



Chelsea Open Air Nursery School and Children's Centre

## **Safeguarding**

(Safeguarding and Child Protection)

The policy above will be monitored and evaluated following the policy cycle at

Chelsea Open Air

Date of establishment: 2003

Date of Last Review: 09/11/2015

Date of next Review: 4/2016

## CHELSEA OPEN AIR NURSERY SCHOOL & CHILDREN'S CENTRE

### Safeguarding, Child Protection Policy and Procedures

As part of our role in caring for children within the learning environment we all as staff, governors and volunteers working in COA primarily must establish a safe environment in which children can learn and develop. We all have a part to play in raising awareness of child protection issues including the development and implementation of policy and procedures for identifying and reporting cases as well as ensuring the prevention of abuse through the curriculum as well as in partnership other agencies.

Due to our day-to-day contact with the children, staff are well placed to observe the outward signs of abuse;

- To provide a safe environment in which to learn
- To identify children who are suffering or who are likely to suffer significant harm and take appropriate action to ensure their safety.
- To ensure children know there are adults in COA whom they can approach if they are worried and that we can help all children acquire the relevant information, skills, awareness and attitudes both to resist abuse in their own lives and become resilient.
- To support children to know at a developmentally appropriate level where to find help in order to prepare them for their own adult lives, including parenthood via the many opportunities presented in the Personal, Social and Emotional Development area of the Early Years Foundation Stage so they develop the skills to recognise and stay safe from abuse.

DESIGNATED staff member:

**Julie Coackley**

(In her absence the deputy head Talia Robinson will be the designated person)

EWS DIVISIONAL MANAGER:

**Hilary Shaw**

TELEPHONE NO: **.020 7598 4876**

LADO:

**Jane Foster**

TELEPHONE NO: **020 7641 6108**

Aims:

1. To raise the awareness and confidence of all staff of the need for child protection and of their responsibilities in identifying and reporting possible causes of abuse, sensitively across the social spectrum.
2. To use the systematic monitoring methods of the Local Safeguarding Children's Board of children thought to be at risk.
3. To ensure that unvetted adults are never left alone with children and that there are rigorous checks for CRB, vetting and barring in partnership with the RBKC services and external agencies.

4. To ensure all staff to communicate clearly and succinctly at all levels and receive regular child protection training on the symptoms, how to recognise them: and case studies on liaising
5. To use the simply structured procedure to be followed by all members of the school community in cases of suspected abuse of children.
6. To promote an understanding of safeguarding and our duty to share child protection issues with other professionals and agencies with parents in order to work more effectively to protect the child.
7. To support the child's development in ways which will foster security, confidence and independence, to help them resist abuse and prepare for the responsibilities of life.
8. To integrate an awareness and understanding of safeguarding, personal safety and child protection throughout the COA curriculum particularly in relation to Every Child Matters.
9. To develop a support network for all members of the COA community, including parents and to build their understanding of COA's responsibility to ensure the welfare of all children via the prospectus, other documents and meetings.
10. To ensure that staff do not make themselves vulnerable and have three yearly CRB checked.
11. To support children, their families and staff, if a child protection incident were to occur.

### **Our role in relation to the other professionals**

- The designated staff member at COA for Child Protection is the head of Centre Julie Coackley. In her absence the deputy head Talia Robinson will be the designated person.
- Julie Coackley has received appropriate training and support for the role and the responsibility of liaising with Social Care department and other relevant agencies over cases of child abuse. This person receives appropriate and up to date training and support from RBK&C annually. We also have a nominated governor-Serena Barrow for Safeguarding. Other senior staff also receive regular safeguarding training too. All staff receive annual training from Hilary Shaw the RBKC Education Welfare Officer in child protection and safeguarding.
- The Children Act 1989 and 2004 placed a duty to co-operate on all services for children and young people with prevention, early intervention and rapid response to identified need as elements to be in place. In addition to this Working Together to Safeguard Children 2006 stressed this responsibility still further.
- Family and Children's Services-social care will promptly notify COA of any child at risk and a conference will be set up to decide whether or not the child should be subject to a care protection plan.

- We need to pay particular attention to the ongoing attendance and development of such children. The designated educator should report any further concerns to the relevant social worker.
- We keep secure written records of concerns about children, even when there is no need to refer the matter immediately in a locked location.
- Social care will inform the COA of any changes in the status or the placement of the child or their care plan. Likewise we will notify them of an unexplained absence of more than two days of a child on the child protection register.
- All staff should be familiar with the contents of this policy and are aware of what to do if worried about a child. Therefore it is an important part of the staff induction process where safe recruitment practices are always followed.
- To teach all children particularly via their PSE Development what a secure environment is and how they are valued and listened to within it.
- All staff should inform senior colleagues and ask for support in any potentially difficult situations.
- We ensure that parents have an understanding of the responsibility placed upon COA by setting out our obligations in our prospectus.
- We recognise that children who have suffered abuse or who witness violence may find it difficult to develop a sense of self worth so we will give them extra support and encouragement via the curriculum and via other agencies such as Early Help, Educational Psychology, Child and Adult Mental Health Services (CAMHS) and the Education Welfare Service.

## Procedures

When a child discloses something which makes you concerned that he or she may be subject to abuse remember to:

1. **Listen** to what is being said, without a display of emotion.
2. **Accept** what is said and take brief notes if you can do so without making it difficult for the child to talk.
3. **Reassure** the child, but only as far as is honest and reliable. For example, don't make promises you may not be able to keep, like, "I'll stay with you" or "Everything will be all right now"
  - Don't promise confidentiality, you have a duty to refer
  - Do reassure and alleviate guilt, if the child refers to it. For example, you could say "You're not alone" or "You're not to blame".
4. **React** to the child only as far as is necessary for you to establish whether or not you need to refer the matter, but don't interrogate for full details.
  - Do not ask leading questions but open ones such as "Anything else to tell me?" "Yes?", "And?"

- Do not criticise the perpetrator: the child may love him/her, while wanting the abuse to stop
- Do not ask the child to repeat their disclosure for a colleague
- Explain what you have to do next and who you have to talk to
- Try to keep in contact with the child

## 5. Record

- If possible, make brief notes at the time and write them up as soon as possible
- Do not destroy your original notes in case they are required by a court
- Record the date, time, place, any noticeable non-verbal behaviour and the words used by the child including "pet" words
- Draw a diagram to indicate the position of any marks (if visible)
- Record statements and observable things, rather than your "interpretations" or assumptions.

## 6. Remember

Follow these child protection procedures and consult with the designated staff member as soon as possible

## 7. Relax

Try to remain as calm as possible, particularly with the child and maintain appropriate confidentiality

At the point of referral where there is concern about a child there should be –

- Interagency (IA) discussion/consultation
- IA consideration of an assessment of risk and of need
- Consideration of the need for an IA meeting
- IA consideration of the need for a written agreement/child protection plan
- IA review meetings
- A written record of the outcome of any of the above stages
- If a professional is concerned that appropriate action is not being taken by another agency, that professional should consider convening an interagency meeting.

## THE ROLES OF DIFFERENT STAFF AND AGENCIES

N.B. for a full description of the role of various agencies involved in Safeguarding/Child Protection procedures see the Local Safeguarding Children's Board (LSCB) procedures for child protection.

### **The Head of Centre/Designated Senior Manager:**

The Head of Centre/Designated SM is the person responsible for contacting social care to register concern about a child's welfare and implementing procedures relating to child protection. He/she must therefore:

- Be fully conversant with LSCB Procedures;
- Consult and refer cases to Education Welfare section of Local Authority (LA) emphasising that the referral is under LSCB Child Protection procedures;
- Organize training on Child Protection within COA;
- Ensure that all staff know about and have access to LSCB;
- Attend LA training;
- Keep the Head informed if appropriate
- Be aware of the role of other agencies;
- Ensure representation/reports to Child Protection Case Conferences and keep appropriate records;
- Support staff;
- Ensure children with care plans are known and that these plans are followed and feedback given;
- Monitor and evaluate the effectiveness and implementation of COA's Child Protection Policy.
- In collaboration with individual staff must complete the report form, detailing signs observed, action taken and outcomes of contact with other agencies, and send it as soon as possible to:
  - I. Access and Welfare Section, RBK&C.
  - II. Family & Children's Services Department –social care.
- To attend a case conference (usually called by social care), even if it proves to be inconvenient.
- To inform the initiating member of staff about what action has been taken.

If a child is moving to a new school then the Head of Centre/Designated SM must pass any on-going concerns to the new school, and inform/involve the Keyworker and Registered Custodian as appropriate. If a child currently has a care plan and is moving to a new school, then the Head of Centre/Designated SM must forward all records to the new school.

If the child moves to a new address then the Keyworker and Registered Custodian must be informed/involved as appropriate. If the child's new address is unknown, the Head of Centre/Designated SM must forward any information which he/she has which might prove helpful in tracing a child.

The Head of Centre/Designated SM must ensure that in his/her absence any person who is to act as the Designated Member of Staff knows the procedure to be followed in the case of suspected child abuse and the names of any Keyworkers.

The Head of Centre/Designated SM has a professional duty to enquire about the progress of individual cases in which they are/have been involved.

## **2. The Education Welfare Department:**

The Tri-Borough ACE Team deals with issues of attendance:

Contact Liz Spearman on 020 753 2862

The Admission Team deals with issues regarding admissions/allocations

Contact Wendy Anthony on 020 7598 4823

## **3. Staff:**

Abuse of children in attendance at a school or early years setting is most likely to be first noticed by other staff and/or Educational Welfare Officers. Educators bring a number of particular advantages to the recognition of child abuse, i.e.

- They have regular and frequent opportunities to observe children, including opportunities to observe changes in their behaviour.
- They have an ongoing relationship with children, who may confide in them about difficulties that they are experiencing.
- They have knowledge of the wide range of behaviour likely to be seen in children of a particular age.
- They have opportunities to observe the response of a group of children to particular situations. They will, therefore, be sensitive to surprising or unusual responses.

These opportunities to see children in context give a particular value to the observations of educators. Their insights need to be complemented by the skills of other relevant disciplines, especially those of social workers and medical practitioners. An educator may become concerned when a child tells the educator about events that have happened to them or to a friend, brother, sister or when another adult claims to be aware of abuse. Educators value their relationships with parents/guardians and in many situations will share their initial concerns about a child with the parents/guardians. However, in many cases the parents/guardians may be the abusers and so educators should be prepared to share their concerns with other professionals at an early stage without necessarily informing parents of the action they propose to take. Educators have a professional duty to:

- Observe and be alert to signs of abuse;
- Take immediate action in the child's best interest by reporting any suspicion or evidence of abuse or non-accidental injury;
- Know the role of the Designated Person and the School and LCSB Procedures;
- Enquire about the progress of individual cases in which they are/have been involved.

All staff must understand the importance of reporting suspicious circumstances and be able to report signs of abuse to the Head of Centre/Designated SM. Beyond the initial reporting of suspected child abuse, staff have a clearly restricted role as further judgements and action decisions are the responsibility of other agencies with statutory powers to help the child.

## **4. Non-Classroom based staff:**

As with educators, non-classroom staff have a responsibility to observe and report any suspicion or evidence of abuse or non-accidental injury. All non-classroom staff must

understand the importance of reporting suspicious circumstances and be able to report signs of abuse to the Head of Centre/Designated SM. Beyond the initial reporting of suspected child abuse, non-classroom staff have a clearly restricted role as further judgements and action decisions are the responsibility of other agencies with statutory powers to help the child.

## **5. The Keyworker:**

Every child who has a care plan has a named Keyworker, who is either a member of the social care staff or the NSPCC. It is the Keyworker's responsibility to co-ordinate inter-agency activity. Staff in educational establishments can make a vital contribution in advising and assisting the Keyworker, and have a duty to co-operate fully with the Keyworker in providing information, preparing assessments, implementing plans and in supporting the child as appropriate. This may involve liaising with other agencies during school holidays.

## **CASE CONFERENCES**

A case conference is called when there has been a child protection investigation. It is not a forum for a formal decision that a person has abused a child, but it should identify those adults who present, or are thought to present, risks to the child – it is the courts who decide the guilt of a person on child abuse charges. Although case conferences are normally covered by the social care workers, other agencies, including education/care department staff, may request a case conference. Participation may be limited to those who have a need to know or a contribution to make, and this will always include staff in schools, early years and children's centres and colleges. Even if alleged abuse had not been identified in the school or setting, the Head should automatically be invited to attend the initial case conference as he/she will undoubtedly have invaluable information to contribute. In order to protect the child a child protection plan is drawn up– this is maintained by social care on behalf of the LSCB.

Staff in educational/care establishments may need to be aware of any recommendations made at the case conference and in Child Protection Plan in order to ensure continuing care for the child. It may be necessary to attend case conferences held in school holidays, and the Head of Centre/Designated SM will need to make arrangements as appropriate.

Designated Staff in different agencies will be notified if there is an intention to remove a child from the Register and there is a right to object to such de-registration.

## **RECORDS**

Case conference records are confidential and schools/settings must ensure the safekeeping of such records and of other documents for individual cases and the eventual secure destruction of such records. Information given at case conferences must not be disclosed without the prior permission of the person who originally supplied the information. The Education (Schools Records) Regulations 1989 exempt any information relating to actual, alleged or suspected child abuse from the requirements of disclosure. When a child transfers school all relevant concerns and/or records must be forwarded on.

All staff are required to record accurately information that may be required in respect of

child protection. If a child discloses, record the precise information as soon as possible, with date, event, action taken, and sign and date the record. It is very important for staff to distinguish between fact, observation, allegation and opinion.

All staff records must be passed to the Head of Centre/Designated SM for storage and action.

Records should not be kept in the child's normal record file but in a separate secure place.

In cases of alleged child abuse which come to court, child protection records may be required by the court. Information required by the court should be given to the officers of the court and not to other persons who may use it as evidence.

If a child dies the LA may carry out a Section 8 Review under the Children Act 1989. This is a multi-agency investigation and a report on behalf of the Education Department is usually compiled by the Principle Education Welfare Officer. All school records must be kept in these circumstances - only copies can be given to parents.

In all cases which involve the death of or serious harm to a child when abuse is confirmed or suspected, the LSCB will require a swift response to requests for information from all agencies including educational establishments. Records must be made available to the Case Review Committee - this further emphasizes the need for precise and secure keeping of records in educational establishments. In addition, interviews within the Family and Children's Services Department involving key personnel may be required, in order to assess the quality of decisions made and actions taken.

## **REPORTING PROCEDURE**

A member of staff only requires reasonable cause for concern regarding potential child abuse in order to act. Arriving at the point where information and its interpretation give reasonable cause for concern depends upon the source of information. If the information comes from the child then the teacher should act immediately by taking them to find the Head of Centre/Designated SM.

N.B. One sentence from the child indicating child abuse or non-accidental injury provides you with 'reasonable grounds' and is sufficient for you to act. This may also apply if clear information comes from a sibling or other adult, etc. However, considering that many of the signs of child abuse are also commonly associated with other medical, social or psychological problems or simply normal child development a teacher may naturally discuss some initial concerns about a child's mental or physical well-being with other staff, parents, etc. However, in many cases the parents/guardians may be the abusers and explanations or comments made by the parents may be sufficient to give the teacher reasonable grounds to suspect child abuse or non-accidental injury. Once there are reasonable grounds to suspect child abuse or non-accidental injury, teachers must not contact the parents any further. When there are reasonable grounds to suspect child abuse or non-accidental injury then the following procedure must be implemented immediately:

1. Make a written report to the Head of Centre/Designated SM immediately. When a child has reported what amounts to suspected child abuse or non-accidental injury, then they should be taken to the Head of Centre/Designated SM even before the written report is made.

### **Staff must:**

- Remember that the priority is to protect the child.

- Treat the matter seriously.
- Receive the child's story if appropriate, listen but do not judge.
- React to what the child tells you with belief and tell the child that they have done the right thing in telling you.
- Indicate to the child what action you will take and make it clear that you will have to inform others (no secrets). Only inform those with a need to know.
- Keep an accurate record of what you have become aware of and what you have done.
- Limit any questioning bearing in mind the '**must not**' points below.

**Staff must not:**

- Interrogate the child if that child has disclosed information or ask leading questions.
- Speak to anyone about whom allegations are made (including colleagues).
- Promise to keep secrets/confidentiality.
- Ask a child outright if they or others have suffered abuse.

The educator may now withdraw from the immediate process but should remain vigilant.

2. The Head of Centre/Designated SM must now seek advice from the Registered Custodian. If the time is within normal office working hours the Head of Centre/Designated SM must contact the Registered Custodian and social care. If the time is outside normal office working hours then the Head of Centre/Designated SM must contact the Emergency Duty Team of the social care.
3. If it is necessary for the child to be taken to hospital, then hand the child over to the direct care of medical staff informing them that non-accidental injury is suspected. A member of staff must stay with the child (whether the child has been taken to hospital or not) until the social worker arrives as in Stage 5.
4. A social worker will arrive either at the School or the Hospital as is appropriate. The Head of Centre/Designated SM in collaboration with staff involved in the case must complete a report form, detailing signs observed, action taken and outcomes of contact with other agencies, and send it as soon as possible to:
  - i) the appropriate department at the LEA, e.g. Access and Welfare Section;
  - ii) Social care.If a parent arrives to collect the child before the social worker has arrived then the member of staff must remember that he/she has no right to prevent contact between the parents/guardians and the child, or to prevent the removal of the child by the parents/guardians. However, if there are clear signs of physical risk or threat, the Police should be immediately contacted and fully informed.
5. The social worker(s) will decide on what action to take and it is social care who must contact the parents/guardians. The Head/Designated SM should inform the member of staff who first reported the concern as to what action has been taken.

Once a strategy for procuring support has been agreed all parties should be kept well informed of developments as appropriate. The following procedures need not necessarily imply that further action is inevitable. It is important, however, in cases of serious concern that there is communication between schools, the Registered Custodian, and the social care department.

6. If staff are still concerned about the child after social care have taken action steps or even after a case conference has occurred then they must ask the Head of Centre/Designated SM to inform the Keyworker, and if necessary request that the case conference be reconvened. If it is felt that the Keyworker has not taken appropriate action then the Registered Custodian should be contacted for advice. Unfortunately some instances of abuse recur and staff should remain vigilant.

It is important that at all stages in the above procedure staff make detailed written records of all their reports and actions. Before forwarding reports on for further action to take place, it is recommended that staff make and securely retain copies of any notes or reports that they forward. N.B. Notes should be made of the relevant parts of conversations and phone calls, e.g. their general content and 'Who is to do what?' – the notes should be included in reports.

### **Allegations against school staff:**

Educators must protect themselves and staff should bear in mind that even perfectly innocent actions can sometimes be misconstrued. It is important not to touch pupils however casually, in ways or on parts of the body that might be considered indecent. When pupils make such an allegation against a member of staff, LSCB Procedures must be followed. This involves contacting the Principle Education Welfare Officer at the Town Hall in all cases. This is important for the protection of the member of staff as well as the child.

In the case of suspected or identified abuse of a child by a Head of Centre, the police and/or social care have a duty to investigate. National guidelines have been produced and the first person to receive an allegation regarding a Head of Centre should take it directly to the Designated SM (if this is not the Head of Centre) and through them to the Chair of Governors/Nominated Governor. Governing Bodies should have a nominated governor. At this stage, after hearing a child's allegation, no discussion should be initiated by school staff with the Head of Centre.

N.B. If suspicions concern the conduct of the Head of Centre/Designated SM then the member of staff must report directly to the office of the Executive Director of Family and Children's Services. See Whistle Blowing Policy.

## **EVALUATION OF CHILD PROTECTION PROCEDURES**

Effective monitoring/evaluation of Child Protection issues is dependent upon the maintenance of accurate and up to date records. The criteria by which the monitoring and evaluation of the Child Protection procedures and policy are undertaken are described below:

### **PARENTS**

1. any pertinent feedback from parents/guardians/carers;
2. regular updating of the information pack for parents in the policy review;

### **CHILDREN**

3. any pertinent feedback from children;
4. the number of children on the child protection register;
5. the number of referrals made by staff to the Head of Centre/Designated SM;

6. the number of referrals made by the Head of Centre/Designated SM to Social Care;
7. numbers of children on the register who pursue education after the age of 16;
8. routine examination by the Governors of anonymous individual case studies;

#### STAFF/INSET

9. thorough procedures to DBS check all new staff as well as three yearly checks on all established staff
10. through safer recruiting procedures
11. annual staff disclosure forms and online DBS checks
12. involvement by all staff in INSET courses relating to Safeguarding issues;
13. the amounts of the budget allocated to training for Child Protection issues;

#### PLANNING

12. reference to the aims of this policy when curricular planning occurs;
13. analysis and publication of OFSTED/LA reports.

#### COMPLIANCE

The policy is regularly updated in order that we comply with new legislation and good practice. Currently our policy for 'Child Protection' is consistent with, and so reinforces:

- DfES 2002/0278 Child Protection procedures;
- Children Act 2004;
- Working Together to Safeguard Children (2015)
- Safeguarding Young Children and Vulnerable Young People (2015)
- Safeguarding Children and Safer Recruitment in Education (2007)
- What To Do If Your Are Worried A Child Is Being Abused (2015)
- Keeping Children Safe in Education (July 2015)
- Disclosure and Barring Service
- DfES circulars as related to child protection, [www.direct.gov.uk](http://www.direct.gov.uk)
- London Child Protection Procedures (LSCB)
- Prevent Strategy (June 2011)

NSPCC, [www.nspcc.org.uk](http://www.nspcc.org.uk)

Childline, [www.childline.org.uk](http://www.childline.org.uk)

## TYPES OF CHILD ABUSE AND THEIR SYMPTOMS

Child abuse can be categorized as follows:

1. *Physical Abuse*
2. *Sexual Abuse*
3. *Emotional Abuse*
4. *Physical Neglect*
5. *Grave Concern/at risk* – this is not a distinct category but is dealt with separately. A child can be at risk from any combination of the four categories.
6. *Female Genital Mutilation (FGM)*
7. *Prevent Strategy*

These different types of abuse require different approaches. A child suffering from physical abuse may be in immediate and serious danger. Action should, therefore, be taken immediately. With other forms of abuse there is a need to ensure that adequate information is gathered. There is also a need to make sure that grounds for suspicion have been adequately investigated and recorded. The need to collate information must be balanced against the need for urgent action. If there are reasonable grounds for suspicion then a decision to monitor the situation should only be taken after consultation. A situation that should cause particular concern is that of a child who fails to thrive without any obvious reason. In such a situation a medical investigation will be required to consider the causes. Each of the five categories will now be explored in more detail, in order to give a general idea of likely areas of concern.

### 1. *Physical Abuse:*

This involves physical injury to a child, including deliberate poisoning, where there is definite knowledge or a reasonable suspicion, that the injury was inflicted or knowingly not prevented. Typical signs of Physical Abuse are:

- bruises and abrasions** - especially about the face, head, genitals or other parts of the body where they would not be expected to occur given the age of the child. Some types of bruising are particularly characteristic of non-accidental injury especially when the child's explanation does not match the nature of injury or when it appears frequently.
- slap marks** – these may be visible on cheeks or buttocks.
- twin bruises on either side of the mouth or cheeks** - can be caused by pinching or grabbing, sometimes to make a child eat or to stop a child from speaking.
- bruising on both sides of the ear** – this is often caused by grabbing a child that is attempting to run away. It is very painful to be held by the ear, as well as humiliating and this is a common injury.
- grip marks on arms or trunk** - found in babies who are handled roughly or held down in a violent way. Gripping bruises on arm or trunk can be associated with shaking a child. Shaking can cause one of the most serious injuries to a child, i.e. a brain hemorrhage as the brain hits the inside of the skull. X-rays and other tests are required to fully diagnose the effects of shaking. Grip marks can also be indicative of sexual abuse.
- black eyes** - are most commonly caused by an object such as a fist coming into contact with the eye socket. N.B. A heavy bang on the nose however, can cause bruising to spread around the eye but a doctor will be able to tell if this has occurred.
- damage to the mouth** - e.g. bruised/cut lips or torn skin where the upper lip joins the mouth.
- bite marks.**
- fractures** - in children less than 2 years.

- poisoning and other misuse of drugs** - e.g. overuse of sedatives.
- burns and/or scalds** - a round red burn on tender, non-protruding parts like the mouth, inside arms and on the genitals will almost certainly have been deliberately inflicted. Any burns that appear to be cigarette burns should be cause for concern. Some types of scalds known as 'dipping scalds' are always cause for concern. An experienced person will notice skin splashes caused when a child accidentally knocks over a hot cup of tea. In contrast a child who has been deliberately 'dipped' in a hot bath will not have splash marks.

## 2. *Sexual Abuse:*

The involvement of dependent, developmentally immature children and adolescents in sexual activities they do not truly comprehend, to which they are unable to give informed consent or that violate the social taboos of family roles. Typical signs of Sexual Abuse are:

- a **detailed sexual knowledge** inappropriate to the age of the child.
- behaviour that is excessively affectionate or sexual** towards other children or adults.
- attempts to inform** by making a disclosure about the sexual abuse often begin by the initial sharing of limited information with an adult. It is also very characteristic of such children that they have an excessive pre-occupation with secrecy and try to bind the adults to secrecy or confidentiality.
- a **fear of medical examinations**.
- a **fear of being alone** – this applies to friends/family/neighbours/baby-sitters, etc.
- a **sudden loss of appetite, compulsive eating, anorexia nervosa or bulimia nervosa**.
- excessive masturbation** is especially worrying when it takes place in public.
- promiscuity**.
- unusually explicit or detailed sex play** in young children.
- sexual approaches or assaults** - on other children or adults.
- pregnancy, urinary tract infections (UTI), sexually transmitted Infections (STI)** are all cause for immediate concern in young children, or in adolescents if his/her partner cannot be identified.
- bruising** to the breasts, buttocks, lower abdomen, thighs and genital/rectal areas. Bruises may be confined to grip marks where a child has been held so that sexual abuse can take place.
- discomfort or pain** particularly in the genital or anal areas.
- the drawing of **pornographic or sexually explicit images**.

## 3. *Emotional Abuse:*

The severe adverse effect on the behaviour and emotional development of a child caused by persistent or severe emotional ill treatment or rejection. All abuse involves some emotional ill treatment - this category should be used where it is the main or sole form of abuse.

## 4. *Physical Neglect:*

The persistent or severe neglect of a child (for example, by exposure to any kind of danger, including cold and starvation) which results in serious impairment of the child's health or development, including non-organic failure to thrive. Persistent stomach-aches, feeling unwell, and apparent anorexia can be associated with Physical Neglect. However, typical signs of Physical Neglect are:

- **Underweight** – a child may be frequently hungry or pre-occupied with food or in the habit of stealing food or with the intention of procuring food. There is particular cause for concern where a persistently underweight child gains weight when away from home, for example, when in hospital or on a school trip. Some children also lose weight or fail to gain weight during school holidays when school lunches are not available and this is a cause for concern.
- **Inadequately clad** - a distinction needs to be made between situations where children are inadequately clad, dirty or smelly because they come from homes where neatness and cleanliness are unimportant and those where the lack of care is preventing the child from thriving.

Physical Neglect is a difficult category because it involves the making of a judgement about the seriousness of the degree of neglect. Much parenting falls short of the ideal but it may be appropriate to invoke child protection procedures in the case of neglect where the child's development is being adversely affected.

#### 5. *Grave Concern/at risk:*

This is not a separate category of child abuse as such but covers a number of situations where a child may be at risk. Children whose situations do not currently fit the above categories but where social and medical assessments indicate that they are at significant risk of abuse. Grave concern may be felt where a child shows symptoms of stress and distress (see below) and any of the following circumstances apply:

- there is a known child abuser in the family;
- another child in the family is known to have been abused;
- the parents are involved with pornographic material to an unusual degree;
- there is an adult in the family with a history of violent behaviour.

#### 6. *Female Genital Mutilation*

Female Genital Mutilation (FGM) is a collective term for a range of procedures which involve partial or total removal of the external female genitalia for non-medical reasons. It is sometimes referred to as female circumcision, or female genital cutting. The practice is medically unnecessary, is extremely painful and has serious health consequences, both at the time when the mutilation is carried out, and in later life.

FGM has been classified by the World Health Organization (WHO) into four major types, all of which may be relevant to the offences arising under the FGM Act 2003:

- Type I: Clitoridectomy: partial or total removal of the clitoris;
- Type II: Excision: partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora;
- Type III: Infibulation: narrowing of the vaginal opening through the creation of a covering seal:
- Type IV: Other: all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area.

FGM of girls is to be considered as child abuse.

## 7. *The Prevent Strategy*

The Prevent strategy The Prevent strategy has five key strands aimed at addressing these causal factors and in support of the overall aim of stopping people becoming or supporting terrorists or violent extremists:

**Challenging** the violent extremist ideology and supporting mainstream voices;

**Disrupting** those who promote violent extremism and supporting the institutions where they are active;

**Supporting** individuals who are being targeted and recruited to the cause of violent extremism;

**Increasing** the resilience of communities to violent extremism; and s addressing the grievances that ideologues are exploiting.

These are supported by two cross-cutting work streams which are key enabling functions in delivering the strategy:

**Developing** understanding, analysis and information; and

**Strategic** communications.

The Prevent strategy requires a specific response, but we must also make the most of the links with wider community work to reduce inequalities, tackle racism and other forms of extremism (eg extreme far right), build cohesion and empower communities. For example, reducing inequalities undermines the narrative pushed by Al-Qaida and by promoters of violent extremism, which relies on encouraging a sense of victimhood. Likewise, it is recognised that the arguments of violent extremists, which rely on creating a 'them' and an 'us', are less likely to find traction in cohesive communities.

### *The Symptoms of Stress and Distress:*

When a child is suffering from any one or more of the previous four 'categories of abuse', or if that child is 'at risk', he/she will nearly always suffer from/display signs of stress and distress. An abused child is likely to show signs of stress and distress as listed below:

- a lack of concentration and a fall-off in learning performance;
- aggressive or hostile behaviour;
- moodiness, depression, irritability, listlessness, fearfulness, tiredness, temper tantrums, short concentration span, acting withdrawn or crying at minor occurrences;
- difficulties in relationships with peers;
- regression to more immature forms of behaviour, e.g. thumb sucking;
- self harming or suicidal behaviour;
- low self esteem;
- wariness, insecurity, running away or truancy - children who persistently run away from home may be escaping from sexual/physical abuse;
- disturbed sleep;
- general personality changes such as unacceptable behaviour or severe attention seeking behaviour;
- a sudden change in school performance.

*Parental Signs of Child Abuse:*

Particular forms of parental behaviour that could raise or reinforce concerns are:

- implausible explanations of injuries;
- unwillingness to seek appropriate medical treatment for injuries;
  
- injured child kept away from school until injuries have healed without adequate reason;
- a high level of expressed hostility to the child;
- grossly unrealistic assumptions about child development;
- general dislike of child-like behaviour;
- inappropriate labelling of child's behaviour as bad or naughty;
- leaving children unsupervised when they are too young to be left unattended.

## CHILD PROTECTION REPORT FORM

Private and confidential

<b>NOTIFICATION OF SUSPECTED CHILD ABUSE OR NON ACCIDENTAL INJURY</b>
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**Section 1 – Child's Details:**

First Name(s) \_\_\_\_\_

Date Of Report: \_\_\_ / \_\_\_ / \_\_\_

Family Name \_\_\_\_\_

Gender (Please tick as is appropriate)

Male?

Female?

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_

Current Age: \_\_\_ Years \_\_\_ Months

Previous School: \_\_\_\_\_

Transfer Date: \_\_\_\_\_

Has the child an SEN statement under the Education Act 1981? Yes?  No?

Is the child 'disabled' under the Disabled Persons Act 1986? Yes?  No?

Is the Educational Welfare Service (EWS) currently involved with the child? Yes?  No?

Is the School Psychology Service (SPS) currently involved with the child? Yes?  No?

**Section 2 – School's Details:**

**Section 3 – Doctor's Details:**

School Name: _____ School Address: _____ _____ Post Code: _____ School Phone: _____	Doctor's Name: _____ Doctor's Address: _____ _____ Post Code: _____ Doctor's Phone: _____
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**Section 4 – Parent/Guardian/Carer Details:**

<b>Parent/Guardian 1:</b>	Relationship to Child:	Marital Status:	Occupation:
Home Address: _____ _____		Work Address: _____ _____	
Post Code: _____ Home Phone: _____		Post Code: _____ Work Phone: _____	
<b>Parent/Guardian 2:</b>	Relationship to Child:	Marital Status:	Occupation:
Home Address: _____ _____		Work Address: _____ _____	
Post Code: _____ Home Phone: _____		Post Code: _____ Work Phone: _____	

**Section 5 – Sibling's Details:**

Name: _____ School Address: _____ _____ Post Code: _____ School Phone: _____	Name: _____ School Address: _____ _____ Post Code: _____ School Phone: _____
Name: _____ School Address: _____ _____ Post Code: _____ School Phone: _____	Name: _____ School Address: _____ _____ Post Code: _____ School Phone: _____

**Section 6 – Reasons For Notification:**

How	was	the	suspected	abuse	first	noticed?
<hr/> <hr/> <hr/>						
When was the suspected abuse first noticed? _____						
By whom was the suspected abuse first noticed? _____						
What is the child's explanation of the suspected abuse? _____						
<hr/> <hr/> <hr/>						
Is there anything unusual in the child's appearance? _____						
<hr/> <hr/> <hr/>						
Is there anything unusual in the child's attitude? _____						
<hr/> <hr/> <hr/>						

**Section 7 – Action Taken To Date:**

<hr/> <hr/> <hr/> <hr/>
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**Section 8 – Outcomes Of Actions & Contacts With Other Agencies To Date:**

<hr/> <hr/> <hr/> <hr/>
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**Section 9 – Other Useful Information:**

Are Parents/Carer aware? _____
Have Parents/Carer been informed it would be reported? _____
Do Parents/Carer admit responsibility? _____
Are Parents/Carer likely to be at home? _____
Where is the child at the time of referral? _____