Safeguarding and Child Protection Policy

Author:- **Deborah Moppett**

Date Approved:- **7th November 2017**

Date to be Reviewed:- **November 2018**

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Ickburgh School

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Approved by Governors	
Date for review	
Written by	Deborah Moppett

Designated Safeguarding Lead	Deborah Moppett
Deputy Designated Safeguarding Lead	Sue Davies William Webster Joe Sieber
Governor with responsibility for Safeguarding	Pat Corrigan

Introduction

"Safeguarding and promoting the welfare of children is **everyone's** responsibility. **Everyone** who comes into contact with children and their families and carers has a role to play in safeguarding children. In order to fulfil this responsibility effectively, all professionals should make sure their approach is child-centred. This means that they should consider, at all times, what is in the **best interests** of the child."

(Keeping Children Safe in Education – DfE, September 2016)

Safeguarding and promoting the welfare of children is defined in the guidance as protecting children from maltreatment, preventing impairment of children's health or development, ensuring that children grow up in circumstances consistent with the provision of safe and effective care and taking action to enable all children to have the best outcomes..

Ickburgh School places the highest priority on safeguarding.

Ickburgh School have taken note of the guidance in the DFE document "Keeping children safe in education: statutory Guidelines for schools and colleges" published in September 2016 and it is regarded as part of the school's own safeguarding and child protection policy. As such it **MUST** be read in conjunction with this policy and should be kept as an appendix to the school's child protection policy.

Purpose of a Child Protection Policy	To inform staff, parents, volunteers and governors about the school's responsibilities for safeguarding children. To enable everyone to have a clear understanding of how these responsibilities should be carried out.
London Safeguarding Children Board Interagency Child Protection and Safeguarding Children Procedures	The school follows the procedures established by the London Safeguarding Children Board; a guide to procedure and practice for all agencies in London working with children and their families.
School Staff and Volunteers	School staff and volunteers are particularly well placed to observe outward signs of abuse, changes in behaviour and failure to develop because they have daily contact with children. All school staff and volunteers will receive safeguarding children training, so that they are knowledgeable and aware of their role in the early recognition of the indicators of abuse or neglect and of the appropriate procedures to follow. This training is delivered regularly. As part of this training all staff will read section 1 of "Keeping Children Safe in Education". An annual update will be provided, usually by the designated senior person.

Mission Statement	Establish and maintain an environment where children feel secure, are encouraged to talk, and are listened to when they have a worry or concern. Establish and maintain an environment where school staff and volunteers feel safe, are encouraged to talk and are listened to when they have concerns about the safety and well being of a child. Ensure children know that there are adults in the school whom they can approach if they are worried. Ensure that children who have been abused will be supported in line with a child protection plan where necessary Include opportunities in the PSHE curriculum for children to develop the skills they need to recognise and stay safe from abuse. Contribute to the five Every Child Matters Outcomes: - • Be healthy • Stay safe • Enjoy and achieve • Make a positive contribution • Achieve economic well-being

1 Statutory Framework

In order to safeguard and promote the welfare of children, the school will act in accordance with the following legislation and guidance:

- The Children Act 1989
- The Children Act 2004
- Education Act 2002 (section 175)
- LSCB Inter-agency Child Protection and Safeguarding Children Procedures (2010)
- Working Together to Safeguard Children (HM Government 2015)
- Keeping children safe in Education (DfE 2016)
- The Prevent Strategy 2011 / Counter Terrorism and Security Act 2015
- Female genital Mutilation Act 2003/ Serious Crime Act 2015

Working Together to Safeguard Children (HM Government 2015) requires all schools to follow the procedures for protecting children from abuse which are established by the London Safeguarding Children Board.
Schools are also expected to ensure that they have appropriate procedures in place for responding to situations in which they believe that a child has been abused or are at risk of abuse - these procedures should also cover circumstances in which a member of staff is accused of, or suspected of, abuse.

Keeping Children Safe in Education (DfES 2016) places the following responsibilities on all schools:

- to provide a safe environment in which children can learn.
- to identify children who may be in need of extra help or who are suffering, or are likely to suffer, significant harm. All staff then have a responsibility to take appropriate action, working with other services as needed.
- To ensure that all staff members are aware of systems within their school or college which support safeguarding

- To ensure that all staff members receive appropriate child protection training which is regularly updated.
- To ensure that all staff members are aware of the signs of abuse and neglect so that they are able to identify cases of children who may be in need of help or protection.
- To have a designated safeguarding lead who will provide support to staff members to carry out their safeguarding duties and who will liaise closely with other services such as children's social care.

2 Designated Safeguarding Lead

The Designated Safeguarding Lead for Ickburgh School is

Deborah Moppett

The Deputy Designated Safeguarding leads for Ickburgh School are

Sue Davies, William Webster, Joe Sieber

It is the role of the Designated Safeguarding Lead to:

- Ensure that he/she receives refresher training at two yearly intervals to keep his or her knowledge and skills up to date
- Ensure that all staff who work with children undertake appropriate training to equip them to carry out their responsibilities for safeguarding children effectively and that this is kept up to date by regular refresher training
- Ensure that new staff receive a safeguarding children induction within 7 working days of commencement of their contract
- Ensure that all staff have read section 1 of "Keeping Children safe in Education" (2015)
- Ensure that temporary staff and volunteers are made aware of the school's arrangements for safeguarding children within 7 working days of their commencement of work.
- Ensure that the school operates within the legislative framework and recommended guidance
- Ensure that all staff and volunteers are aware of the LSCB Inter-agency Child Protection and Safeguarding Children Procedures
- Ensure that the Head Teacher is kept fully informed of any concerns
- Develop effective working relationships with other agencies and services
- Decide upon the appropriate level of response to specific concerns about a child e.g. discuss with parents, offer an assessment under the Common Assessment Framework (CAF) or refer to Children, Schools and Families social care.
- Liaise and work with CSF social care teams over suspected cases of child abuse
- Ensure that accurate safeguarding records relating to individual children are kept separate from the academic file in a secure place, marked 'Strictly Confidential' and are passed securely should the child transfer to a new provision
- Submit reports to, ensure the school's attendance at child protection conferences and contribute to decision making and delivery of actions planned to safeguard the child
- Ensure that the school effectively monitors children about whom there are concerns, including notifying CSF social care when there is an unexplained absence of more than two days for a child who is the subject of a child protection plan
- Provide guidance to parents, children and staff about obtaining suitable support
- It is the responsibility of the Designated safeguarding lead to ensure that the school is represented at and that a report is submitted to any child protection conference called for children on the school roll or previously known to them. Whoever attends should be fully briefed on any issues or concerns the school has and be prepared to contribute to the discussions at the conference. This would normally be the Designated Safeguarding Lead.
- If a child is made subject to a Child Protection Plan, it is the responsibility of the Designated Safeguarding Lead to ensure the child is monitored regarding their school attendance, welfare and

presentation. If the school are part of the core group then the Designated Safeguarding Lead should ensure that the school is represented (normally by the Designated Safeguarding Lead) and contributes to the plan at these meetings; that there is a record of attendance and issues discussed. All concerns about the child protection plan and / or the child's welfare should be discussed and recorded at the core group meeting unless the child is at further risk of significant harm. In this case the Designated Safeguarding Lead must inform the child's key worker immediately and then record that they have done so and the actions agreed.

3 The Governing Body

The Governing Body has overall responsibility for ensuring that there are sufficient measures in place to safeguard the children in their establishment.
It is recommended that a nominated governor for child protection is appointed to take lead responsibility.

The nominated Governor for Child protection is

Pat Corrigan

In particular the Governing Body must ensure:

- Child protection policy and procedures
- Safe recruitment procedures
- Appointment of a DSL who is a senior member of school leadership team
- Relevant safeguarding children training for school staff/volunteers is attended
- Safe management of allegations
- Deficiencies or weaknesses in safeguarding arrangements are remedied without delay
- A member of the Governing Body (usually the Chair) is nominated to be responsible in the event of an allegation of abuse being made against the Head Teacher
- Safeguarding policies and procedures are reviewed annually and information provided to the local authority about them and about how the above duties have been discharged

4 School procedures- Staff responsibilities

All action is taken in accordance with

- Keeping Children Safe in Education (DfE, 2016)
- Working Together to Safeguard Children (DfE, 2015)
- LSCB Inter-agency Child Protection and Safeguarding Children Procedures (2010)

If any member of staff is concerned about a child he or she **must** inform the Designated Safeguarding Lead.

- The member of staff **must** record information regarding the concerns on the **same day**. The recording must be a clear, precise, factual account of the observations. A proforma is available for this. (see appendix 2)
  (Pro-forma is available on the shared drive in the folder Safeguarding)
- **If the designated safeguarding lead is unavailable then staff must inform the deputy designated safeguarding lead.**
- The Designated Safeguarding Lead will decide whether the concerns should be referred to CSF social care. This will be done in accordance with the "Thresholds document" published by the Local Safeguarding Children Board for the area where the child is a resident. If it is decided to make a referral to CSF social care this will be done with prior discussion with the parents, unless to do so would place the child at further risk of harm.

- If a member of staff has a concern about any interactions between another member of staff and a pupil they must report these concerns immediately to the designated safeguarding lead or deputy designated safeguarding lead. *For further information see paragraph 10*
- Particular attention will be paid to the attendance and development of any child about whom the school has concerns, or who has been identified as being the subject of a child protection plan and a written record will be kept.
- If a pupil who is/or has been the subject of a child protection plan changes school, the Designated Safeguarding Lead will inform the social worker responsible for the case and transfer the appropriate records to the Designated Safeguarding Lead at the receiving school, in a secure manner, and separate from the child's academic file.
- If a member of staff continues to have concerns about a child and feels the situation is not being addressed or does not appear to be improving, the staff member concerned should press for re-consideration.

5 When to be concerned

All staff and volunteers must be aware that the main categories of abuse are:

- Physical abuse
- Emotional abuse
- Sexual abuse
- Neglect

All staff and volunteers should be concerned about a child if he/she presents with indicators of possible significant harm – **see Appendix 1 for details**.
Generally, in an abusive relationship the child may:

- Appear frightened of the parent/s or other household members e.g. siblings or others outside of the home
- Act in a way that is inappropriate to her/his age and development (full account needs to be taken of different patterns of development and different ethnic groups)
- Display insufficient sense of 'boundaries', lack stranger awareness
- Appear wary of adults and display 'frozen watchfulness'

6 Dealing with a Disclosure

This school recognises that it is an agent of referral not of investigation

If a child discloses that he or she has been abused in some way, the member of staff / volunteer should:

- Listen to what is being said without displaying shock or disbelief
- Accept what is being said
- Allow the child to talk freely
- Reassure the child, but not make promises which it might not be possible to keep
- Not promise confidentiality – it might be necessary to refer to Children Schools and Families
- Reassure him or her that what has happened is not his or her fault
- Stress that it was the right thing to tell
- Listen, only asking questions when necessary to clarify
- Not criticise the alleged perpetrator
- Explain what has to be done next and who has to be told
- Make a written record (see Record Keeping)
- Pass the information to the Designated Safeguarding Lead without delay

Support

Dealing with a disclosure from a child, and safeguarding issues can be stressful. The member of staff/volunteer should, therefore, consider seeking support for him/herself and discuss this with the Designated Safeguarding Lead.

7 Confidentiality

Safeguarding children raises issues of confidentiality that must be clearly understood by all staff/volunteers in schools.

Staff will be informed of relevant information in respect of individual cases regarding child protection on a 'need to know basis' only. Any information shared with a member of staff in this way must be held treated confidentially.

- All staff in schools, both teaching and non-teaching staff, have a responsibility to share relevant information about the protection of children with other professionals, particularly the investigative agencies (CSF social care and the Police).
- If a child confides in a member of staff/volunteer and requests that the information is kept secret, it is important that the member of staff/volunteer tell the child in a manner appropriate to the child's age/stage of development that they cannot promise complete confidentiality – instead
- they must explain that they may need to pass information to other professionals to help keep the child or other children safe.
- Staff/volunteers who receive information about children and their families in the course of their work should share that information only within appropriate professional contexts.

8 Communication with parents

As a school we will:

Undertake appropriate discussion with parents prior to involvement of another agency unless to do so would place the child at further risk of harm.
Ensure that parents have an understanding of the responsibilities placed on the school and staff for safeguarding children.

9 Record Keeping

Well-kept records are essential to good child protection practice. Our school is clear about the need to record any concern held about a child or children within our school, the status of such records and when these records should be passed over to other agencies.

When a child has made a disclosure, the member of staff/volunteer must:

- Make brief notes as soon as possible after the conversation. Use the school record of concern sheet wherever possible. (pro-forma available on the shared drive in Ickburgh templates see appendix 2)
- Not destroy the original notes in case they are needed by a court
- Record the date, time, place and any noticeable non-verbal behaviour and the words used by the child
- Draw a diagram to indicate the position of any injuries
- Record statements and observations rather than interpretations or assumptions

All records need to be given to the Designated Safeguarding Lead promptly. No copies should be retained by the member of staff or volunteers.

10 Allegations involving school staff / volunteers

An allegation is any information which indicates that a member of staff/volunteer may have:

- Behaved in a way that has, or may have harmed a child
- Possibly committed a criminal offence against/related to a child
- Behaved toward a child in a way which indicates s/he is unsuitable to work with children

This applies to any child the member of staff/volunteer has contact with in the personal, professional or community life.
The person to whom an allegation is first reported should take the matter seriously and keep an open mind. S/he should not investigate or ask leading questions if seeking clarification, it is important not to make assumptions. Confidentiality should not be promised and the person should be advised that the concern will be shared on a 'need to know' basis only.

Actions to be taken include making a written record of the allegation using the informant's words - including time, date and place where the alleged incident took place, what was said and anyone else present. This record should be signed and dated and immediately passed on to the head teacher.

If the concerns are about the Head teacher, then the Chair of Governors should be contacted.
The recipient of an allegation must **not** unilaterally determine its validity, and failure to report it in accordance with procedures is a potential disciplinary matter.

The Head teacher will not investigate the allegation itself, or take written or detailed statements, but will assess whether it is necessary to refer the concern to CSF social care in consultation with the Local Authority Designated Officer.

If it is decided that the allegation meets the threshold for further action through the LSCB Inter-agency Child Protection and Safeguarding Children Procedures, the Head teacher must immediately make a referral to CSF social care.

If it is decided that the allegation does not meet the threshold for referral to CSF social care, the Head Teacher and Local Authority Designated Officer will consider the appropriate course of action, e.g. joint evaluation meeting, internal investigation.

The Head teacher should, as soon as possible, **following briefing** from the Local Authority Designated Officer inform the subject of the allegation.

For further information see:
LSCB Inter-agency Child Protection and Safeguarding Children Procedures (2010)
Section 4.1.1 Managing Allegations Against Adults who work with Children and Young People

11 Curriculum

Safeguarding is covered in the school curriculum in PHSE and Citizenship lessons. The modular nature of our curriculum means that each term a different aspect of PHSE is covered. e.g. personal feelings, everyday choices, medicines and medication, changing relationships. For many pupils the ability to simply say no to an activity or sensation that they dislike is a skill that is aspired to. Communicating preferences underpins every curriculum area and activity.

Secondary Modules

Module	Area of Safeguarding covered
This is Me	Personal Choice
Weather	Everyday Choices
Electricity	Changing relationships
health	Medicines and Medication
WW2	Personal Hygiene
Plants	Recognising my needs
Coast	Keeping safe

Primary Modules

Module	Area of Safeguarding covered
Seaside	Keeping safe
Music	Choosing
My Relationships	Ourselves – Knowing how I am changing
My Environment	Being aware in the community

12 Internet Safety

Ickburgh School is developing a separate Internet safety policy (Oct 2017). In school pupils do not use the internet unsupervised. There is a robust firewall preventing access to unsuitable sites. Should a member of staff access unsuitable material via the school network this would be dealt with under disciplinary procedures.

13 Protection of Staff, volunteers and visitors

Ickburgh School takes its duty of care to staff, volunteers and visitors very seriously. If a member of staff, a volunteer or a visitor were in a situation where they were harmed by or at risk of harm from another adult or a pupil the procedures would be the same as those for a pupil. The social work involvement would in this instance be from the Vulnerable adults team.

14 Safeguarding concerns between pupils

There may be occasions where the behaviour of one pupil towards another raises a concern. This should be reported to the designated safeguarding lead. The concern will be looked into and findings recorded. The parents of both the alleged perpetrator and alleged victim will be kept informed. A referral to CSF social care may be made if appropriate.

15 Whistle Blowing

All staff must be aware of their duty to raise concerns about the attitude or actions of colleagues in line with the schools Code of Conduct / Whistleblowing policy.

If a member of staff or volunteer reports a concern in good faith they have a right to protection in their employment

Any staff member can press for re-consideration of a case if they feel a child's situation does not appear to be improving. They must refer their concerns to Social Care directly if they have concerns for the safety of a child.

16 Safer Recruitment

Ickburgh School will follow all the guidance laid out in part three of "Keeping Children Safe in Education" September 2016.

This guidance is intended to ensure schools make every effort to ensure that they are fully aware of any safeguarding concerns that have been raised regarding an applicant for a job. When considering the applicant's suitability for the position a final offer is not made until the school has received information that there is no record of safeguarding concerns recorded with the statutory authorities.

17 Linked Policies

The following Policies should be read in conjunction with this policy:

Behaviour policy

Medical needs and attendance policy

Data protection policy

Disciplinary policy

Disclosure and barring policy

Drugs and alcohol policy

Drugs education policy

Use of Internet and email policy

Harassment and bullying policy

Health and safety policy

Intimate and personal care policy

Positive handling policy

Recruitment of ex-offenders policy

(Safer) Recruitment and selection in education settings policy

Whistle blowing policy

18 Specific Safeguarding Issues

The following safeguarding issues are specifically mentioned in the document Keeping Children Safe in Education (July 2015). Staff at Ickburgh School will ensure they are aware of these specific issues and follow guidance as laid out in the government publications that deal with them individually.

- Child missing from education
  School Attendance October 2014 Ref: DFE-00257-2013
- Child missing from home or care
  Statutory Guidance on children who run away or go missing from home or care January 2014 Ref: DFE-00009-2014
- Child sexual exploitation (CSE)
  What to do if you suspect a child is being sexually exploited June 2012 Ref: DFE-57517-2012

- Bullying including cyberbullying
  - Preventing & Tackling Bullying
    November 2014 Ref: DFE-00292-2013
  - Supporting Children and Young People who are Bullied: Advice for Schools
    November 2014 Ref: DFE-00094-2014
  - Cyberbullying:Advice for Headteachers and School Staff
    November 2014 Ref: DFE-00652-2014
  - Advice for Parents and Carers on Cyberbullying
    November 2014 Ref: DFE-00655-2014
- Domestic violence
  - Guidance: March 2015
- Drugs
  - DfE and ACPO Drug advice for Schools
    September 2012 Ref: DFE-00001-2012
- Fabricated or induce illness
  - Safeguarding Children in whom illness is fabricated or induced
    March 2008 Ref: DCSF-00277-2008
- Faith abuse
  - National Action Plan to Tackle Child Abuse linked to Faith or belief
    August 2012 Ref: DFE-00094-2012
- Female genital mutilation (FGM)
  - Female Genital Mutilation: Multi-Agency Practice Guidelines
    July 2014
  - Mandatory reporting of female genital mutilation: procedural information
    October2015

Note: The mandatory reporting duty for FGM commenced in October 2015. (Serious Crime Act 2015) School Staff must report to the police cases where they discover that an act of FGM appears to have been carried out. Unless the member of staff has a good reason not to, they should still consider and discuss any such case with the school's designated safeguarding lead and involve children's social care as appropriate. Those failing to report such cases will face disciplinary sanctions.

- Forced marriage
  - Guidance: March 2013
- Gangs and youth violence
  - Preventing Youth Violence and Gang Involvement
    March 2015 ISBN: 978-1-78246-125-8
- Gender-based violence/violence against women and girls (VAWG)
- Mental health
  - No Health Without Mental Health: a cross-government mental health outcomes strategy for people of all ages
    February 2011
- Private fostering
  - Children Act 1989: Private Fostering
    July 2005 Ref: DFES-10016-2005
- Preventing radicalisation
  - Channel Guidance
    April 2015

Note: Protecting children from the risk of radicalisation should be seen as part of schools' wider safeguarding duties, and is similar in nature to protecting children from other forms of harm and abuse. During the process of radicalisation it is possible to intervene to prevent vulnerable people being radicalised.

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. School staff should use their professional judgement in identifying children who might be at risk of radicalisation and act proportionately which may include making a referral to the Channel programme.

- Sexting
- Teenage relationship abuse

  "This is Abuse" Campaign

  December 2013
- Trafficking

  Safeguarding children who may have been trafficked: practice guidance

  October 2011 Ref: DFE-00084-2011

APPENDIX 1 - INDICATORS OF HARM

PHYSICAL ABUSE

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

Indicators in the child

Bruising

It is often possible to differentiate between accidental and inflicted bruises. The following must be considered as non-accidental unless there is evidence or an adequate explanation provided:

- Bruising in or around the mouth
- Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive)
- Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally, for example the back, mouth, cheek, ear, stomach, chest, under the arm, neck, genital and rectal areas
- Variation in colour possibly indicating injuries caused at different times
- The outline of an object used e.g. belt marks, hand prints or a hair brush
- Linear bruising at any site, particularly on the buttocks, back or face
- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting
- Bruising around the face
- Grasp marks to the upper arms, forearms or leg
- Petechae haemorrhages (pinpoint blood spots under the skin.) Commonly associated with slapping, smothering/suffocation, strangling and squeezing

Fractures

Fractures may cause pain, swelling and discolouration over a bone or joint. It is unlikely that a child will have had a fracture without the carers being aware of the child's distress.

If the child is not using a limb, has pain on movement and/or swelling of the limb, there may be a fracture. There are grounds for concern if:

- The history provided is vague, non-existent or inconsistent
- There are associated old fractures
- Medical attention is sought after a period of delay when the fracture has
- caused symptoms such as swelling, pain or loss of movement

Rib fractures are only caused in major trauma such as in a road traffic accident, a severe shaking injury or a direct injury such as a kick.

Skull fractures are uncommon in ordinary falls, i.e. from three feet or less. The injury is usually witnessed, the child will cry and if there is a fracture, there is likely to be swelling on the skull developing over 2 to 3 hours. All fractures of the skull should be taken seriously.

Mouth Injuries

Tears to the frenulum (tissue attaching upper lip to gum) often indicates force feeding of a baby or a child with a disability. There is often finger bruising to the cheeks and around the mouth. Rarely, there may also be grazing on the palate.

Poisoning

Ingestion of tablets or domestic poisoning in children under 5 is usually due to the carelessness of a parent or carer, but it may be self harm even in young children.

Fabricated or Induced Illness

Professionals may be concerned at the possibility of a child suffering significant harm as a result of having illness fabricated or induced by their carer.

Possible concerns are:

- Discrepancies between reported and observed medical conditions, such as the incidence of fits
- Attendance at various hospitals, in different geographical areas
- Development of feeding / eating disorders, as a result of unpleasant feeding interactions

- The child developing abnormal attitudes to their own health
- Non organic failure to thrive - a child does not put on weight and grow and there is no underlying medical cause
- Speech, language or motor developmental delays
- Dislike of close physical contact
- Attachment disorders
- Low self esteem
- Poor quality or no relationships with peers because social interactions are restricted
- Poor attendance at school and under-achievement

Bite Marks

Bite marks can leave clear impressions of the teeth when seen shortly after the injury has been inflicted. The shape then becomes a more defused ring bruise or oval or crescent shaped. Those over 3cm in diameter are more likely to have been caused by an adult or older child.

A medical/dental opinion, preferably within the first 24 hours, should be sought where there is any doubt over the origin of the bite.

Burns and Scalds

It can be difficult to distinguish between accidental and non-accidental burns and scalds. Scalds are the most common intentional burn injury recorded.

Any burn with a clear outline may be suspicious e.g. circular burns from cigarettes, linear burns from hot metal rods or electrical fire elements, burns of uniform depth over a large area, scalds that have a line indicating immersion or poured liquid.

Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation.

Scalds to the buttocks of a child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

The following points are also worth remembering:

- A responsible adult checks the temperature of the bath before the child gets in.
- A child is unlikely to sit down voluntarily in a hot bath and cannot accidentally scald its bottom without also scalding his or her feet.
- A child getting into too hot water of his or her own accord will struggle to get but and there will be splash marks

Scars

A large number of scars or scars of different sizes or ages, or on different parts ofthe body, or unusually shaped, may suggest abuse.

Emotional/behavioural presentation

- Refusal to discuss injuries
- Admission of punishment which appears excessive
- Fear of parents being contacted and fear of returning home
- Withdrawal from physical contact
- Arms and legs kept covered in hot weather
- Fear of medical help
- Aggression towards others
- Frequently absent from school
- An explanation which is inconsistent with an injury
- Several different explanations provided for an injury

Indicators in the parent

- May have injuries themselves that suggest domestic violence
- Not seeking medical help/unexplained delay in seeking treatment
- Reluctant to give information or mention previous injuries
- Absent without good reason when their child is presented for treatment
- Disinterested or undisturbed by accident or injury
- Aggressive towards child or others
- Unauthorised attempts to administer medication
- Tries to draw the child into their own illness.

- Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault
- Parent/carer may be over involved in participating in medical tests, taking temperatures and measuring bodily fluids
- Observed to be intensely involved with their children, never taking a much needed break nor allowing anyone else to undertake their child's care.
- May appear unusually concerned about the results of investigations which may indicate physical illness in the child
- Wider parenting difficulties may (or may not) be associated with this form of abuse.
- Parent/carer has convictions for violent crimes.

Indicators in the family/environment

- Marginalised or isolated by the community
- History of mental health, alcohol or drug misuse or domestic violence
- History of unexplained death, illness or multiple surgery in parents and/or siblings
- Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

EMOTIONAL ABUSE

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

- Developmental delay
- Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or no attachment
- Aggressive behaviour towards others
- Child scapegoated within the family
- Frozen watchfulness, particularly in pre-school children
- Low self-esteem and lack of confidence
- Withdrawn or seen as a 'loner' - difficulty relating to others
- Over-reaction to mistakes
- Fear of new situations
- Inappropriate emotional responses to painful situations
- Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)
- Self-harm
- Fear of parents being contacted
- Extremes of passivity or aggression
- Drug/solvent abuse
- Chronic running away
- Compulsive stealing
- Low self-esteem

- Air of detachment – 'don't care' attitude
- Social isolation – does not join in and has few friends
- Depression, withdrawal
- Behavioural problems e.g. aggression, attention seeking, hyperactivity, poor attention
- Low self-esteem, lack of confidence, fearful, distressed, anxious
- Poor peer relationships including withdrawn or isolated behaviour

Indicators in the parent

- Domestic abuse, adult mental health problems and parental substance misuse may be features in families where children are exposed to abuse.
- Abnormal attachment to child e.g. overly anxious or disinterest in the child
- Scapegoats one child in the family
- Imposes inappropriate expectations on the child e.g. prevents the child's developmental exploration or learning, or normal social interaction through overprotection.
- Wider parenting difficulties, may (or may not) be associated with this form of abuse.

Indicators of in the family/environment

- Lack of support from family or social network.
- Marginalised or isolated by the community.
- History of mental health, alcohol or drug misuse or domestic violence.
- History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
- Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

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 caregivers);or
• ensure access to appropriate medical care or treatment.
It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Indicators in the child
Physical presentation

- Failure to thrive or, in older children, short stature
- Underweight
- Frequent hunger
- Dirty, unkempt condition
- Inadequately clothed, clothing in a poor state of repair
- Red/purple mottled skin, particularly on the hands and feet, seen in the winter due to cold
- Swollen limbs with sores that are slow to heal, usually associated with old injury
- Abnormal voracious appetite
- Dry, sparse hair
- Recurrent / untreated infections or skin conditions e.g. severe nappy rash, eczema or persistent head lice / scabies/ diarrhoea
- Unmanaged / untreated health / medical conditions including poor dental health
- Frequent accidents or injuries

Development

- General delay, especially speech and language delay

- Inadequate social skills and poor socialization

Emotional/behavioural presentation

- Attachment disorders
- Absence of normal social responsiveness
- Indiscriminate behaviour in relationships with adults
- Emotionally needy
- Compulsive stealing
- Constant tiredness
- Frequently absent or late at school
- Poor self esteem
- Destructive tendencies
- Thrives away from home environment
- Aggressive and impulsive behaviour
- Disturbed peer relationships
- Self-harming behaviour

Indicators in the parent

- Dirty, unkempt presentation
- Inadequately clothed
- Inadequate social skills and poor socialisation
- Abnormal attachment to the child .e.g. anxious
- Low self-esteem and lack of confidence
- Failure to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene
- Failure to meet the child's health and medical needs e.g. poor dental health;
- failure to attend or keep appointments with health visitor, GP or hospital; lack of GP registration; failure to seek or comply with appropriate medical treatment;
- failure to address parental substance misuse during pregnancy
- Child left with adults who are intoxicated or violent
- Child abandoned or left alone for excessive periods
- Wider parenting difficulties, may (or may not) be associated with this form of abuse

Indicators in the family/environment

- History of neglect in the family
- Family marginalised or isolated by the community.

Family has history of mental health, alcohol or drug misuse or domestic violence.
History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
Family has a past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.
Dangerous or hazardous home environment including failure to use home safety equipment; risk from animals
Poor state of home environment e.g. unhygienic facilities, lack of appropriate sleeping arrangements, inadequate ventilation (including passive smoking) and lack of adequate heating
Lack of opportunities for child to play and learn

SEXUAL ABUSE

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

Indicators in the child

Physical presentation

- Urinary infections, bleeding or soreness in the genital or anal areas
- Recurrent pain on passing urine or faeces
- Blood on underclothes
- Sexually transmitted infections
- Vaginal soreness or bleeding
- Pregnancy in a younger girl where the identity of the father is not disclosed and/or there is secrecy or vagueness about the identity of the father
- Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing

Emotional/behavioural presentation

- Makes a disclosure.
- Demonstrates sexual knowledge or behaviour inappropriate to age/stage of development, or that is unusually explicit
- Inexplicable changes in behaviour, such as becoming aggressive or withdrawn
- Self-harm - eating disorders, self-mutilation and suicide attempts
- Poor self-image, self-harm, self-hatred
- Reluctant to undress for PE
- Running away from home
- Poor attention / concentration (world of their own)
- Sudden changes in school work habits, become truant
- Withdrawal, isolation or excessive worrying
- Inappropriate sexualised conduct
- Sexually exploited or indiscriminate choice of sexual partners
- Wetting or other regressive behaviours e.g. thumb sucking
- Draws sexually explicit pictures
- Depression

Indicators in the parents

- Comments made by the parent/carer about the child.
- Lack of sexual boundaries
- Wider parenting difficulties or vulnerabilities, may (or may not) be associated with this form of abuse
- Grooming behaviour
- Parent is a sex offender

Indicators in the family/environment

- Marginalised or isolated by the community.
- History of mental health, alcohol or drug misuse or domestic violence.
- History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
- Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.
- Family member is a sex offender.

APPENDIX 2

Safeguarding Concerns Form for use in school.

To be printed double sided

Ickburgh Safeguarding Concerns

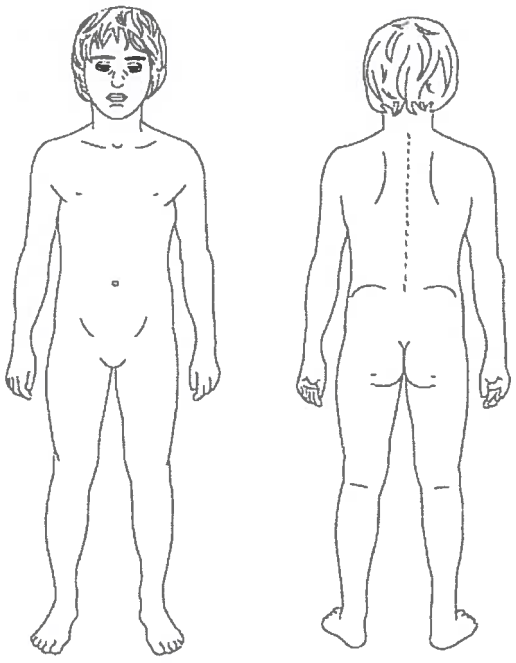
For any concerns about a pupil. (Behavioural, Pastoral, Medical or Child protection)

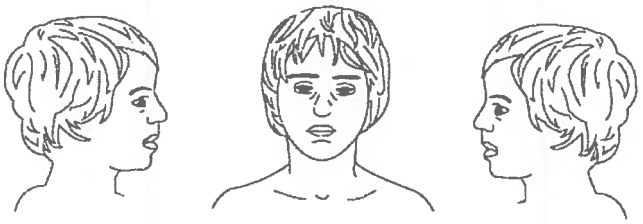
Pupil Name			Class		
Date		Time		Staff Member completing form	

Injury seen on arrival		Injury seen during day		Injury occurring during school		
Injury type	injury location	Injury type	injury location	Injury type	injury location	caused by

Presentation	clothing	Incontinence pads	Other

Please indicate any concerns regarding marks/ bruises or self-injurious behaviour on the body chart below.





Comments on Concern (please provide a detailed report of the concern)

Actions Taken		
Date	Person taking action	Action (letter home, accident book, telephone, sent home, other reports Please attach these)
		Form completed

Please return this form to the appropriate Safeguarding Officer when completed

Safeguarding and Child Protection was approved by the Pupil, Parent, Personnel and Curriculum Committee

Signature: A Kelson.

Signed by: ADRIENNE KELSON CHAIR.

(Chair of PPP&C Committee)

Date: - 7th November 2017