



## Safeguarding Policy

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Committee Responsible:	FGB
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1.3	FGB	24/01/2018	Reviewed, no changes.

**Designated Safeguarding Lead** – Head Teacher Andrew SPENS

**Deputy Designated Safeguarding Lead** – Deputy Head Teacher Kelvin CHAPPELL

**Designated Safeguarding Governor** – Mrs Tracey HOLFORD

### Aims and Objectives

This policy applies to all staff, governors and volunteers who work in the school and has been carefully developed to take into account guidance given in;

- Working Together to Safeguard Children 2015
- Keeping Children Safe in Education 2016
- Safeguarding Children and Safer Recruitment in Education 2011
- The Education Act 2002
- Counter Terrorism Security Act 2015
- The procedures of South Gloucestershire Safeguarding Children Board (SGSCB)

### Principles

Section 175 of the Education Act 2002 gives maintained schools a statutory duty to promote and safeguard the welfare of children, and have due regard to the guidance highlighted above. This school recognises its legal and moral duty to promote the well-being of children, and protect them from harm, and respond to child abuse. We acknowledge our responsibilities to both protect children from maltreatment and prevent impairment. We will promote their welfare by creating

opportunities for them to achieve their full potential and thus giving them optimum life chances in adulthood.

We believe that every child regardless of age has at all times and in all situations a right to feel safe and protected from any situation or practice that results in a child being physically or psychologically damaged. This includes any form of bullying (for example, racist).

We recognise that many of the risks to children in the 'real world' equally apply to the 'virtual world' that children and young people may encounter when they use ICT in its various forms. We take seriously our responsibility to educate our children to help them to become safe and responsible users of new technologies, and allow them to be discriminating users of both the content they discover and the contacts they make online. Our aim is to teach them the appropriate behaviours and critical thinking skills to remain both safe and legal online, wherever and whenever they use technology.

We agree that we have a primary responsibility for the care, welfare and safety of the pupils in our charge, and we will carry out this duty through our teaching and learning, extra curricular activities, pastoral care and extended school activities. In order to achieve this, all members of staff (including volunteers and governors) in this school, in whatever capacity, will at all times act proactively in child welfare matters especially where there is a possibility that a child may be at risk of significant harm.

The school seeks to adopt an open and accepting attitude towards children as part of their responsibility for pastoral care. The school hopes that parents and children will feel free to talk about any concerns and will see school as a safe place if there are any difficulties at home.

Children's worries and fears will be taken seriously if they seek help from a member of staff. However, staff cannot promise secrecy if concerns are such that referral must be made to the appropriate agencies in order to safeguard a child's welfare.

Our school believes in the importance of early identification of issues for children and young people. We fully endorse the principles of multi-agency working and will engage in the CAF (Common Assessment Framework) process for any child in our school for whom we feel this is appropriate.

In our school, if we have suspicions that a child's physical, sexual or emotional wellbeing is being, or is likely to be, harmed, or that they are being neglected, we will take appropriate action in accordance with the procedures of SGSCB which are to be found at [swcpp.org.uk](http://swcpp.org.uk).

As a consequence, we

- assert that teachers and other members of staff (including volunteers) in the school are an integral part of the child safeguarding process;
- accept totally that safeguarding children is an appropriate function for all members of staff in the school, and wholly compatible with their primary pedagogic responsibilities.
- recognise that safeguarding children in this school is a responsibility for all staff, including volunteers, and the Governing body;

- will ensure through training and supervision that all staff and volunteers in the school are alert to the possibility that a child is at risk of suffering harm, and know how to report concerns or suspicions;
- will designate a senior member of staff with knowledge and skills in recognising and acting on child protection concerns. He or she will act as a source of expertise and advice, and is responsible for co-ordinating action within the school and liaising with other agencies;
- ensure (through the designated member of staff) that staff with designated responsibility for safeguarding will receive appropriate training to the minimum standard set out by the SGSCB.
- will share our concerns with others who need to know, and assist in any referral process;
- will ensure that all members of staff and volunteers who have suspicion that a child may be suffering, or may be at risk of suffering significant harm, refer such concerns to the Designated member of staff, who will refer on to Children's Social Care in accordance with the procedures issued by SGSCB.
- safeguard the welfare of children whilst in the school, through positive measures to address bullying, especially where this is aggravated by sexual or racial factors, disability or special educational needs, or technology
- will ensure that all staff are aware of the safeguarding procedures established by SGSCB and, where appropriate, the Local Authority, and act on any guidance or advice given by them;
- will ensure through our recruitment and selection of volunteers and paid employees that all people who work in our school are suitable to work with children,
- will act swiftly and make appropriate referrals where an allegation is made that a member of staff has committed an offence against a child, harmed a child, or acted in a way that calls into question their suitability for working with children.

The school recognises the need to be alert to the risk posed by strangers, or others (Including the parents or carers of other students), who may wish to harm students on the school site, or students travelling to and from the school. In such cases, the school will take all reasonable steps to lessen such risks.

### **SAFEGUARDING CHILDREN WHO ARE VULNERABLE TO RADICALISATION**

Since 2010 when the Government first published the Prevent Strategy there has been an awareness of the specific need to safeguard children from violent extremism. The current threat from terrorism in the United Kingdom may include the exploitation of vulnerable people to involve them in terrorism or activity in support of terrorism. The normalisation of extreme views may also make children vulnerable to future manipulation and exploitation. St. Helen's Primary School is clear that this exploitation and radicalisation should be viewed as a safeguarding concern and that protecting children from risk of radicalisation is part of the school's safeguarding duty.

There is no single way of identifying an individual who is likely to be susceptible to a terrorist ideology. As with managing other safeguarding risks, staff should be alert to changes in children's behaviour which could indicate that they may be in need of help or protection. Children at risk of radicalisation may display different signs or seek to hide their view.

From the 1<sup>st</sup> July 2015 all schools had a duty to have "due regard to the need to prevent people being drawn into terrorism" and are required to identify a Prevent Single Point of Contact (SPOC). The SPOC for our school is the Head Teacher Andrew SPENS who is responsible for completing the 'Prevent' action plan.

When any member of staff has concerns that a child may be at risk of radicalisation or involvement in terrorism they should speak directly to the SPOC.

### **SAFEGUARDING CHILDREN WHO ARE VULNERABLE TO SEXUAL EXPLOITATION**

Child sexual exploitation is a form of child abuse which involves an imbalance of power and results in a child or young person receiving something in exchange for sexual activity. The 'gift' does not need to be a material item it can be as simple as giving a child time and attention. Both the victims of child sexual exploitation and its perpetrators can be from any ethnic background, of any age and be both male and female.

Our safeguarding policy, and the school's values and ethos, provides the basic platform to ensure children are given support to respect themselves and others, stand up for themselves and protect each other.

Staff are supported to recognise warning signs and symptoms in relation to child sexual exploitation, and include such issues in an age appropriate way in the curriculum.

### **SAFEGUARDING CHILDREN WHO ARE VULNERABLE TO FEMALE GENITAL MUTILATION**

Since October 2015 all schools are subject to a mandatory reporting requirement in respect of female genital mutilation (FGM). When a teacher discovers that an act of FGM appears to have been carried out on a girl under 18, that teacher has a statutory duty to report it to the police.

Staff are aware of the risk factors associated with FGM through on-going training and any concerns about a child or a sibling will be brought to the attention of the designated person.

### **SAFEGUARDING CHILDREN WHO ARE VULNERABLE TO FORCED MARRIAGE**

Forced marriage is a marriage conducted without the valid consent of one or both parties where some element of duress is a factor. It is a form of child abuse / domestic abuse and should be treated as such. Any concern regarding a child or sibling being vulnerable to Forced marriage will be brought to the immediate attention of the designated person.

### **SAFEGUARDING CHILDREN WHO ARE VULNERABLE TO 'HONOUR' BASED VIOLENCE**

'Honour' based violence (HBV) occurs when perpetrators believe a relative or other individual has shamed or damaged a family's or community's 'honour' or reputation, and that the only way to redeem the damaged 'honour' is to punish / kill the individual.

Staff are aware of the 'one chance' rule in respect of both HBV and Forced Marriage as there may be only one chance to speak to a potential victim and in the worst case scenario only one chance to save a life. Any concerns regarding HBV will be brought to the immediate attention of the designated person.

### **DESIGNATED MEMBER OF STAFF**

1. The designated senior member of staff (designated person) for child protection in this school is:

Head Teacher: Andrew Spens

2. In their absence, these matters will be dealt with by:

Deputy Head Teacher: Kelvin Chappell

3. The designated person is key to ensuring that proper procedures and policies are in place and are followed with regard to safeguarding issues. They will also act as a dedicated resource available for other staff, volunteers and governors to draw upon.

4. The school recognises that

- The designated person must have the status and authority within the school management structure to carry out the duties of the post – they must therefore be a senior member of staff in the school.
- All members of staff (including volunteers) must be made aware of who this person is and what their role is.
- The designated person will act as a source of advice and coordinate action within the school over child protection cases
- The designated person will need to liaise with other agencies and build good working relationships with colleagues from these agencies.
- They should possess skills in recognising and dealing with child welfare concerns.
- Appropriate training and support should be given.
- The designated person is the first person to whom members of staff report concerns.
- The designated person is responsible for referring cases of suspected abuse or allegations to the relevant investigating agencies according to the procedures established by SGSCB. If the situation is urgent, however, any member of staff can make a referral.
- The designated person is not responsible for dealing with allegations made against members of staff.

To be effective the designated person or deputy will:

- Act as a source of advice, support and expertise within the school and be responsible for coordinating action regarding referrals by liaising with Children's Social care and other relevant agencies over suspicions that a child may be suffering harm.
- Cascade safeguarding advice and guidance issued by SGSCB.
- Where they have concerns that a referral has not been dealt with in accordance with the child protection procedures, refer to the Business manager of SGSCB to investigate further.
- Ensure each member of staff and volunteers at the school, and regular visitors (such as Education Welfare Officers, trainee teachers and supply teachers) are aware of and can access readily, this policy.
- Liaise with the head teacher (if not head teacher) to inform him/her of any issues and ongoing investigations and ensure there is always cover for the role.
- Ensure that this policy is updated and reviewed annually and work with the designated governor for child protection regarding this.
- Be able to keep detailed accurate secure written records of referrals/concerns, and ensure that these are held in a secure place.
- Ensure parents are aware of the safeguarding policy in order to alert them to the fact that the school may need to make referrals. Raising parents' awareness may avoid later conflict if the school does have to take appropriate action to safeguard a child. Our safeguarding policy is available on the school website.
- Where children leave the school roll, ensure any safeguarding file is transferred to the new school as soon as possible, separately from the main file, and addressed to the designated person for safeguarding.
- Where a child leaves and the new school is not known, ensure that the local authority is alerted so that the child's name can be included on the database for missing pupils.

The designated person also has an important role in ensuring all staff and volunteers receive appropriate training. They should:

- Attend training in how to identify abuse and know when it is appropriate to refer a case
- Have a working knowledge of how SGSCB operates and the conduct of a child protection case conference and be able to attend and contribute to these (and other professionals meetings) when required.
- Attend any relevant or refresher training courses and then ensure that any new or key messages are passed to other staff, volunteers and governors.
- Make themselves (and any deputies) known to all staff, volunteers and governors (including new starters and supply teachers) and ensure those members of staff have had training in child

protection. This should be relevant to their needs to enable them to identify and report any concerns to the designated teacher immediately.

### **DESIGNATED GOVERNOR**

The Designated Governor for Child Protection at this school is:

Mrs Tracey Holford

Safeguarding is of paramount importance at St. Helen's. Where appropriate, the Governors will ensure that sufficient resources are made available to enable the necessary tasks to be carried out properly under inter-agency procedures.

The Governors will ensure that the designated member of staff for child protection is given sufficient time to carry out his or her duties, including accessing training.

The safeguarding governor will assist the designated person in completing the annual local authority safeguarding audit.

The Governors will review safeguarding practices in the school on a regular basis, and no less than annually, to ensure that:

- The school is carrying out its duties to safeguard the welfare of children at the school;
- Members of staff and volunteers are aware of current practices in this matter, and that staff receive training where appropriate;
- They attend training Child Protection/Safeguarding training for Governors
- Safeguarding is integrated with induction procedures for all new members of staff and volunteers
- The school follows the procedures agreed by SGSCB, and any supplementary guidance issued by the Local Authority
- Only persons suitable to work with children shall be employed in the school, or work here in a voluntary capacity
- Where safeguarding concerns about a member of staff are substantiated, take appropriate disciplinary action

### **RECRUITMENT**

In order to ensure that children are protected whilst at this school, we will ensure that our staff and volunteers are carefully selected, screened, trained and supervised.

We accept that it is our responsibility to follow the guidance set out in "Safeguarding Children and Safer Recruitment in Education", in particular:

- Before appointing someone, follow up each reference with a telephone call or personal contact during which we will discuss the applicant's suitability to work with vulnerable children.

- Check that all adults with substantial access to children at this school have an enhanced Disclosure and Barring Service check before starting work, and prior to confirmation of appointment.

We will ensure that at least one member of any interview panel has completed certified National College for School Leadership (NSCL) Safer Recruitment Training.

In addition, we will ensure that the following checks are satisfactorily completed before a person takes up a position in the school:

- Identity checks to establish that applicants are who they claim to be and are eligible to work here
- Academic qualifications, to ensure that qualifications are genuine
- Professional and character references prior to offering employment
- Satisfy conditions as to health and physical capacity
- Previous employment history will be examined and any gaps accounted for

## **VOLUNTEERS**

We understand that some people otherwise unsuitable for working with children may use volunteering to gain access to children; for this reason, any volunteers in the school, in whatever capacity, will be given the same consideration as paid staff.

Where a parent or other volunteer helps on a one-off basis, he/she will only work under the direct supervision of a member of staff, and at no time have one to one contact with children. However, if a parent or other volunteer is to be in school regularly or over a longer period then they will be checked to ensure their suitability to work with children.

Safeguarding awareness training will be completed annually.

## **INDUCTION & TRAINING**

All new members of staff will receive induction training, which will give an overview of the organisation and ensure they know its purpose, values, services and structure, as well as identifying and reporting abuse, and confidentiality issues.

All new staff at the school (including volunteers) will receive basic child protection information and a copy of this policy within one week of starting their work at the school.

All staff will be expected to attend training on safeguarding children that will enable them to fulfil their responsibilities in respect of child protection effectively. The school will provide this training through the designated person.

Staff will attend refresher training every three years, and the designated person every two years.

## **DEALING WITH CONCERNS**

Members of staff and volunteers are not required by this school to investigate suspicions; if somebody believes that a child may be suffering, or may be at risk of suffering significant harm, they

must always refer such concerns to the designated person or deputy, who will refer the matter to the relevant Children's Services. If the situation is urgent, any member of staff can make such a referral.

To this end, volunteers and staff will follow the procedures below;

- Upon the receipt of any information from a child, or if any person has suspicions that a child may be at risk of harm, or
- If anyone observes injuries that appear to be non-accidental, or
- where a child or young person makes a direct allegation or implies that they have been abused,
- makes an allegation against a member of staff

they must record what they have seen, heard or know accurately at the time the event occurs, and share their concerns with the designated person (or head teacher if an allegation about a member of staff) and agree action to take. If an allegation is made against the Head Teacher the Chair of Governors must be informed.

We will ensure that all members of staff and employees are familiar with the procedures for keeping a confidential written record of any incidents and with the requirements of SGSCB.

Where any member of staff fails to report their concerns, this may be dealt with as a disciplinary matter.

### **SAFEGUARDING IN SCHOOL**

As well as ensuring that we address safeguarding concerns, we will also ensure that children who attend the school are kept safe from harm whilst they are in our charge.

To this end, this policy must be seen in light of the school's policies on:

- Personal, Social and Health Education and Sex and Relationships Education; safeguarding issues will be addressed through the curriculum as appropriate
- E-Safety
- First Aid
- Bullying; the school will also ensure that bullying is identified and dealt with so that any harm caused by other pupils can be minimised. We will pay particular attention to sexualized behaviour, or bullying that is homophobic in nature, or where there appear to be links to domestic abuse in the family home.
- Safer recruitment and code of conduct for staff
- Racist incidents
- Confidentiality
- Behaviour and the school rules

- Health & Safety
- Physical Intervention
- Allegations against members of staff

### **PHOTOGRAPHING CHILDREN**

We understand that parents like to take photos of or video record their children in the school play, or at sports day, or school presentations. This is a normal part of family life, and we will not discourage parents from celebrating their child's successes. However, if there are Health and Safety issues associated with this - i.e. the use of a flash when taking photos could distract or dazzle the child, and cause them to have an accident, we will encourage parents to use film or settings on their camera that do not require flash.

We will not allow images of pupils to be used on school websites, publicity, or press releases, without express permission from the parent, and if we do obtain such permission, we will not identify individual children by name.

The school cannot be held accountable for photographs or video footage taken by parents or members of the public at school functions and parents will be asked not to share photographs of other children on social media.

The school has cameras and iPads available to record children's learning and achievements within the school environment and whilst on school trips.

### **CONFIDENTIALITY**

The school, and all members of staff at the school, will ensure that all data is handled in accordance with the requirements of the law, and any national and local guidance.

Any member of staff who has access to sensitive information about a child or the child's family must take all reasonable steps to ensure that such information is only disclosed to those people who need to know.

Regardless of the duty of confidentiality, if any member of staff has reason to believe that a child may be suffering harm, or be at risk of harm, their duty is to forward this information without delay to the designated member of staff for safeguarding.

### **CONDUCT OF STAFF**

The school has a duty to ensure that professional behaviour applies to relationships between staff and children, and that all members of staff are clear about what constitutes appropriate behaviour and professional boundaries.

At all times, members of staff are required to work in a professional way with children. All staff should be aware of the dangers inherent in:

- working alone with a child
- physical interventions
- cultural and gender stereotyping
- dealing with sensitive information
- giving to and receiving gifts from children and parents
- contacting children through private telephones (including texting), e-mail, MSN, or social networking websites. Teaching staff have access to a school mobile telephone whilst on trips away from the school.
- disclosing personal details inappropriately
- meeting pupils outside school hours or school duties

If any member of staff has reasonable suspicion that a child is suffering harm, and fails to act in accordance with this policy and SGSCB procedures, we will view this as misconduct, and take appropriate action

#### **PHYSICAL CONTACT & RESTRAINT**

Members of staff may have to make physical interventions with children. Members of staff should only do this where:

- It is necessary to protect the child, or another person, from immediate danger,

or

- Where the member of staff has received suitable training

#### **ALLEGATIONS AGAINST MEMBERS OF STAFF**

If anyone makes an allegation that any member of staff (including any volunteer or Governor) may have:

- Committed an offence against a child
- Placed a child at risk of significant harm
- Behaved in a way that calls into question their suitability to work with children the allegation will be dealt with in accordance with national guidance and agreements, as implemented locally by SGSCB.

The head teacher, rather than the designated member of staff will handle such allegations, unless the allegation is against the head teacher, when the chair of governors will handle the school's

response. The head teacher (or chair of governors) will gather information about the allegation, and report these without delay to the Local Authority.

#### **BEFORE AND AFTER SCHOOL ACTIVITIES**

Where the Governing Body transfers control of use of school premises to bodies (such as sports clubs) to provide out of school hours activities, we will ensure that these bodies have appropriate safeguarding and child protection policies and procedures, and that there are arrangements in place to link with the school on such matters. Such considerations will be made explicit in any contract or service level agreement with the bodies.

#### **CONTRACTED SERVICES**

Where the Governing Body contracts its services to outside providers, we will ensure that these providers have appropriate safeguarding and child protection policies and procedures, and that there are arrangements in place to link with the school on such matters. Such considerations will be made explicit in any contract or service level agreement with the provider.

The equalities impact in relation to this policy has been assessed.

This Policy will be reviewed annually.

# APPENDICES

# DEFINITIONS AND INDICATORS OF ABUSE

## 1. 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 maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

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

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

The following may be indicators of neglect (this is not designed to be used as a checklist):

- Constant hunger;
- Stealing, scavenging and/or hoarding food;
- Frequent tiredness or listlessness;
- Frequently dirty or unkempt;
- Often poorly or inappropriately clad for the weather;
- Poor school attendance or often late for school;
- Poor concentration;
- Affection or attention seeking behaviour;
- Illnesses or injuries that are left untreated;
- Failure to achieve developmental milestones, for example growth, weight;
- Failure to develop intellectually or socially;
- Responsibility for activity that is not age appropriate such as cooking, ironing, caring for siblings;
- The child is regularly not collected or received from school; or
- The child is left at home alone or with inappropriate carers

## 2. 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.

The following may be indicators of physical abuse (this is not designed to be used as a checklist):

- Multiple bruises in clusters, or of uniform shape;
- Bruises that carry an imprint, such as a hand or a belt;
- Bite marks;
- Round burn marks;
- Multiple burn marks and burns on unusual areas of the body such as the back, shoulders or buttocks;
- An injury that is not consistent with the account given;
- Changing or different accounts of how an injury occurred;
- Bald patches;
- Symptoms of drug or alcohol intoxication or poisoning;
- Unaccountable covering of limbs, even in hot weather;
- Fear of going home or parents being contacted;
- Fear of medical help;
- Fear of changing for PE;
- Inexplicable fear of adults or over-compliance;
- Violence or aggression towards others including bullying; or
- Isolation from peers.

### **3. SEXUAL ABUSE**

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

The following may be indicators of sexual abuse (this is not designed to be used as a checklist):

- Sexually explicit play or behaviour or age-inappropriate knowledge;
- Anal or vaginal discharge, soreness or scratching;
- Reluctance to go home;
- Inability to concentrate, tiredness;
- Refusal to communicate;
- Thrush, persistent complaints of stomach disorders or pains;
- Eating disorders, for example anorexia nervosa and bulimia;
- Attention seeking behaviour, self-mutilation, substance abuse;
- Aggressive behaviour including sexual harassment or molestation;
- Unusual compliance;
- Regressive behaviour, enuresis, soiling;
- Frequent or open masturbation, touching others inappropriately;
- Depression, withdrawal, isolation from peer group;
- Reluctance to undress for PE or swimming; or
- Bruises or scratches in the genital area.

#### **4. SEXUAL EXPLOITATION**

Child sexual exploitation occurs when a child or young person, or another person, receives “something” (for example food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of the child/young person performing sexual activities, or another person performing sexual activities on the child/young person.

The presence of any significant indicator for sexual exploitation should trigger a referral to children’s social care. The significant indicators are:

- Having a relationship of concern with a controlling adult or young person (this may involve physical and/or emotional abuse and/or gang activity);
- Entering and/or leaving vehicles driven by unknown adults;
- Possessing unexplained amounts of money, expensive clothes or other items;
- Frequenting areas known for risky activities;
- Being groomed or abused via the Internet and mobile technology; and
- Having unexplained contact with hotels, taxi companies or fast food outlets.

#### **5. EMOTIONAL ABUSE**

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

The following may be indicators of emotional abuse (this is not designed to be used as a checklist):

- The child consistently describes him/herself in very negative ways – as stupid, naughty, hopeless, ugly;
- Over-reaction to mistakes;
- Delayed physical, mental or emotional development;
- Sudden speech or sensory disorders;
- Inappropriate emotional responses, fantasies;
- Neurotic behaviour: rocking, banging head, regression, tics and twitches;
- Self harming, drug or solvent abuse;
- Fear of parents being contacted;
- Running away;
- Compulsive stealing;
- Appetite disorders - anorexia nervosa, bulimia; or
- Soiling, smearing faeces, enuresis.

N.B.: Some situations where children stop communication suddenly (known as “traumatic mutism”) can indicate maltreatment.

## **6. RESPONSES FROM PARENTS**

Research and experience indicates that the following responses from parents may suggest a cause for concern across all four categories:

- Delay in seeking treatment that is obviously needed;
- Unawareness or denial of any injury, pain or loss of function (for example, a fractured limb);
- Incompatible explanations offered, several different explanations or the child is said to have acted in a way that is inappropriate to her/his age and development;
- Reluctance to give information or failure to mention other known relevant injuries;
- Frequent presentation of minor injuries;
- A persistently negative attitude towards the child;
- Unrealistic expectations or constant complaints about the child;
- Alcohol misuse or other drug/substance misuse;
- Parents request removal of the child from home; or
- Violence between adults in the household.

## **7. DISABLED CHILDREN**

When working with children with disabilities, practitioners need to be aware that additional possible indicators of abuse and/or neglect may also include:

- A bruise in a site that might not be of concern on an ambulant child such as the shin, might be of concern on a non-mobile child;
- Not getting enough help with feeding leading to malnourishment;
- Poor toileting arrangements;
- Lack of stimulation;
- Unjustified and/or excessive use of restraint;
- Rough handling, extreme behaviour modification such as deprivation of medication, food or clothing, disabling wheelchair batteries;
- Unwillingness to try to learn a child's means of communication;
- Ill-fitting equipment. for example callipers, sleep boards, inappropriate splinting;
- Misappropriation of a child's finances; or
- Inappropriate invasive procedures.

## DEALING WITH A DISCLOSURE OF ABUSE

### GUIDANCE ON HANDLING A DISCLOSURE FROM A CHILD

What should you do if a child comes to you and tells you that they are being abused? It's normal to feel overwhelmed and confused in this situation. Child abuse is a difficult subject that can be hard to accept and even harder to talk about. Children who are abused are often threatened by the perpetrators to keep the abuse a secret. Thus, telling an adult takes a great amount of courage. Children have to grapple with a lot of issues, including the fear that no one will believe them. So, care must be taken to remain calm and to show support to the child throughout the disclosure phase. The following guidelines will help lessen the risk of causing more trauma to the child and/or compromising a criminal investigation during the disclosure phase.

#### **Receive:**

Listen to what is being said without displaying shock or disbelief. A common reaction to news as unpleasant and shocking as child abuse is denial. However, if you display denial to a child, or show shock or disgust at what they are saying, the child may be afraid to continue and will shut down. Accept what is being said without judgement. Take it seriously.

#### **Reassure:**

Reassure the child, but only so far as is honest and reliable. Don't make promises that you can't be sure to keep, e.g. "everything will be all right now".

Reassure the child that they did nothing wrong and that you take what is said seriously.

Don't promise confidentiality – never agree to keep secrets. You have a duty to report your concerns. Tell the child that you will need to tell some people, but only those whose job it is to protect children.

Acknowledge how difficult it must have been to talk. It takes a lot for a child to come forward about abuse.

#### **React:**

Listen quietly, carefully and patiently. Do not assume anything – don't speculate or jump to conclusions. Do not investigate, interrogate or decide if the child is telling the truth.

Remember that an allegation of child abuse may lead to a criminal investigation, so don't do anything that may jeopardise a police investigation.

Let the child explain to you in his or her own words what happened, but don't ask leading questions. Do ask open questions like "Is there anything else that you want to tell me?"

Communicate with the child in a way that is appropriate to their age, understanding and preference. This is especially important for children with disabilities and for children whose preferred language is not English. Do not ask the child to repeat what they have told you to another member of staff.

Explain what you have to do next and whom you have to talk to. Refer directly to the named child protection officer or designated person in your organisation (Andy Spens and Kelvin Chappell (Deputy)). Do not discuss the case with anyone outside the child protection team.

**Record:**

Make some very brief notes at the time and write them up in detail as soon as possible. Do not destroy your original notes in case they are required by Court. Record the date, time, place, words used by the child and how the child appeared to you – be specific. Record the actual words used; including any swear words or slang. Record statements and observable things, not your interpretations or assumptions – keep it factual.

### **SELF-HARM – Information and guidance for school staff**

The information and suggestions in this appendix are intended to give school staff ideas to support young people who harm themselves.

#### **What is self-harm?**

- Self-harm is any behaviour where the intent is to deliberately cause self-harm.
- Self-harm can be a transient behaviour in young people that is triggered by particular stresses and resolves fairly quickly, or it may be part of a longer term pattern of behaviour that is associated with more serious emotional/mental health difficulty. Where there are a number of underlying risk factors present the risk of further self-harm is greater.
- Over the last forty years there has been a large increase in the number of young people who deliberately harm themselves.

Examples of self-harming behaviour include:

- cutting
- taking an overdose of tablets
- swallowing hazardous materials or substances
- burning - either physically or chemically
- over/under medicating e.g. misuse of paracetamol, insulin or thyroxine
- punching/hitting/bruising
- hair pulling/skin picking/head banging
- high risk behaviour, such as running in front of cars
- episodes of alcohol/drug abuse or over/under eating can at times be acts of deliberate self-harm

For primary aged children:

- Small shallow cuts
- Hair pulling
- Head banging against hard objects
- Deliberate self-grazing or scratching

#### **Risk factors**

Any of the following risk factors, particularly in combination, may make a young person particularly vulnerable to self-harm:

## **Individual Factors**

- low mood/anxiety
- difficulty communicating
- low self esteem
- poor problem solving skills
- hopelessness
- impulsivity
- drug or alcohol abuse
- confusion about sexuality or feeling different/unaccepted

## **Family factors**

- unreasonable expectations
- religious/ethnicity/cultural identity dilemmas or conflict
- young carers' role within the family
- domestic violence
- neglect or abuse (physical, sexual or emotional)
- poor parental relationships and arguments
- depression, deliberate self-harm or suicide in the family

## **Social factors**

- difficulty in making relationships/loneliness
- persistent bullying or peer rejection
- racism
- homophobic attitudes or bullying of children who think they may be gay, lesbian or bisexual
- easy availability of drugs, medication or other methods of self-harm

## **Triggers for self-harm behaviour**

A number of factors may trigger the self-harm incident:

- family relationship difficulties (the most common trigger for younger adolescents)
- difficulties with peer relationships e.g. break up of relationship (the most common trigger for older adolescents)
- bullying
- significant trauma e.g. bereavement, abuse
- self-harm behaviour in other students or in the media (contagion effect)
- difficult times of the year (e.g. anniversaries)
- trouble in school or with the police
- feeling under pressure from families, school and peers to conform/achieve
- exam pressure
- times of change (e.g. parental separation/divorce)

## **Warning signs**

There may be a change in behaviour of the young person which is associated with self-harm or other serious emotional difficulties:

- changes in eating/sleeping habits
- increased isolation from friends/family
- changes in activity and mood e.g. more, or less irritable or aggressive than usual
- lowering of academic grades
- talking about self-harming or suicide
- abusing drugs or alcohol
- becoming socially withdrawn
- expressing feelings of failure, worthlessness or loss of hope
- giving away possessions
- bullying other students or becoming more aggressive than normal in dealings with other students or peers
- changes in clothing e.g. loss of pride in appearance and being reluctant to roll sleeves up in front of other people or wearing long sleeves even in very hot weather
- obvious cuts, scratches or burns that do not look accidental in nature
- frequent accidents that cause physical injury
- regularly bandaged arms or wrists

## **How to help a young person who has self-harmed**

Children may choose to confide in a member of school staff if they are concerned about their own welfare, or that of a peer. School staff may experience a range of feelings in response to self-harm in a child such as anger, sadness, shock, disbelief and helplessness. However, in order to offer the best possible help to the child it is important to try and maintain a supportive and open attitude – a child who has chosen to discuss their concerns with a member of school staff is showing a considerable amount of courage and trust.

Children need to be made aware that staff cannot promise confidentiality if concerns are such that a referral must be made to the appropriate agencies in order to safeguard a child's welfare.

## **Procedure for dealing with self-harming at St. Helen's**

Where a member of staff is informed of or discovers a child is self-harming:

- stay calm. Give reassurance. Listen. Follow first aid guidelines as necessary
- in an emergency or case of overdose (however small) seek medical advice and if necessary call an ambulance
- ensure the child understands the limits of confidentiality
- inform the designated safeguarding lead (Andy SPENS) or in his absence the deputy safeguarding lead (Kelvin CHAPPELL)
- complete the relevant incident report and paperwork

### **Follow up considerations**

- Consultation with Primary Mental Health Specialist (PMHS) at the local Child and Adolescent Mental Health Service (CAMHS) may be helpful
- Consider initiating a Single Assessment for early help (SAFeh)
- Arrange a meeting with parents and the young person, if appropriate, seek consent for other relevant professionals' involvement
- Continue to assess needs. Plan and co-ordinate support services and implement the plan where necessary
- Record and set a review date