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SAFEGUARDING AND CHILD PROTECTION POLICY

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Rationale

We in the Hollywood Steiner School have a responsibility for the Pastoral Care, general welfare, and safety of the children in our care and we will carry out this duty by providing a caring supportive and safe environment where every child is valued for his or her unique talents and abilities and in which all our young people can learn and develop to their full potential. All staff, teaching and non-teaching should be alert to the signs of possible abuse and should know the procedures to be followed. This policy sets out guidance on the action which is required where abuse or neglect of a child is suspected and outlines referral procedures within our school.

Principles

The general principles which underpin our work are those set out in the **UN Convention on the Rights of the Child** and are enshrined in the **Children (Northern Ireland) Order 1995**, **'Cooperating to Safeguard Children and Young People in Northern Ireland' (DOH 2017)**, the Department of Education (Northern Ireland) guidance **'Safeguarding and Child Protection in Schools' (DENI Circular 2017/04)** and the **Safeguarding Board for Northern Ireland Core Child Protection Policy and Procedures (2017)**

The following principles form the basis of our Child Protection Policy:

- The child or young person's welfare is paramount



- The voice of the child or young person should be heard



- Parents are supported to exercise parental responsibility
- The school will work in partnership with all agencies to support the pupil
- Timely support measures will prevent further harm
- Responses will be proportionate to the circumstances
- Pupils will be protected
- Decisions and actions will be informed by evidence and pupils' needs

Hollywood Steiner School Safeguarding Team

The following are members of the School's Safeguarding Team

- Designated Teacher – **Julie Higgins**
- Deputy Designated Teacher – **Peter Chambers**
- Designated Trustee for Child Protection – **Garret O'Fachtna**
- Chair of Trustees - **Caroline Ball**
- Headteacher - **Peter Chambers**

Roles and responsibilities

Designated Teacher / Deputy Designated Teacher must:

Avail of annual training so that they are aware of updates, responsibilities, and roles
Organize annual training for all school staff
Lead in the development and annual review of the School's Child Protection Policy
Act as a point of contact for staff and parents
Make referrals to Social Services (Gateway Team) or PSNI Public Protection Unit where appropriate
Liaise with the Education Authority designated officers for Child Protection
Maintain detailed written records of all Child Protection concerns, ensuring that all records are stored securely
Provide a monthly report to the Designated Trustee on Child Protection ensuring pupil's details remain confidential
Keep the Headteacher informed of all Child Protection concerns
Have a working knowledge of SBNI procedures
Make all school staff aware of SBNI latest policies on Safeguarding
Make the Child Protection Policy available publicly on the school website

The Headteacher will manage allegations/complaints against school staff. They will establish and manage the operational systems in place for safeguarding and child protection and will



appoint and manage a designated and deputy designated teacher. They will maintain the schools' records of child abuse complaints and ensure that parents and pupils receive a copy or summary of the child protection policy at intake and every two years thereafter.

Chair/Designated Trustee for Child Protection must:

Ensure the school has a Child Protection Policy in place
Ensure the policy is reviewed annually and parents and pupils receive a copy of the policy and complaints procedures every two years
Ensure a Designated and Deputy Designated teacher are appointed
Ensure the Trustees undertake appropriate child protection training provided by EA
Have a full understanding of their roles for Child Protection
Ensure confidentiality is paramount. Information should only be passed to an entire Board of Trustees on a need-to-know basis
Advise Trustees on:
the role of the designated teacher
The child protection policy
The content of the code of conduct for adults in the school
The content of monthly updates
Ensure the Board of Trustees receive monthly updates in relation to child protection

Staff – Teaching/non-teaching/auxiliary must:

Read and understand the Staff Code of Conduct
Refer concerns to the Designated/Deputy teacher for Child Protection
Listen to what is being said and support the child acting promptly
Make a concise written record of child's disclosure using the actual words of the child
Complete a **Note of Concern (appendix one)** if there are safeguarding concerns such as poor attendance, poor punctuality, poor presentation, changed or unusual behavior, including self-harm and suicidal thoughts, deterioration in educational progress, discussions with parents/guardians about concerns relating to their child. Concerns about pupil abuse or serious bullying, home circumstances including disclosures of domestic abuse
Avail of whole school training and other training regarding safeguarding children
NOT give children a guarantee of total confidentiality regarding their disclosures.



Hollywood Steiner School Parents must:

Telephone the school on the morning of their child's absence, or email or send in a note on the child's return to school so that the school is reassured as to the child's situation

Information on parental responsibility can be found on the EA website at:

www.eani.org.uk/schools/safeguarding-and-child-protection

Inform the school when someone, other than themselves (or regular person), intend to pick up the child from the school

Let the school know in advance if a child is going home to an address other than their own home

Familiarize themselves with the school's Child Protection Policy. Reporting to the office when they attend the school other than dropping of or collecting their child

Raise concerns that they have regarding their child with the school.

Inform the school if their child has a medical condition or educational need

Inform the school of any Court Orders relating to the safety or wellbeing their child

Ensure the school has up to date contact details for the parents/guardians.

What is child abuse?

Child abuse occurs when a child is neglected, harmed, or not provided with proper care.

Children may be abused in many settings in a family, in an institutional or community setting, by those known to them or more rarely by a stranger. There are different types of abuse and a child may suffer more than one of them. The procedures outlined in this document are intended to safeguard children who are at risk of significant harm because of abuse or neglect by a parent/guardian or other with a duty of care towards a child.

We use the following definitions:

Neglect is the persistent failure to meet a child's physical, emotional and/or psychological needs likely to result in significant harm. It may involve a parent/guardian failing to provide adequate food, shelter, and clothing, failing to protect a child from physical harm or danger, failing to ensure access to appropriate medical care or treatment, lack of stimulation or lack of supervision. It may also include non-organic failure to thrive (faltering growth).

Physical abuse is the deliberate physical injury to a child or the willful or neglectful failure to protect from physical injury or suffering.



May include hitting, shaking, throwing, poisoning, burning, or scalding, drowning, suffocating, confinement to a room or cot, or inappropriately giving drugs to control behavior.

Emotional abuse is the persistent emotional ill-treatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that she/he is worthless or unloved, inadequate, or valued only in as far as she/he meets the needs of the other person. It may involve causing a child to frequently feel frightened or in danger, or the exploitation or corruption of a child. Some level of emotional abuse is involved in all types of ill-treatment of a child, though it may occur alone. Domestic violence, adult mental health problems and parental substance abuse may expose a child to emotional abuse.

Sexual abuse involves forcing or enticing a child to take part in sexual activities. The activities may involve physical contact, including a penetrative or a non-penetrative act. They may include non-contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in a sexually inappropriate way or grooming a child in preparation for abuse (including via e-technology).

Exploitation. Exploitation is defined as the intentional ill treatment, manipulation or abuse of power and control over a child or young person, to take selfish and unfair advantage of a child or young person or situation for personal gain. It may manifest itself in many forms including, child labor, slavery, servitude, engagement in criminal activity, begging, benefit or other financial fraud or child trafficking. It extends to the recruitment, transportation, transfer, harboring or receipt of children for the purpose of exploitation.

Potential indicators of Child sexual Exploitation include:

- Change in mood or low self-esteem
- Inappropriate sexualized behavior (explicit words or phrases or inappropriate touching)
- Physical symptoms, such as bite marks or bruises
- Being collected from school by unknown adults
- Increasing secretiveness

(a full list is available in the *Safeguarding & Child Protection in Schools Guide* Section 6.2.1. – available online)



Specific types of abuse include:

Grooming can occur online or in person and involves perpetrator(s) gaining the trust of a child or young person, in some cases, the trust of the family, friends or community, and/or making an emotional connection with the victim in order to facilitate abuse before the abuse begins.

Female Genital Mutilation comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons.

Forced Marriage is a marriage conducted without the valid consent of one or both parties and where duress is a factor. Forced marriage is a criminal offence and anyone with knowledge of a forced marriage must report it to the PSNI immediately.

E-Safety/Internet Abuse and Sexting. Online safety means acting and staying safe when using digital technologies. It includes internet technology, text messages, social environments, apps and using games consoles through any digital device. Risks include content, contact and commercial risks. Pupils need to become 'internet wise' to protect them from the dangers the internet can pose. They should also be made aware that it is illegal under the Sexual Offences (NI) Order 2008, to take, possess or share 'indecent images' of anyone under 18 years of age.

See **(appendix two)** for signs and symptoms of abuse

See **(appendix three)** for children with increased vulnerabilities

Procedures for making complaints in relation to child protection

Where a parent is concerned about a child's safety in terms of child protection issues.

As outlined below in the flowchart if a parent/guardian has a concern they can talk to the **Class Teacher/Sponsor**, or the **Designated or Deputy Designated teacher for Child Protection**.

If they are still concerned, they can talk to the **Safeguarding Trustee**.

At any time, a parent/guardian can talk to a social worker in the **local Gateway team** or to the **PSNI Central Referral Unit**.

The following process should be followed:



Step 1

I have a concern about my/ a child's safety



Step 2

I can talk to the Class Teacher/Sponsor



Step 3

If I am still concerned, I can talk to the Designated Teacher for Child Protection, **Julie Higgins** or the Deputy Designated Teacher, **Peter Chambers**



Step 4

If I am still concerned, I can talk/write to the safeguarding Trustee **Garret O'Fachtna** garret.ofachtna@hollywood-



Step 5

At any time, I can talk to a Social Worker at the Gateway Team
0800 100 0300
or to the PSNI 028 90259299



If a child makes a disclosure to a member of staff which gives rise to concerns about possible abuse, or if a **member of staff has concerns about a child**, the member of staff will complete a **Note of Concern (appendix one)** and act promptly.

They will not investigate but will discuss these concerns with the Designated and/or Deputy Designated teacher for Child Protection.

If required, advice may be sought from an Education Authority Child Protection Officer. The Designated or Deputy Designated teacher may also seek clarification from the child or young person and the parents/guardians.

If a Child Protection referral is not required

The school may consider other options including monitoring, signposting, or referring to other support agencies such as the **Family Support Hub** with parental consent and where appropriate, with the child's or young person's consent.

If a Child Protection referral is required

The consent of parents/guardians and of the young person (if they are competent to give this) will normally be sought prior to making a referral to Social Services. The exception to this is where to seek such consent would be to put that child, young person, or others at increased risk of significant harm or an adult at risk of serious harm, or it will undermine the prevention, detection, or prosecution of a serious crime, including where seeking consent might lead to interference with any potential investigation.

Where consent of the parents/guardians and/or the young person is sought to make a referral to Social Services we will explain at the outset, openly and honestly what and how information will or could be shared and why and seek their agreement to make the referral. In circumstances where the consent of the parents/guardians and/or young person is withheld we will consider and where possible respect their wishes. However, our **primary consideration** must be the **safety and welfare of the child** and we will make a referral in cases where consent is withheld if we believe based on the information available that it is in the best interests of the child/young person to do so.

Where there are concerns about possible abuse and a referral needs to be made the designated teacher will telephone the Eastern Health and Social Services Gateway Team. They will also notify the South Eastern Education and Library Board's designated officer for child protection. A **UNOCINI (Understanding the Needs of Children in Northern Ireland) referral form** will also be completed and forwarded to the Gateway team with a copy sent to the EA designated officer for child protection.

The following process should be followed:



Member of staff completes the **Note of Concern** on what has been observed or shared and must **ACT PROMPTLY**. Source of concern is notified that the school will follow up appropriately on the issues raised.

Staff member discusses concerns with the Designated Teacher or Deputy Designated Teacher in their absence and provides note of concern.

Designated Teacher should consult with the **Head Teacher** or other relevant staff before deciding upon action to be taken, always taking care to avoid undue delay. If required, advice may be sought from a **CPSS officer**.

Child Protection referral is required

Designated Teacher seeks consent of the parent/guardian and/or the child (if they are competent to give this) unless this would place the child at risk of significant harm then telephones the Children's Services Gateway Team and/or the PSNI if a child is at immediate risk. They submit a completed **UNOCINI referral form** within 24 hours.

Designated Teacher clarifies/discusses concern with child/ parent/guardian and decides if a child protection referral is or is not required.

Child Protection referral is not required

School may consider other options including monitoring the situation within an agreed timescale; signposting or referring the child/parent/guardian to appropriate support services such as the Children's Services Gateway Team or local **Family Support Hub** with parental consent, and child/young person's consent (where appropriate).

Where appropriate the source of the concern will be informed as to the action taken. The Designated Teacher will maintain **a written record of all decisions and actions taken and ensure that this record is appropriately and securely stored.**



If a complaint about possible abuse is made against a member of staff the designated teacher or the deputy designated teacher must be informed immediately. The above procedures will apply unless the complaint is about the designated teacher.

If a complaint is made about the designated teacher, the deputy designated teacher will be informed.

Where the matter is referred to the Social Services the member of staff may be removed from duties involving direct contact with pupils (and may be suspended from duty as a precautionary measure pending investigation by the appropriate authorities). The Chair of the Board of Trustees will also be informed immediately.

Where an allegation is made against a member of staff, a detailed record of complaint shall be retained in the child's file and the file of the member of staff concerned. An entry will also be made in the school's Child Protection Book

If because of a subsequent investigation the member of staff is totally exonerated the record on the file will be expunged and the entry in the school's Child Protection Book is removed, deleted or struck through.

However, where disciplinary investigation or action is undertaken in the context of child protection, all details relating to the complaint and disciplinary sanction shall be maintained on the teacher's file for a period of 5 years. The record on the child's file should be noted accordingly and should be maintained indefinitely in case there should be subsequent complaints.

The following process should be followed:



Key Points

Lead individual learns of an allegation against a member of staff and informs the Chair/Co-Chair of Board of Trustees as appropriate.



Guidance on the Next Steps

Lead individual then establishes the facts, seeks advice from the key agencies as appropriate, usually through informal discussion.



Possible Outcomes

Following on from establishing the facts, seeking advice from Key Agencies and discussion with the Chair and/or Board to agree a way forward from the options below.



Precautionary suspension is not appropriate, and the matter is concluded.

Allegation addressed through relevant disciplinary procedures.

Precautionary suspension under Child Protection procedures imposed

Alternatives to precautionary suspension



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Attendance at child protection case conferences and core group meetings

The Designated/Deputy Designated Teacher may be invited to attend an initial/review case conference, or a core group meeting convened by the Eastern Health and Social Care Trust and where possible a school representative will be in attendance. Feedback will only be given to staff on a 'need to know' principle and a case-by-case basis. Children whose names are on the Child Protection Register will be monitored in line with what has been agreed in the child protection plan.

Confidentiality and sharing of information

Information given to members of staff about possible child abuse cannot be held in confidence, in the interests of the child staff have a responsibility to share relevant information about the protection of children with other professionals, particularly the investigative agencies and where physical or sexual abuse is suspected a legal duty to report this. However only those who need to know will be told.

Record keeping

All child protection records, information and confidential notes are kept in separate files in a locked steel cupboard. These records are kept separate from any other file that is held on the child or young person.

If a complaint about possible child abuse is received by the school and is not referred to Social Services – or if it is referred and Social Services do not place the child's name on the Child Protection Register – a record will be permanently preserved, and a confidential copy will be sent to any school to which the child subsequently transfers.

If Social Services inform the school that a child's name has been placed in the Child Protection Register, a record of this fact and associated documentation from Social Services will be maintained on the Child Protection File while he or she continues to attend our school.

When the child's name is removed from the Child Protection Register, then all Social Services records will be destroyed and only the school's records retained for permanent preservation. Should a child transfer to another school whilst their name is on the Child Protection Register then we will inform the receiving school that his/her name is on the Register and the name of



the child's Social Worker will be forwarded as well. All Social Services records held by us in relation to the child will be destroyed. The school's own child protection records in relation to the child will be held in secure and confidential storage for permanent preservation.

Vetting procedures

All staff including volunteers who are appointed to positions in the School are vetted in accordance with relevant legislation and Departmental guidance.

Code of conduct for staff – Paid and Unpaid

All actions concerning children and young people must uphold the best interests of the young person as a primary consideration. Staff must always be mindful of the fact that they hold a position of trust and that their behavior towards children and young people in their charge must be above reproach. The school has a **code of conduct for staff** which is intended to assist staff in respect of the complex issue of child abuse and by drawing attention to the areas of risk for staff.

The Code of Conduct Policy for staff can be downloaded from the school website.

Staff training

Each member of staff will receive general training on policy and procedures with some members of staff receiving more specialist training in line with their roles and responsibilities. All staff receive child protection awareness training annually. The Designated and Deputy Designated teachers and designated Trustee will attend relevant child protection training courses annually.

When new staff, teacher training students or volunteers start at the school they are briefed on the school's Child Protection Policy and Code of Conduct and are given a copy of the policy which includes what to do if they have concerns about a child.



The Preventative Curriculum

Throughout the school year child protection issues are addressed through **LLW classes**. Relevant information is displayed in prominent places to provide advice on who to speak to and to communicate child helpline numbers.

Within the **LLW schemes of work** pupils have opportunities to:

- Explore the qualities of relationships, including friendship, for example, conditions for healthy relationships, types of relationships, healthy boundaries, and gender issues in relationships.
- Develop coping strategies to deal with challenging relationship scenarios, for example sibling rivalry, caring for relatives, domestic violence, teenage rebellion, child abuse, change in family circumstances, coping with rejection, loneliness, and loss.
- Develop strategies to promote personal safety, for example, responding appropriately to different forms of bullying, abuse, physical violence, developing safe practice in relation to the internet, getting home, understanding, and managing risk, the place of rules and boundaries. **Outside speakers** and **visiting guest speakers** are often used to deal with controversial issues in a sensitive manner.

Operation Encompass

We are an Operation Encompass school. Operation Encompass is an early intervention partnership between local Police and our school, aimed at supporting children who are victims of domestic violence and abuse. As a school, we recognise that children's exposure to domestic violence is a traumatic event for them.

Children experiencing domestic abuse are negatively impacted by this exposure. Domestic abuse has been identified as an Adverse Childhood Experience and can lead to emotional, physical and psychological harm. Operation Encompass aims to mitigate this harm by enabling the provision of immediate support. This rapid provision of support within the school environment means children are better safeguarded against the short, medium and long-term effects of domestic abuse.

As an Operation Encompass school, when the police have attended a domestic incident and one of our pupils is present, they will make contact with the school at the start of the next working day to share this information with a member of the school safeguarding team. This will allow the school safeguarding team to provide immediate emotional support to this child as well as giving the



designated teacher greater insight into any wider safeguarding concerns.

This information will be treated in strict confidence, like any other category of child protection information. It will be processed as per DE Circular 2020/07 'Child Protection Record Keeping in Schools' and a note will be made in the child's child protection file. The information received on an Operation Encompass call from the Police will only be shared outside of the safeguarding team on a proportionate and need to know basis. All

members of the safeguarding team will complete online Operation Encompass training, so they are able to take these calls. Any staff responsible for answering the phone at school will be made aware of Operation Encompass and the need to pass these calls on with urgency to a member of the Safeguarding team.

Further information: [The Domestic Abuse Information Sharing with Schools etc. Regulations \(Northern Ireland\) 2022](#).

E-safety

While we consciously limit the use of technology within the classrooms, especially in Early Years and Lower School, we recognize our duty to educate our pupils about how to make their interaction with technology a positive and safe experience. The school will actively seek to do this in an age-appropriate way.

Monitoring and Evaluation

This policy will be reviewed annually by the Safeguarding Team and approved every two years by the Board of Trustees for dissemination to parents/guardians, pupils, and staff. It will be implemented through the schools' staff induction and training program and as part of day-to-day practice. Compliance with the policy will be monitored on an on-going basis by the designated teacher for child protection and periodically by the School's Safeguarding Team. The Board of Trustees will monitor child protection activity and the implementation of the Safeguarding and Child Protection Policy on a regular basis through the provision of monthly reports from the designated teacher.



Appendix one

CONFIDENTIAL

AL NOTE OF

CONCERN

CHILD PROTECTION RECORD - REPORTS TO DESIGNATED TEACHER

Name of Pupil:
Class:
Date, time of incident / disclosure:
Circumstances of incident / disclosure:
Nature and description of concern:



Parties involved, including any witnesses to an event and what was said or done and by whom:



Action taken at the time:

Details of any advice sought, from whom and when:

Any further action taken:

Written report passed to Designated Teacher: Yes: No:
If 'No' state reason:

Date and time of report to the Designated Teacher:

Written note from staff member placed on pupil's Child Protection file

Yes No

If 'No' state reason:



Appendix 2

Signs and Symptoms of Child Abuse

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/guardian 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 color possibly indicating injuries caused at different times
- The outline of an object used e.g., belt marks, handprints, or a hairbrush
- 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
- Grasp marks to the upper arms, forearms, or leg

Fractures

Fractures may cause pain, swelling and discoloration over a bone or joint. It is unlikely that a child will have had a fracture without the parents/guardians 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/guardian, 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 because of having illness fabricated or induced by their parent/guardian. 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, because of

unpleasant feeding interactions

- The child developing abnormal attitudes to their own health
- Nonorganic 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 out and there will be splash marks.

Scars

Many scars or scars of different sizes or ages, or on different parts of the body, or unusually shaped, may suggest abuse.

Emotional/behavioral 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 injured themselves suggesting 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
- Unauthorized attempts to administer medication
- Tries to draw the child into their own illness.
- A history of childhood abuse, self-harm, disorder, or false allegations of physical or sexual assault
- Parent/guardian 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/guardian has a conviction for violent crime.

Indicators in the family/environment

- Marginalized 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
- A history of childhood abuse, self-harm, 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/guardian e.g., anxious, indiscriminate or no attachment
- Aggressive behavior 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 behavior (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
- Behavioral 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 behavior

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.
- Marginalized 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
- A history of childhood abuse, self-harm, 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 because of maternal substance abuse.

Once a child is born, neglect may involve a parent/guardian 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 cold injury
- Abnormal voracious appetite
- Dry, sparse hair
- Recurrent / untreated infections or skin conditions e.g., severe nappy rash, eczema or persistent head lice / scabies/ diarrhea
- 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/behavioral presentation
- Attachment disorders
- Absence of normal social responsiveness
- Indiscriminate behavior 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 behavior
- Disturbed peer relationships
- Self-harming behavior



Indicators in the parent

- Dirty, unkempt presentation
- Inadequately clothed
- Inadequate social skills and poor socialization
- 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 marginalized 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 history of childhood abuse, self-harm, 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 stools
- 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/behavioral presentation

- Makes a disclosure.
- Demonstrates sexual knowledge or behavior inappropriate to age/stage of development, or that is unusually explicit
- Inexplicable changes in behavior, 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 schoolwork habits, become truant
- Withdrawal, isolation, or excessive worrying
- Inappropriate sexualized conduct
- Sexually exploited or indiscriminate choice of sexual partners



- Wetting or other regressive behaviors e.g., thumb sucking



- Draws sexually explicit pictures
- Depression

Indicators in the parents

- Comments made by the parent/guardian about the child.
- Lack of sexual boundaries
- Wider parenting difficulties or vulnerabilities
- Grooming behavior
- Parent is a sex offender

Indicators in the family/environment

- Marginalized 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
- A history of childhood abuse, self-harm, disorder, or false allegations of physical or sexual assault or a culture of physical chastisement.
- Family member is a sex offender.



Appendix three

Children with Increased Vulnerabilities

- **Children with a disability**

Children and young people with disabilities (i.e., any child or young person who has a physical, sensory, or learning impairment or a significant health condition) may be more vulnerable to abuse and those working with children with disabilities should be aware of any vulnerability factors associated with risk of harm, and any emerging child protection issues.

Staff must be aware that communication difficulties can be hidden or overlooked making disclosure particularly difficult. Staff and volunteers working with children with disabilities will receive training to enable them to identify and refer concerns early to allow preventative action to be taken.

- **Children with limited fluency in English**

As with children with a special educational need, children who are not fluent in English should be given the chance to express themselves to a member of staff or other professional with appropriate language/communication skills, especially where there are concerns that abuse may have occurred.

Designated Teachers should work with their SEN co-ordinators along with school staff with responsibility for newcomer pupils, seeking advice from the EA's Inclusion and Diversity Service to identify and respond to any communication needs that a child may have. All schools should try to create an atmosphere in which pupils with special educational needs which involve communication difficulties, or pupils for whom English is not their first language, feel confident to discuss these issues or other matters that may be worrying them.

- **Pre-school provision**

Many of the issues in the preceding paragraphs will be relevant to our young children who may have limited communication skills. In addition to the above, staff will follow our Intimate Care policy and procedures in consultation with the child's parents/guardians.

- **Looked After Children**

In consultation with other agencies and professionals, a Health and Social Care Trust may determine that a child or young person's welfare cannot be safeguarded if they remain at home. In these circumstances, a child may be accommodated through a voluntary arrangement with the persons with parental responsibility for the child or the HSCT may make an application to the Court for a Care Order to place the child or young person in an alternative placement provided by the Trust. The HSCT will then plan for the child to be looked after, either permanently or temporarily. It is important that the views of children, young people, and their parents and/or others with parental responsibility for the looked after child are considered when decisions are made.



A member of school staff will attend LAC meetings and will provide a written report. Where necessary, school support will be put in place for the child/young person. Information will be shared with relevant staff on a need-to-know basis.

- **Children / young people who go missing**

Children and young people who go missing come from all backgrounds and communities and are known to be at greater risk of harm. This includes risks of being sexually abused or exploited although children and young people may also become homeless or a victim or perpetrator of crime. Those who go missing from their family home may have no involvement with services as not all children and young people who run away or go missing from their family home have underlying issues within the family or are reported to the police as missing. The patterns of going missing may include overnight absences or those who have infrequent unauthorised absences of short time duration. When a child or young person returns, having been missing for a period, we should be alert to the possibility that they may have been harmed and to any behaviours or relationships or other indicators that children and young people may have been abused.

School staff will work in partnership with those who look after the child or young person who goes missing and, if appropriate, will complete a risk assessment. Current school policies will apply e.g., attendance, safeguarding, relationships and sexuality education.

- **Young people in supported accommodation**

Staff will work in partnership with those agencies involved with young people leaving care and those living in supported accommodation and will provide pastoral support, as necessary.

- **Young people who are homeless**

If we become aware that a young person in our school is homeless, we will share this information with Social Services whose role is to carry out a comprehensive needs and risk assessment. We will contribute to the assessment and attend multi-disciplinary meetings.

- **Separated, unaccompanied and trafficked children and young people**

Separated children and young people are those who have been separated from their parents, or from their previous legal or customary primary caregiver. Unaccompanied children and young people are those seeking asylum without the presence of a legal guardian. Consideration must be given to the fact that separated or unaccompanied children may be a victim of human trafficking.

Child Trafficking is the recruitment, transportation, transfer, harbouring or receipt of a child or young person, whether by force or not, by a third person or group, for the purpose of different types of exploitation.

If we become aware of a child or young person who may be separated, unaccompanied or a victim of human trafficking we in School Name will immediately follow our safeguarding and child protection procedures



- **Children of parents with additional support needs**

Children and young people can be affected by the disability of those caring for them. Parents, carers, or siblings with disabilities may have additional support needs which impact on the safety and wellbeing of children and young people in the family, possibly affecting their education or physical and emotional development. It is important that any action school staff take to safeguard children and young people at risk of harm in these circumstances encompasses joint working between specialist disability and children's social workers and other professionals and agencies involved in providing services to adult family members. This will assist us in ensuring the welfare of the children and young people in the family is promoted and they are safeguarded as effectively as possible.

Where it is known or suspected that parents or carers have impaired ability to care for a child, the safeguarding team will consider the need for a child protection response in addition to the provision of family support and intervention.

- **Gender identity issues and sexual orientation**

Young people from the LGBTQ community may face difficulties which could make them more vulnerable to harm. These difficulties could range from intolerance and homophobic bullying from others to difficulties for the young person themselves in exploring and understanding their sexuality. At such times young people may be more vulnerable to predatory advances from adults seeking to exploit or abuse them. This could impede a young person's ability or willingness to raise concerns if they feel they are at risk or leave young people exposed to contact with people who would exploit them.

As a staff working with young people from the LGBT community, we will support them to appropriately access information and support on healthy relationships and to report any concerns or risks of abuse or exploitation.

- **Work experience, school trips and educational visits**

Our duty to safeguard and promote the welfare of children and young people also includes periods when they are in our care outside of the school setting. In line with a desire to promote confidence and independence experiences will be offered to students as they progress through the school which increasingly encourage and promote independence and self-reliance. At all times teachers will be conscious of the need to assess the activities for their class and ensure adequate supervision.



Policy Review History			
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