance with guidance from department for education (DfE), Hampshire safeguarding children board (HSCB) and Hampshire county council (HCC)

## **Head Teacher's responsibilities**

- Ensure that the Child Protection Policy is updated at least annually and available publicly (via the school website)
- Ensure students are taught about safeguarding, including online, through teaching and learning opportunities.
- Ensure appropriate filters and appropriate monitoring systems are in place to safeguard students' from potentially harmful and inappropriate online material.
- Provide opportunities for staff to contribute to and shape safeguarding arrangements and child protection policy, so recognising the experience and expertise of their staff.
- Ensure that all staff read at least Part One of Keeping Children Safe in Education (2018).
- Ensure that mechanisms are in place to assist staff to understand and discharge their role and responsibilities as set out in Part one of Keeping Children Safe in Education.
- Create, implement and monitor effective safeguarding policies & procedures including a child protection policy and a staff behaviour policy
- Inform HSCB annually about the discharge of duties via the safeguarding audit
- Ensure that recruitment, selection and induction follow safer recruitment practice.
- If applicable, deal with allegations against staff in line with this policy.
- Ensure that a member of the senior staff team is designated as designated safeguarding lead (DSL) and have this recorded in their job description.
- Ensure that staff are trained appropriately and this is updated in line with guidance
- Ensure that any safeguarding deficiencies or weaknesses are remedied without delay

In addition to fulfilling the responsibilities of the staff and the senior management team, the DSL will also carry out the following tasks as necessary:

### **Managing referrals:**

Refer cases of suspected abuse to the local authority children's social care as required;

Support staff who make referrals to local authority children's social care;

Act as the lead professional in an early help assessment where appropriate, or refer to another professional (e.g. GP or CAMHS team member) to take the lead role in an early help assessment

Refer cases to the Channel programme where there is a radicalisation concern as required;

Support staff who make referrals to the Channel programme;

Refer cases where a person is dismissed or left due to risk/harm to a child to the Disclosure and Barring Service as required; and

Refer cases where a crime may have been committed to the Police as required.

## **Working with others**

- Liaise with the Head Teacher about safeguarding issues, especially ongoing enquiries under section 47 of the Children Act 1989 and police investigations;
- As required, liaise with the “case manager” and the designated officer(s) at the local authority for child protection concerns (all cases which concern a staff member); and
- Liaise with staff on matters of safety and safeguarding and when deciding whether to make a referral by liaising with relevant agencies
- Act as a source of support, advice and expertise for staff.

## **Training**

- Undergo training to provide them with the knowledge and skills required to carry out the role (updated at least every two years).
- Undertake Prevent awareness training.
- Refresh their knowledge and skills (e.g. via e-bulletins, meeting other designated safeguarding leads, or simply taking time to read and digest safeguarding developments) at regular intervals, as required, but at least annually, to allow them to understand and keep up with any developments relevant to their role so they:
  - understand the assessment process for providing early help and intervention, for example through locally agreed common and shared assessment processes such as early help assessments;
  - have a working knowledge of how local authorities conduct a child protection case conference and a child protection review conference and be able to attend and contribute to these effectively when required to do so;
  - ensure each member of staff has access to and understands the school’s child protection policy and procedures, especially new and part time staff;
  - are alert to the specific needs of children in need, those with special educational needs and young carers;
  - are able to keep detailed, accurate, secure written records of concerns and referrals;
  - understand and support the school with regards to the requirements of the Prevent duty, ensure that all new staff complete the Prevent training as part of their induction and submit a copy of their certificate to the office for filing, and provide advice and support to staff on protecting children from the risk of radicalisation;
  - obtain access to resources and attend any relevant or refresher training courses
- Encourage a culture of listening to children and taking account of their wishes and feelings, among all staff, in any measures the school may put in place to protect them.

## **Raising Awareness**

- Ensure the school’s child protection policies are known, understood and used appropriately;
- Work with the Head Teacher to ensure that the school’s child protection policy is reviewed annually (as a minimum) and the procedures and implementation are updated and reviewed regularly
- Ensure the child protection policy is available publicly
- Ensure that parents are aware of the fact that referrals about suspected abuse or neglect may be made, and the role of the school in this
- Link with the local LSCB to make sure staff are aware of training opportunities and the latest local policies on safeguarding.



## **New Forest Small School Child Protection Procedures**

### **Overview**

The following procedures apply to all staff working in the school and will be covered by training to enable staff to understand their role and responsibility.

The aim of our procedures is to provide a robust framework which enables staff to take appropriate action when they are worried a child is being abused.

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

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

1. Make an initial record of the information
2. Report it to the DSL/Deputy DSL immediately
3. The DSL or Deputy DSL will consider if there is a requirement for immediate medical intervention, however urgent medical attention should not be delayed if DSL or Head Teachers 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 student / adult
  - What action was taken
  - Any actual words or phrases used by the student

The records must be signed and dated by the author.

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

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 will aim 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 the DSL will 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 will phone Children's Reception Team (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 (see Appendix B of the Safeguarding Policy). The HSCB Thresholds Chart may be useful in determining whether a referral to early help, targeted early help or children's social care is more appropriate in specific situations.
5. The DSL will confirm any referrals in writing to children's social care, within 24 hours, including the actions that have been taken. The written referral will be made using the inter-agency referral form (IRAF) which will provide children's social care with the supplementary information required about the child and family's circumstances. (IARF can be accessed at the following link [https://hampshire.firmstep.com/default.aspx/RenderForm/?F.Name=Md\\_9d1aRLwN&HideAll=1](https://hampshire.firmstep.com/default.aspx/RenderForm/?F.Name=Md_9d1aRLwN&HideAll=1))
6. If a student is in immediate danger and urgent protective action is required, the police will be called. The DSL will 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 will 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 student is in need of *urgent* medical attention and there is suspicion of abuse a member of the Safeguarding team will take the child to the accident and emergency unit at the nearest hospital, having first notified children's social care. The DSL will seek advice about what action children's social care will take and about informing the parents/carers, remembering that parents/carers should normally be informed that a child requires urgent hospital attention.

### **Linked/Related Policies**

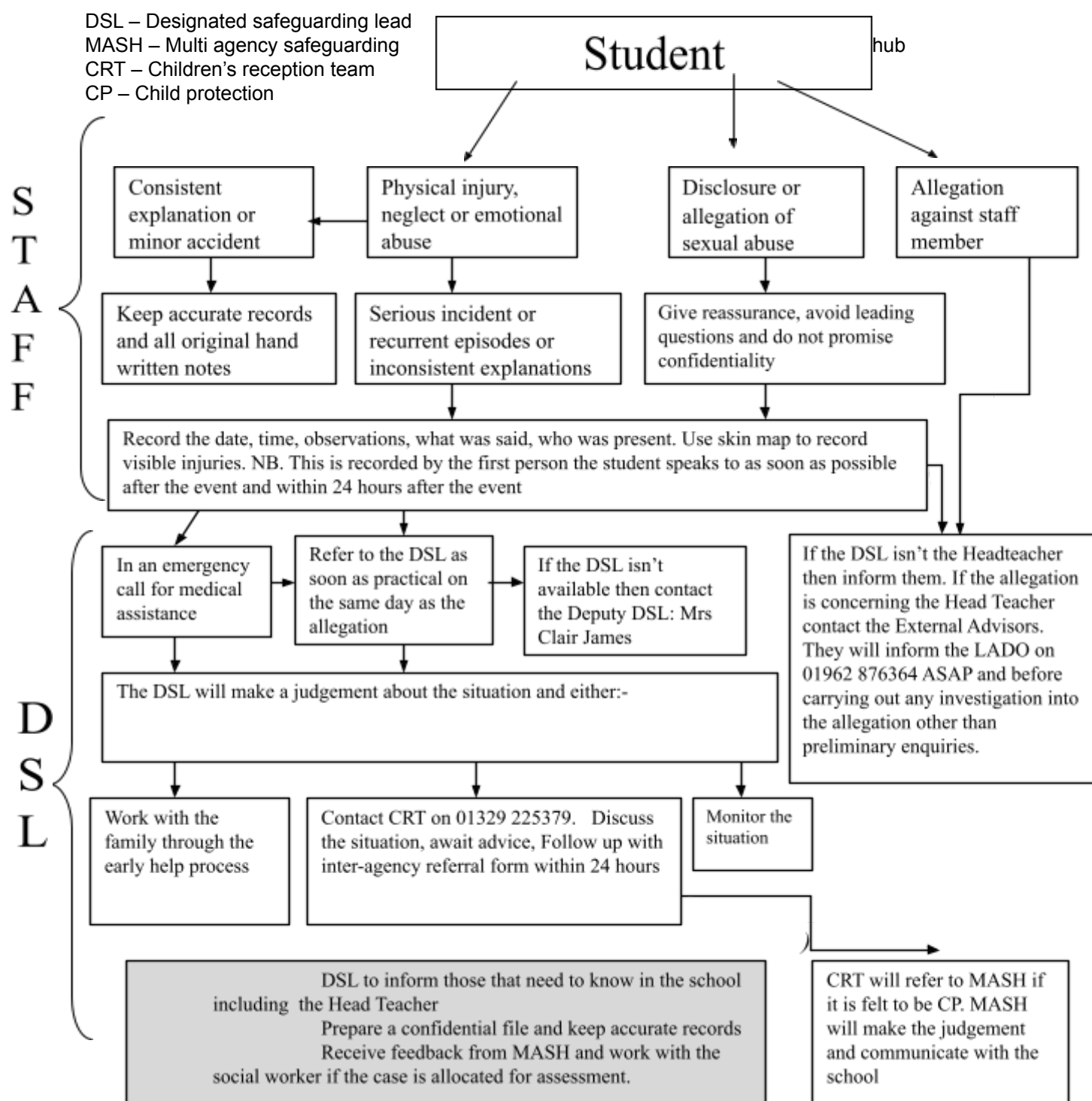
Safeguarding Policy  
 Behaviour Policy  
 Health & Safety  
 Staff Conduct  
 Recruitment  
 DBS Checks Policy  
 Whistleblowing  
 Management of Physical Restraint  
 Managing Allegations of Students

### **Monitoring**

This Policy will be reviewed by the Senior Leadership Team annually via the Head Teacher with oversight for Safeguarding.

## Annex 1

### Flowchart for child protection procedures



## **Annex 4**

### **Dealing with disclosures**

#### **All staff should:**

A member of staff who is approached by a student 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 student or other students safe. The degree of confidentiality should always be governed by the need to protect the student.

Additional consideration needs to be given to students 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 student, 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 student 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 student may care about him/her, and reconciliation may be possible
- Do not ask the student 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 student 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, person's present and noticeable nonverbal behaviour, and the words used by the child. If the child uses sexual 'pet' words, record the actual words used, rather than translating them into 'proper' words
- Complete a body map to indicate the position of any noticeable bruising
- Record facts and observable things, rather than your 'interpretations' or 'assumptions'

## **Remember**

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

## **Review (led by DSL or the DDSL in her absence)**

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

## **What happens next?**

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

If they have concerns that the disclosure has not been acted upon appropriately they might inform the safeguarding lead 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 student or students' in a way that indicates he or she would pose a risk of harm to children**

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

- Report any concerns about the conduct of any member of staff or volunteer to the Head Teacher or the DSL as soon as possible
- If an allegation is made against the Head Teacher, the concerns need to be raised with the Chair of Governors and School Manager as soon as possible
- Once an allegation has been received by the Head Teacher or School Manager they will contact the Local Authority Designated Officer on 01962 876364 as soon as possible and before carrying out any investigation into the allegation other than preliminary enquiries.
- Inform the parents/carers of the allegation unless there is a good reason not to

In liaison with the LADO, the school will determine how to proceed and if necessary the LADO will refer the matter to children's social care and/or the police.

If the matter is investigated internally, the LADO will advise the school to seek guidance from their Head Teacher/s in following procedures set out in 'Keeping Children Safe in Education' (2018) and the HSCB procedures.

### **Briefing sheet for temporary and supply staff**

#### **For supply staff and those on short contracts in New Forest Small School**

While working in New Forest Small School, you have a duty of care towards the students here. This means that at all times you should act in a way that is consistent with their safety and welfare. In addition, if at any time you have a concern about a young person, particularly if you think they may be at risk of abuse or neglect, it is your responsibility to share that concern with the school designated safeguarding lead (DSL).

This is not an exhaustive list but you may have become concerned as a result of:

- observing a physical injury, which you think may have been non-accidental
- observing something in the appearance of a child or young person which suggests they are not being sufficiently well cared for
- observing behavior that leads you to be concerned about a child or young person
- a child or young person telling you that they have been subjected to some form of abuse

In any of the circumstances listed here, you must write down what you saw or heard, date and sign your account, and give it to the DSL. This may be the beginning of a legal process – it is important to understand that legal action against a perpetrator can be seriously damaged by any suggestion that the child has been led in any way.

If a child talks to you about abuse, you should follow these guidelines:

- Rather than directly questioning the child, just listen and be supportive
- Never stop a child who is freely recalling significant events, but don't push the child to tell you more than they wish
- Make it clear that you may need to pass on information to staff in other agencies who may be able to help – do not promise confidentiality. You are obliged to share any information relating to abuse or neglect
- Write an account of the conversation immediately, as close to verbatim as possible. Put the date and timings on it, and mention anyone else who was present. Then sign it, and give your record to the designated person/child protection officer, who should contact children's social care if appropriate

The school has a policy on safeguarding children and young people which you can find, together with the local procedures to be followed by all staff, on the school website.

**Remember, if you have a concern, discuss it with the DSL.**

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

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

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

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

### **Physical abuse**

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

### **Emotional abuse**

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

### **Sexual abuse**

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

### **Neglect**

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

provide adequate food, clothing and shelter (including exclusion from home or abandonment)



- protect a child from physical and emotional harm or danger
- ensure adequate supervision (including the use of inadequate care-givers)
- ensure access to appropriate medical care or treatment

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

## **Indicators of abuse**

### **Neglect**

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

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

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

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

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

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

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

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

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

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

### **Indicators of neglect**

**The following is a summary of some of the indicators that may suggest a child is being abused or is at risk of harm. It is important to recognise that indicators alone cannot**

**confirm whether a child is being abused. Each child should be seen in the context of their family and wider community and a proper assessment carried out by appropriate persons. What is important to keep in mind is that if you feel unsure or concerned, do something about it. Don't keep it to yourself.**

### **Physical indicators of neglect**

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

### **Behavioural indicators of neglect**

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

## **Emotional abuse**

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

Most harm is produced in *low warmth, high criticism* homes, not from single incidents.

Emotional abuse is difficult to define, identify/recognise and/or prove.

Emotional abuse is chronic and cumulative and has a long-term impact.

All kinds of abuse and neglect have emotional effects although emotional abuse can occur by itself.

Children can be harmed by witnessing someone harming another person – as in domestic violence.

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

### **Indicators of emotional abuse**

#### **Developmental issues**

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

#### **Behaviour**

- Acceptance of punishment which appears excessive
- Over-reaction to mistakes
- Continual self-deprecation (I'm stupid, ugly, worthless etc.)
- Neurotic behaviour (such as rocking, hair-twisting, thumb-sucking)
- Self-mutilation

- Suicide attempts
- Drug/solvent abuse
- Running away
- Compulsive stealing, scavenging
- Acting out
- Poor trust in significant adults
- Regressive behaviour – e.g., wetting
- Eating disorders
- Destructive tendencies
- Neurotic behaviour
- Arriving early at school, leaving late

### **Social issues**

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

### **Emotional responses**

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

### **Physical abuse**

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

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

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

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

- Multiple bruising or bruises and scratches (especially on the head and face)
- Clusters of bruises – e.g., fingertip bruising (caused by being grasped)
- Bruises around the neck and behind the ears – the most common abusive injuries are to the head
- Bruises on the back, chest, buttocks, or on the inside of the thighs
- Marks indicating injury by an instrument – e.g., linear bruising (stick), parallel bruising (belt), marks of a buckle
- Bite marks

- Deliberate burning may also be indicated by the pattern of an instrument or object – e.g., electric fire, cooker, cigarette
- Scalds with upward splash marks or *tide marks*
- Untreated injuries
- Recurrent injuries or burns
- Bald patches.

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

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

**You should be concerned if the 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, and 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.

## **Brook sexual behaviours traffic light tool**

### **Behaviours: age 0 to 5**

All green, amber and red behaviours require some form of attention and response. It is the level of intervention that will vary.

#### **What is a green behaviour?**

Green behaviours reflect safe and healthy sexual development. They are displayed between children or young people of similar age or developmental ability. They are reflective of natural curiosity, experimentation, consensual activities and positive choices

#### **What can you do?**

Green behaviours provide opportunities to give positive feedback and additional information.

#### **Green behaviours**

- holding or playing with own genitals
- attempting to touch or curiosity about other children's genitals
- attempting to touch or curiosity about breasts, bottoms or genitals of adults
- games e.g. mummies and daddies,
- doctors and nurses
- enjoying nakedness
- interest in body parts and what they do
- curiosity about the differences between boys and girls

#### **What is an amber behaviour?**

Amber behaviours have the potential to be outside of safe and healthy behaviour. They may be of potential concern due to age, or developmental differences. A potential concern due to activity type, frequency, duration or context in which they occur.

#### **What can you do?**

Amber behaviours signal the need to take notice and gather information to assess the appropriate action.

#### **Amber behaviours**

- preoccupation with adult sexual behaviour
- pulling other children's pants down/skirts up/trousers down against their will
- talking about sex using adult slang
- preoccupation with touching the genitals of other people
- following others into toilets or changing rooms to look at them or touch them
- talking about sexual activities seen on TV/online

#### **What is a red behaviour?**

Red behaviours are outside of safe and healthy behaviour. They may be excessive, secretive, compulsive, coercive, degrading or threatening and involving significant age, developmental, or power differences. They may pose a concern due to the activity type, frequency, duration or the context in which they occur

#### **What can you do?**

Red behaviours indicate a need for immediate intervention and action.

#### **Red behaviours**

- persistently touching the genitals of other children
- persistent attempts to touch the genitals of adults
- simulation of sexual activity in play
- sexual behaviour between young children involving penetration with objects
- forcing other children to engage in sexual play

## Behaviours: age 5 to 9 and 9 to 13

All green, amber and red behaviours require some form of attention and response. It is the level of intervention that will vary.

### What is a green behaviour?

Green behaviours reflect safe and healthy sexual development. They are displayed between children or young people of similar age or developmental ability and reflective of natural curiosity, experimentation, consensual activities and positive choices

### What can you do?

Green behaviours provide opportunities to give positive feedback and additional information.

#### Green behaviours 5-9

- feeling and touching own genitals
- curiosity about other children's genitals
- curiosity about sex and relationships, e.g. differences between boys and girls, how sex happens, where babies come from, same-sex relationships
- sense of privacy about bodies
- telling stories or asking questions using swear and slang words for parts of the body

#### Green behaviours 9-13

- solitary masturbation
- use of sexual language including swear and slang words
- having girl/boyfriends who are of the same, opposite or any gender
- interest in popular culture, e.g. fashion, music, media, online games, chatting online
- need for privacy
- consensual kissing, hugging, holding hands with peers

### What is an amber behaviour?

Amber behaviours have the potential to be outside of safe and healthy behaviour. They may be of potential concern due to age, or developmental differences. A potential concern due to activity type, frequency, duration or context in which they occur.

### What can you do?

Amber behaviours signal the need to take notice and gather information to assess the appropriate action.

#### Amber behaviours 5-9

- questions about sexual activity which persist or are repeated frequently, despite an answer having been given
- sexual bullying face to face or through texts or online messaging
- engaging in mutual masturbation
- persistent sexual images and ideas in talk, play and art
- use of adult slang language to discuss sex

#### Amber behaviours 9-13

- uncharacteristic and risk-related behaviour, e.g. sudden and/or provocative changes in dress, withdrawal from friends, mixing with new or older people, having more or less money than usual, going missing
- verbal, physical or cyber/virtual sexual bullying involving sexual aggression
- LGBT (lesbian, gay, bisexual, transgender) targeted bullying
- exhibitionism, e.g. flashing or mooning
- giving out contact details online
- viewing pornographic material
- worrying about being pregnant or having STIs

### What is a red behaviour?

Red behaviours are outside of safe and healthy behaviour. They may be excessive, secretive, compulsive, coercive, degrading or threatening and involving significant age, developmental, or power differences. They may pose a concern due to the activity type, frequency, duration or the context in which they occur

### What can you do?

Red behaviours indicate a need for immediate intervention and action.

#### Red behaviours 5-9

- frequent masturbation in front of others
- sexual behaviour engaging significantly younger or less able children
- forcing other children to take part in
- sexual activities
- simulation of oral or penetrative sex
- sourcing pornographic material online

#### Red behaviours 9-13

- exposing genitals or masturbating in public
- distributing naked or sexually provocative images of self or others
- sexually explicit talk with younger children
- sexual harassment
- arranging to meet with an online acquaintance in secret
- genital injury to self or others
- forcing other children of same age, younger or less able to take part in sexual activities
- sexual activity e.g. oral sex or intercourse
- presence of sexually transmitted infection (STI)
- evidence of pregnancy

## Behaviours: age 13 to 17

All green, amber and red behaviours require some form of attention and response. It is the level of intervention that will vary.

### What is a green behaviour?

Green behaviours reflect safe and healthy sexual development. They are displayed between children or young people of similar age or developmental ability and reflective of natural curiosity, experimentation, consensual activities and positive choices

### What can you do?

Green behaviours provide opportunities to give positive feedback and additional information.

### Green behaviours

- solitary masturbation
- sexually explicit conversations with peers
- obscenities and jokes within the current cultural norm
- interest in erotica/pornography
- use of internet/e-media to chat online
- having sexual or non-sexual relationships
- sexual activity including hugging, kissing, holding hands
- consenting oral and/or penetrative sex with others of the same or opposite gender who are of similar age and developmental ability
- choosing not to be sexually active

Amber behaviours have the potential to be outside of safe and healthy behaviour. They may be of potential concern due to age, or developmental differences. A potential concern due to activity type, frequency, duration or context in which they occur.

### What can you do?

Amber behaviours signal the need to take notice and gather information to assess the appropriate action.

### Amber behaviours

- accessing exploitative or violent pornography
- uncharacteristic and risk-related behaviour, e.g. sudden and/or provocative changes in dress,
- withdrawal from friends, mixing with new or older people, having more or less money than usual, going missing
- concern about body image
- taking and sending naked or sexually provocative images of self or others
- single occurrence of peeping, exposing, mooning or obscene gestures
- giving out contact details online
- joining adult- only social networking sites and giving false personal information
- arranging a face to face meeting with an online contact alone

excessive, secretive, compulsive, coercive, degrading or threatening and involving significant age, developmental, or power differences. They may pose a concern due to the activity type, frequency, duration or the context in which they occur

### What can you do?

Red behaviours indicate a need for immediate intervention and action.

### Red behaviours

- exposing genitals or masturbating in public
- preoccupation with sex, which interferes with daily function
- sexual degradation/humiliation of self or others
- attempting/forcing others to expose genitals
- sexually aggressive/exploitative behaviour
- sexually explicit talk with younger children
- sexual harassment
- non-consensual sexual activity
- use of/acceptance of power and control in sexual relationships
- genital injury to self or others
- sexual contact with others where there
- is a big difference in age or ability
- sexual activity with someone in authority and in a position of trust
- sexual activity with family members
- involvement in sexual exploitation and/or trafficking
- sexual contact with animals
- receipt of gifts or money in exchange for sex

### What is an amber behaviour?

### What is a red behaviour?

Red behaviours are outside of safe and healthy behaviour. They may be