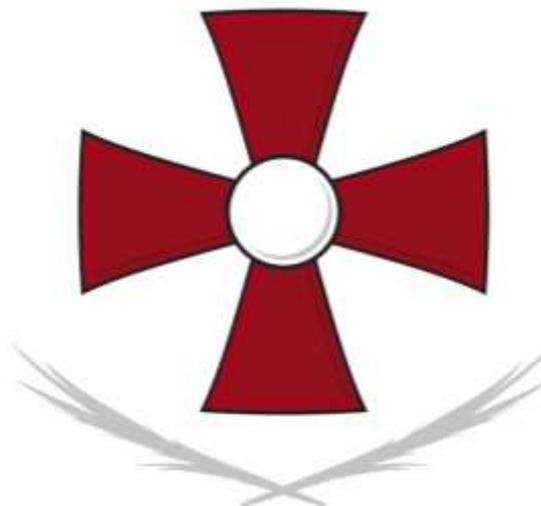


St Richard Reynolds Catholic College

Child Protection Policy



Responsibility: Community and Stewardship Committee

Date reviewed: November 2016

Next review date: November 2017

St Richard Reynolds Catholic College values the individual dignity of each child in the sight of God. Therefore we aim to create an atmosphere in which everyone is aware of their God-given right to be valued, respected and believed. As a Catholic College, we respect the unique dignity of each pupil and act in accordance with Church teaching as expressed by Pope John Paul II (Apostolic Exhortation, Familiaris Consortio, paragraph 26): 'Special attention must be devoted to the children by developing a profound esteem for their personal dignity, and a great respect and generous concern for their rights. This is true for every child, but it becomes all the more urgent the smaller the child is and the more it is in need of everything ...'

St Richard Reynolds Catholic College fully recognises its responsibilities for child protection. This policy outlines these responsibilities and in particular that of the Designated Safeguarding Lead (DSL). It also outlines the procedures of the action to be taken where the abuse of a child is suspected.

The Designated Safeguarding Lead is the Principal, Richard Burke and the Vice Principal, Anne Murphy and the Nominated Governor for child protection is Viv Rimmer. The role of the Nominated Governor is to meet regularly with the DSL to monitor that appropriate policies and procedures are in place and that they are being implemented correctly. Compliance with the policy will be monitored by the DSL and through staff performance measures.

The procedures used within St Richard Reynolds Catholic College are outlined below:

1	Introduction
2	Statutory Framework
3	The Designated Safeguarding Lead
4	The Governing Body
5	Safe Recruitment
6	What to do when you are worried about a child
7	Records and Monitoring
8	Supporting Children
9	Whistle Blowing
10	Allegations Involving College Staff/Volunteers
Appendix 1	Keeping Children Safe in Education: information for all College and college staff (DFE 2016)
Appendix 2	Flow charts
Appendix 3	Receipt of Policies

Appendix 4	College Code of Conduct
Appendix 5	Indicators of Abuse

1. INTRODUCTION

This policy applies to all children, staff, governors, visitors and volunteers in the College. This policy is reviewed on an annual basis. There are five main elements to our policy:

- Ensuring we practise safer recruitment in checking the suitability of staff and volunteers to work with children;
- Raising awareness of child protection issues and equipping children with the skills needed to keep them safe;
- Developing and then implementing procedures for identifying and reporting cases, or suspected cases, of abuse;
- Supporting pupils who have been abused in accordance with his/her agreed Child Protection Plan (or Child in Need Plan for lower level concerns);
 - Establishing a safe environment in which children can learn and develop.

We recognise that because of the day-to-day contact with children, College staff are well placed to observe the outward signs of abuse. The College will therefore:

- Establish and maintain an environment where children feel secure, are encouraged to talk, and are listened to;
- Ensure children know that there are adults in the College whom they can approach if they are worried;
- Include opportunities in the PSHCE curriculum for children to develop the skills they need to recognise and stay safe from abuse.

We will follow the procedures set out by the LSCB and take account of guidance issued by the DfE to safeguard children and promote their welfare:

Policy Review

This policy will be reviewed in full by the Governing Body on annually.
The policy was last reviewed and agreed by the Governing Body on *insert date*.
It is due for review on *insert date* (up to 12 months from the above date).

Signature

Date

Head Teacher

Signature

Date

Chair of Governors

2. STATUTORY FRAMEWORK

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

- The Children Act 1989
- The Children Act 2004
- Education Act 2002 (section 175)
- The London Child Protection Procedures (2014)
- Keeping Children Safe in Education (DFE 2016)
- Keeping Children Safe in Education: information for all College and college staff (DFE 2016) – APPENDIX 2
- Working Together to Safeguard Children (DfE 2013)
- The Education (Pupil Information) (England) Regulations 2005
- Prevent Duty 2015
- Counter Terrorism and Security Act 2015

Working Together to Safeguard Children (DfE 2013) requires all schools to follow the procedures for protecting children from abuse which are established by Kingston and Richmond Safeguarding Children Boards.

The College will ensure that it has 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. The College will also ensure that those groups or individuals who hire and / or use their building or grounds inside or outside of College hours, follow the local child protection guidelines and are aware of their duties, if children or vulnerable adults are using the building or grounds.

The College will also follow guidance in relation to the specific safeguarding issues outlined in Appendix 2. This will include the prevent Duty Guidance 2014 in the exercise of their functions, to have due regard to the need to prevent people from being drawn into terrorism. Furthermore Section 5B of the Female Genital Mutilation Act 2003 (as inserted by section 74 of the Serious Crime Act 2014) will place a statutory

duty upon teachers, along with social workers and healthcare professionals to report to the police when they discover (either through disclosure by the victim or visual evidence) that FGM appears to have been carried out on a girl under 18.

Furthermore

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

- Colleges should be aware of and follow the procedures established by the Safeguarding Children Board
- Staff should be alert to signs of abuse and know to whom they should report any concerns or suspicions
- Schools should have procedures (of which all staff are aware) for handling suspected cases of abuse of pupils, including procedures to be followed if a member of staff is accused of abuse, or suspected of abuse
- A Designated Senior Lead should have responsibility for co-ordinating action within the College and liaising with other agencies
- Staff with the designated safeguarding lead should undergo updated child protection training every two years

The document “Keeping Children Safe in Education” DFE 2016 must be read in conjunction with this policy and should be kept as an appendix to the College’s child protection policy. The College will publish its child protection policy on its website and signpost all stakeholders to information that will actively keep children safe online.

Related safeguarding portfolio policies

- Anti-bullying
- Whistle blowing
- SEND
- Behaviour
- Attendance
- Supporting pupils with Medical Conditions
- Physical intervention and the use of reasonable force
- Complaints procedure
- Single Central Record and procedures

- Complaints Policy
- Grievance and disciplinary
- Intimate Care

3. THE DESIGNATED SAFEGUARDING LEAD (referred to in 'Keeping Children Safe in Education (DFE, September 2016)

The Designated Safeguarding Lead for Child Protection in this College is:

NAME: Anne Murphy

A Deputy DSL should be appointed to act in the absence/unavailability of the DSL.

The Deputy Designated Safeguarding Lead for Child Protection in this College is:

NAME: Emma O'Byrne (primary), Jan Byrne (KS4), Leann De Belder (KS3)

The broad areas of responsibility for the designated safeguarding lead are:

Managing referrals

This College recognises that it is an agent of referral and not of investigation. The College will refer all cases of suspected abuse to the local authority children's social care and:

- Police (cases where a crime may have been committed).
- Liaise with the head teacher or principal to inform him or her of issues especially ongoing enquiries under section 47 of the Children Act 1989 and police investigations
- Act as a source of support, advice and expertise to staff on matters of safety and safeguarding and when deciding whether to make a referral by liaising with relevant agencies

The DfE has clear guidelines on what Colleges, colleges, Governing Bodies and LAs should do if they suspect that a child has been abused. It is not, however, the

responsibility of teachers and other staff in Colleges to investigate suspected abuse. They should not take action beyond that agreed in the procedures established by their Local Safeguarding Children Board (LSCB). The DSL is responsible for referring cases of suspected abuse or allegations to the relevant investigating agencies according to the procedures established by their local LSCB and LA. The Principal or Chair of Governors must also be able to deal with allegations made against members of staff.

The DSL will

- refer cases of suspected abuse to the local authority children's social care as required;
- support staff who make referrals to local authority children's social care;
- refer cases to the Channel programme where there is a radicalisation concern as required;
- support staff who make referrals to the Channel programme;
- refer cases where a person is dismissed or left due to risk/harm to a child to the Disclosure and Barring Service as required; and
- refer cases where a crime may have been committed to the Police as required.

The DSL has an important role in ensuring all staff and volunteers receive appropriate training. She should:

- Have received training in how to identify abuse and know when it is appropriate to refer a case, together with having a working knowledge of how LSCBs operate and the conduct of a child protection case conference and be able to attend and contribute to these when required;
- Attend any relevant or refresher training courses and then ensure that any new or key messages are passed to other staff, volunteers and governors;
- Make themselves (and any deputies) known to all staff, volunteers and Governors (including new starters and supply teachers) and ensure those members of staff have had training in child protection. This should be relevant to their needs to enable them to identify and report any concerns to the DSL immediately.

Training

The designated safeguarding lead should receive appropriate training carried out at least every two years in order to:

- Understand the assessment process for providing early help and intervention, for example through locally agreed common and shared assessment processes such as early help assessments;

- Have a working knowledge of how local authorities conduct a child protection case conference and a child protection review conference and be able to attend and contribute to these effectively when required to do so;
- Ensure each member of staff has access to and understands the College's or college's child protection policy and procedures, especially new and part time staff;
- Be alert to the specific needs of children in need, those with special educational needs and young carers;
- Be able to keep detailed, accurate, secure written records of concerns and referrals;
- understand and support the school or college with regards to the requirements of the Prevent duty and are able to provide advice and support to staff on protecting children from the risk of radicalisation;
- Obtain access to resources and attend any relevant or refresher training courses;
- Encourage a culture of listening to children and taking account of their wishes and feelings, among all staff, in any measures the College or college may put in place to protect them;

The DSL attends refresher Level 3 training every two years. She also attends LSCB briefings and one other Level 3 course annually. The DSL receives regular updates from the NSPCC and from Safeguarding Pro. In 2015-16, the DSL attended LSCB briefings, Level Three refresher training, WRAP workshop, FGM training and CSE training.

The College ensures that staff understand and discharge their responsibility to keep children safe by

- Staff receive Level Two training on appointment and then every three years. This includes teaching and non-teaching staff.
- Staff receive annual updates through training on the first inset day of the year, through Staff Briefings and through the staff development training programme.
- In 2015-16 all staff completed online training on FGM and Prevent. Training on vulnerable pupils and the role of external agency was attended by teaching staff as part of a Twilight Inset.
- Part One and Appendix A of Keeping Children Safe in Education was distributed to staff who are asked to confirm that they have read and understood it.

- Staff are supported by their line manager when carrying out safeguarding responsibilities
- Staff are given the time they need to carry out safeguarding responsibilities

Raising Awareness

The DSL should ensure the College's policies are known and used appropriately, and:

- Ensure the College or college's child protection policy is reviewed annually and the procedures and implementation are updated and reviewed regularly, and work with governing bodies or proprietors regarding this;
- Ensure the child protection policy is available publicly and parents are aware of the fact that referrals about suspected abuse or neglect may be made and the role of the College or college in this;
- Ensure that safeguarding contact details will be kept prominently displayed in the College to ensure that all staff, children and parents have unfettered access to safeguarding support. The policy will be available as a hard copy, as required, including in staff areas.
- Link with the local LSCB to make sure staff are aware of training opportunities and the latest local policies on safeguarding;
- Where children leave the College or college, ensure their child protection file is copied for any new College or college as soon as possible but transferred separately from the main pupil file.

Work with Others

The DSL will

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

The DSL may delegate aspects of this work to other staff in order to ensure it is carried out efficiently but retains responsibility for all aspects of this role.

If the DSL is unavailable, deputy DSLs are available to deputise.

4. THE GOVERNING BODY

Keeping Children Safe in Education (DFE, September 2016) states:

Governing bodies and proprietors should ensure there is an effective child protection policy in place together with a staff behaviour policy (code of conduct). Both should be provided to all staff – including temporary staff and volunteers – on induction. The child protection policy should describe procedures which are in accordance with government guidance and refer to locally agreed inter-agency procedures put in place by the LSCB, be updated annually, and be available publicly either via the College or college website or by other means.

Governing bodies and proprietors must ensure that they comply with their duties under legislation. They must also have regard to this guidance to ensure that the policies, procedures and training in their Colleges or colleges are effective and comply with the law at all times.

In particular the Governing Body via the Nominated Governor for safeguarding will ensure:

- that St Richard Reynolds Catholic College makes a contribution to inter-agency working, which includes providing a coordinated offer of early help when additional needs of children are identified
- an effective child protection policy is in place, together with a staff behaviour policy, and that it is reviewed annually;
- that there is a Designated Safeguarding Lead who should undergo child protection training every year, at Level 3 and a Level 3 refresher three yearly;
- the welfare of children and young people are always a priority

- a culture is created where staff are confident to challenge senior leaders over any safeguarding concerns;
- that children are taught about how to keep themselves safe;
- that the College uses appropriate filtering and monitoring systems in place to ensure that children are using the internet safely whilst not 'overblocking' content.

The Principal, DSL and Nominated Governor will provide an annual report to the Governing Body detailing any changes to policy and procedures, and key College safeguarding data, such as serious incidents, numbers of children looked after or subject to child protection plans, and details of any allegations made against staff or volunteers, and subsequent action, permanent or temporary exclusions, children missing education, or those with concerning attendance records. The report should include an understanding of the special needs of students and matters of diversity and ethnicity.

SAFER RECRUITMENT

It is vital that schools and colleges create a culture of safe recruitment and, as part of that, adopt recruitment procedures that help deter, reject or identify people who might abuse children, (see paragraphs 71-72 about safer recruitment). This part of the guidance describes in detail those checks that are, or may be, required for any individual working in any capacity at, or visiting, the school or college. Governing bodies and proprietors must act reasonably in making decisions about the suitability of the prospective employee based on checks and evidence including criminal record checks (DBS checks), barred list checks and prohibition checks together with references and interview information (Keeping Children Safe in Education, 2016)

The Governing Body and College leadership team are responsible for ensuring that the College follows recruitment procedures that help to deter, reject or identify people who might abuse children whether through volunteer or paid employment. The College's safeguarding procedures are set out in detail in the Single Central Record and DBS checks procedure document. This section should be read in conjunction with document.

All recruitment panels will have at least one member who has completed Safer Recruitment training.

The following statement is used on all adverts for new appointments:

This College is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment.

Disqualification

All staff and volunteers will complete a annual return in relation to disclosable information / convictions / personal matters.

Prohibition checks

In addition to obtaining the DBS certificate described, anyone who is appointed to carry out teaching work will require an additional check to ensure they are not prohibited from teaching. For those engaged in management roles (in independent schools - including academies and free schools) an additional check is required to ensure they are not prohibited under section 128 provisions.

The following guidance is used:

Consider if the **reference** is:

- On Headed paper?
- From the person who you requested if from?
- From the last two employers?
- Signed by the author and is it an original signature or from a recognised email account
- Has someone spoken to the referee if deemed necessary

DBS (Disclosure and Barring Service)

- The DBS form **MUST** be completed in **Black ink**.
- Only **Enhanced** DBS can be portable. Standard DBS are not portable.
- A portable DBS is only valid for 1 year from **Date of Issue** therefore a new DBS application should be made prior to the expiry of their portable DBS.
- The employee must provide the Original DBS. Both sides of the original Disclosure should be **copied, dated** and **signed** as 'original'.

Medical Clearance

- Please ensure that all new employees complete a Health Questionnaire.
- If an existing employee takes up a different post they may be subject to another medical clearance depending on the type of work carried out.

National Insurance Numbers

- All employees require a permanent National Insurance number before they can commence work as opposed to the temporary number
- To obtain this they should call the: National Insurance help line on 01708 814 440, to make an appointment for an 'evidence of identity interview'. At the appointment they should request a form CA5404 which demonstrates that they have had their interview and are just awaiting their NI number. This will be acceptable to commence employment. The employee should be reminded to notify their Manager as soon as they have received their permanent number.

Right to work in the U.K.

- Does the employee have the necessary documentation to work in the UK?
- Have you taken a copy of all the documentation.

Please contact the Home Office Helpline on 0845 010 667 for further information.

Colleges may use the following form to confirm appointment of staff.

WHAT TO DO IF YOU ARE WORRIED ABOUT A CHILD IN KINGSTON OR RICHMOND

Early Help

Early Help means taking action to support a child, young person or their family early in the life of a problem, as soon as it emerges. It can be required at any stage in a child's life from pre-birth to adulthood, and applies to any problem or need that the family cannot deal with or meet on their own. It also applies to all children and young people, with any form of need. Early Help is provided to prevent or reduce the need for specialist interventions unless they are absolutely the correct response to meet the need and resolve the problem. Early Help can be provided in the most complex of circumstances as well as the simplest. Early help means responding promptly if a child is at immediate risk of harm (or has other significant or complex needs) as much as it means responding to a need which only requires advice or guidance. St Richard Reynolds will

- seek early help promptly for children
- have a member of staff trained in local 'Early Help' procedures
- liaise with external agencies to help children

When there are serious concerns about a child's welfare but no specific evidence of abuse:

A member of staff may become concerned about a child whose appearance, behaviour, health, academic progress, relationships or demeanour give rise to general worries about his or her care and well-being, but no specific evidence of abuse has occurred. In such cases, the following steps should be taken: **See Flowchart One**

The member of staff should refer to the Designated Safeguarding Lead for child protection. 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

The DSL will consult with the child's parents/carers, or those with parental responsibility for the child and arrange to meet them, or speak to them, as soon as possible in order to discuss the concerns. The Dsl will make a written record of what the parents/carers said and how they reacted. If the parents/carers fail to respond to the request to discuss the concerns, that will also be noted.

The DSL should then decide whether the situation warrants a referral to the Single Point of Access (SPA).

There are three possible outcomes

i) A formal child protection referral is made:

It may be the case that evidence comes to light that abuse has occurred, or is at risk of occurring, by a person unrelated to the child and not someone involved in the child's family life. In such cases the referral should make this clear. The Single Point of Access (SPA) will then liaise with the Police Child Abuse Investigation Team on the best way to proceed.

ii) A request is made for a 'Child in Need' assessment, with the possibility of social support being offered to the family. The DSL should outline the concerns in writing to the Single Point of Access .

iii) No referral is necessary. This decision should be recorded, with reasons and dated. The DSL / Principal may decide that the matter should continue to be dealt with internally within the College. This may include, in appropriate cases, advising the parents/car

The DSL is responsible for making the leadership team aware of trends in behaviour that may affect pupil welfare. If necessary, training will be arranged.

As a person who works with children, staff have a duty to refer safeguarding concerns to the designated senior person for child protection. However if:

- concerns are not taken seriously by an organisation or
- action to safeguard the child is not taken by professionals and
- the child is considered to be at continuing risk of harm

then Staff should speak to a DSL in their College or contact Richmond SPA

If, at any point, there is a risk of immediate serious harm to a child a referral should be made to children's social care immediately. Anybody can make a referral. If the child's situation does not appear to be improving the staff member with concerns should press for re-consideration. Concerns should always lead to help for the child at some point.

Action to be taken when a child discloses, or a member of staff suspects, that abuse has occurred outside College:

If a child makes a disclosure to a member of staff (or other adult) that they are suffering or at risk of suffering significant harm, or if a member of staff becomes aware of any information suggesting that child abuse may have occurred or is likely to occur, then the following steps must be taken: **(see Flowchart Two)**

The member of staff to whom the disclosure is made, or who becomes aware of actual or potential abuse, must refer the matter immediately to the DSL

The DSL should listen to what the child or young person wishes to say in response to the concerns and clarify any matters which are not clear in the child's account but **must not** conduct an in-depth interview or investigation of the allegation. The DSL must explain to the pupil at the outset of such a discussion that no promise of personal confidentiality can be made, even if the child should request this, as this would not be possible if there were a subsequent child protection enquiry. The DSL should explain to the child what could happen next.

The DSL should keep an accurate written and dated record of anything the child has said about the matter and this must be reported immediately to the Principal, where the head is not him or herself the DSL. The DSL, will make a referral and / or gain advice from the Single Point of Access (SPA).

If the decision is not to refer, the Principal/DSL must officially log the decision, the reasons for it and any subsequent action taken in respect of the child/young person who raised the matter initially.

Where it is decided that the matter should be referred, the College should immediately contact the Single Point of Access (SPA) or known case-holding social worker in the relevant team, depending on the pupil's place of residence. The College should state the cause for concern and any action so far taken.

Where, based on the information available, the Single Point of Access (SPA) decides that it is not appropriate to proceed further with a child protection enquiry, the social worker concerned will provide advice to the College on any other action that may be taken to promote the child's welfare within 24 hours. This could include intervention by other Social Services teams or workers, the Education Welfare Service, The Health Service or Voluntary agencies.

Where, based on the information available, Children and Families Services decide that a 'Section 47' investigation is needed, the College will be asked to complete a formal *Child Protection Referral Form*. A copy of this form is annexed to the main procedure guidance. It should be USOFX'd as soon as possible to the Duty Officer of the relevant SPA, or to the allocated Social Worker if the child already has one. A signed copy should be forwarded immediately afterwards by post.

The enquiry will start within 24 hours of the decision to do so being made. A Child Protection Strategy Discussion will be called, which in appropriate circumstances would involve the Police Child Abuse Investigation Team, to discuss the future handling of the case. College staff will normally be asked to attend this meeting to provide background information.

One outcome of the Strategy Discussion will be a decision on what information should be shared with the family, and by whom. Consideration will be given to the fact that such information sharing could in some circumstances, place the child in a position of risk of significant harm, or else could jeopardise a subsequent police investigation into an alleged offence. The SPA will then have full responsibility for pursuing and concluding the enquiry, and for co-ordinating with the Police Child Abuse Investigation Team, medical personnel and other key workers. They will inform the College and all other key workers involved of subsequent developments.

Parents should be informed prior to referral, unless it is considered to do so might place the child at increased risk of significant harm by:

- The behavioural response it prompts e.g. a child being subjected to abuse, maltreatment or threats / forced to remain silent if alleged abuser informed;
- Leading to an unreasonable delay;
- Leading to the risk of loss of evidential material;
- Placing a member of staff from any agency at risk.

Child Sexual Exploitation

Staff should alert to signs of Child sexual exploitation (CSE). CSE involves exploitative situations, contexts and relationships where young people receive something (for example food, accommodation, drugs, alcohol, gifts, money or in some cases simply affection) as a result of engaging in sexual activities. Sexual exploitation can take many forms ranging from the seemingly 'consensual' relationship where sex is exchanged for affection or gifts, to serious organised crime by gangs and groups. What marks out exploitation is an imbalance of power in the relationship. The perpetrator always holds some kind of power over the victim which increases as the exploitative relationship develops. Sexual exploitation involves varying degrees of coercion, intimidation or enticement, including unwanted pressure from peers to have sex, sexual bullying including cyberbullying and grooming.

If it is believed that a child is vulnerable to CSE, a referral will be made to SPA

Female Genital Mutilation There is a range of potential indicators that a child or young person may be at risk of FGM, which individually may not indicate risk but if there are two or more indicators present this could signal a risk to the child or young person. Victims of FGM are likely to come from a community that is known to practise

FGM. If it is believed that a child is at risk of FGM the DSL will refer to the relevant SPA.

Section 5B of the Female genital Mutilation Act places a statutory duty on teachers to report to police where they discover (either through disclosure by the victim or visual evidence) that FGM appears to have been carried out on a girl under 18. Those failing to report such cases will face disciplinary sanctions.

Child Missing Education

A child going missing from education is a potential indicator of abuse or neglect.

College and college staff members should follow the College's or college's procedures outlined in the Attendance policy for dealing with children who go missing from education, particularly on repeat occasions, to help identify the risk of abuse and neglect including sexual abuse or exploitation and to help prevent the risks of their going missing in future. The College will comply with all local procedures.

Prevent

At St Richard Reynolds Catholic College we fully consider radicalisation, extremism and exposure to extremist materials to be safeguarding issues that can lead to poor outcomes for our pupils. We will work to ensure that members of staff are fully engaged in being vigilant about radicalisation; and maintain an attitude that "it could happen" in the College. Through accessing training events such as PREVENT, we will ensure that our staff are fully aware of the threats, risks and vulnerabilities that are linked to radicalisation; are aware of the process of radicalisation and how this might be identified early on. We will work alongside other professional bodies and agencies to ensure that our pupils are safe from harm.

Peer on Peer abuse

Staff are alert to the fact that abuse can be 'peer on peer', for example bullying and sending inappropriate images. Staff will not tolerate sexist or homophobic language. Pupils and parents will be made aware that the College has a duty to refer if it becomes aware of abusive behaviour by its pupils, even if they are children.

Action where a child has serious injuries which require immediate treatment

If, within the context of these guidelines, a child has injuries which require immediate treatment, the DSL / Principal should arrange for the child to be taken to the casualty department of the nearest hospital. They should inform the hospital that child abuse is suspected. The DSL / Principal must also arrange for the parents, or those with

parental responsibility, to be informed as soon as possible that the child has been taken to hospital. The subsequent reporting of suspected abuse should follow steps c. to f. in Section 2 above.

Action when children are not collected from the primary College at the end of the day

The child will remain at College if they are not collected;

The Principal (or the most senior person to whom they have delegated responsibility) will try to contact the parent/carer using the available telephone numbers;

If the parent/carer is not on the telephone, the College will ring the Duty Education Welfare Officer (DEWO) by 4:15 pm at the latest and ask them to make contact with them. At this stage, the DEWO will confirm with the College whether the SPA be contacted;

In exceptional circumstances, it may be necessary for a child to be taken from College to another appropriate venue (relative/friend etc) while the parent/carer is being located. The DEWO will make further enquiries to identify any possible alternative venue for interim care of the child until the parent/carer is contacted;

If such a venue cannot be found, the DEWO will visit the home address and if the parent/carer is not at home a standard letter will be left asking them to contact the College before 4:45 pm or the appropriate Children & Families Social Work Team after 4:45 p.m. The DEWO will then immediately contact the appropriate SPA to tell them that there may be a child in need of an emergency placement and that the DEWO is bringing the child to them. The DEWO will then transport the child to the appropriate SPA.

RECORDS AND MONITORING

Well kept records are essential to good child protection practice. Our College is clear about the need to record any concerns held about a child, the status of such records and when copies of these records should be passed to other agencies.

Any member of staff receiving a disclosure of abuse or noticing indicators of neglect must make an accurate record as soon as possible, noting what was said or seen, putting the event into context, and giving the date, time and location. All records will be signed and dated. This should be presented to the DSL. If deemed necessary a referral will be made to SPA

Any files notes are kept in a confidential place in chronological order (separate to pupil records) in the office of the DSL. All child protection records are stored securely and confidentially and will be retained for ten years after the last entry. If a pupil transfers from the College, these files will be copied and forwarded to the pupil's new education setting, marked "confidential" and for the attention of the receiving College's DSL. If a pupil who is/or has been the subject of a child protection plan changes College, the DSL will inform the social worker responsible for the case and transfer the appropriate records to the DSL at the receiving College, in a secure manner, and separate from the child's academic file.

SUPPORTING PUPILS

It is the responsibility of the Designated Safeguarding Lead (DSL) to ensure that the College is represented at, and a report is submitted to, child protection conferences, child in need meetings, strategy meetings, core group meetings, and looked after children reviews. Whoever attends should be fully briefed on any issues or concerns. The College will commit to regular liaison with other professionals and agencies who support families and a commitment to honest and open communication with families. There is a recognition of the additional vulnerability of children with disabilities or special needs, and that children may become vulnerable due to matters of concern in the home environment: domestic abuse, mental health concerns or substance use.

We recognise that children who are abused or witness violence may find it difficult to develop a sense of self worth. They may feel helplessness, humiliation and some sense of blame. The College may be the only stable, secure and predictable element in the lives of children at risk. When at College their behaviour may be challenging or they may be withdrawn. The College will endeavour to support the pupil through:

- The content of the curriculum;
- Well trained staff and volunteers, who are conversant with research, practice and procedures to promote children’s welfare and keep them safe, both at home and in the community.
- The College ethos which promotes a positive, supportive and secure environment and gives pupils a sense of being valued;
- The College behaviour policy which is aimed at supporting vulnerable pupils in the College. The College will ensure that the pupil knows that some behaviour is unacceptable but they are valued and not to be blamed for any abuse which has occurred;
- An effective whole College policy against bullying and that there are measures in place to prevent all sorts of bullying amongst pupils;
- The College’s pastoral structures, pastoral leaders and tutors
- Liaison with other agencies that support the pupil such as Children’s Social Care, Child and Adolescent Mental Health Service, Education Welfare Service and Educational Psychology service;
- If a child leaves and the new school is not known, the EWO will be alerted so that these children can be included on the database for missing pupils;
- Safeguarding topics such as bullying, FGM, domestic violence, extremism are addressed through the College PSHCE programme which incorporates Sex and Relationship Education. This is further reinforced through Pastoral Themes, tutor activities and Year Assemblies.

Vulnerable Pupils

St Richard Reynolds Catholic College recognises that some children may have an increased risk of abuse. Many factors can contribute to an increase in risk, including prejudice and discrimination, isolation, social exclusion, communication issues and reluctance on the part of some adults to accept that abuse can occur. To ensure that all of our pupils receive equal protection, we will give special consideration to children who are:

- disabled or have special educational needs
- young carers
- living in a domestic abuse situation
- affected by parental substance misuse
- affected by mental health issues
- asylum seekers

- living away from home
- vulnerable to being bullied, or engaging in bullying including cyber, homophobic, racist bullying
- living in temporary accommodation
- live transient lifestyles
- missing education
- living in chaotic and unsupportive home situations
- vulnerable to discrimination and maltreatment on the grounds of race, ethnicity, religion, disability or sexuality
- vulnerable to extremism or radicalisation.
- involved directly or indirectly in sexual exploitation or trafficking
- do not have English as a first language
- at risk of female genital mutilation (FGM) or forced marriage

In particular, the College recognises that pupils with Special Educational Needs and Disabilities may be more vulnerable to abuse and face additional barriers in reporting it. The Learning Support Department are particularly sensitive to the signs of abuse.

The designated teacher for Looked After Children is Anne Murphy. It is her role to promote the educational achievement of 'looked after' children when they are placed on the school roll, helping staff understand issues that affect how they learn and achieve. It is their job to ensure appropriate staff have the information they need.

- a. The Designated Teacher should have responsibility for helping school staff understand what affects how 'looked after children' learn and achieve.
- b. The Designated Teacher should promote a culture of high expectations and aspirations for how 'looked after children' learn.
- c. The Designated Teacher should make sure the young person has a voice in setting learning targets.
- d. The Designated Teacher should ensure that, where appropriate, 'looked after children' are prioritised in one-to-one tuition arrangements.
- e. The Designated Teacher should ensure that carers understand the importance of supporting learning at home.
- f. The Designated Teacher should have lead responsibility for the development and implementation of the 'looked after' child's individual or personal education plan (PEP) within the School.

WHISTLE BLOWING

All staff must be aware of their duty to raise concerns about the attitude or actions of colleagues in line with the College's code of conduct / whistle-blowing policy. 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 the SPA directly, if they have concerns for the safety of a child. Staff may also contact the NSPCC whistleblowing line [0800 028 0285](tel:08000280285)

ALLEGATIONS INVOLVING COLLEGE 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 towards a child or children in a way which indicates s/he would pose a risk of harm if they work regularly or closely with children.

This applies to any child the member of staff/volunteer has contact within their personal, professional or community life, such as if they had a child protection concerns raised for their own children.

To reduce the risk of allegations, all staff will be made aware of safer working practice and should be familiar with the guidance contained in the staff handbook, College code of conduct or Government document '*Guidance for Safer Working Practice for Adults who work with Children and Young People in Education Settings*'.

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 an immediate written record of the allegation using the informant's words - including time, date and place where the alleged incident took place, brief details of what happened, what was said and who was present. This record should be signed, dated and immediately passed on to the Head Teacher.

If a child or young person makes an allegation of physical or sexual abuse against a teacher (other than the Principal) or a non-teaching member of staff, the following steps must be followed – **see Flowchart Three**

Where the allegation is not made directly to the Principal, the person to whom the disclosure is made must immediately inform the Principal. If it is the Principal against whom the allegation is made, alternative action should be taken as set out below.

The Principal should report the matter to the relevant local SPA for the LADO (Local Authority Designated Officer), within 24 hours, who will offer any appropriate advice to the Principal and oversee the investigation, including strategy meetings.

Where the Strategy Discussion subsequently decides that a child protection enquiry should not be undertaken, this decision and any subsequent recommendations for other action will be recorded and reported back to the other parties concerned. The Strategy Discussion may decide to recommend that an internal investigation be carried out by the College or Education Service. If this internal investigation discovered other facts of a serious nature, it would always be possible to reconvene another Strategy Discussion. In appropriate circumstances, such cases might be referred to the Quality Assurance sub-group of the LSCB.

Where the Strategy Discussion decides that a child protection or criminal investigation should be pursued, this decision will be recorded and an action plan drawn up. The relevant Social Services locality team will then have full responsibility for pursuing and concluding the enquiry, co-ordinating with the Police Child Protection Team, medical personnel and other key workers. They will inform the College and all key workers involved of subsequent developments.

It is possible that the facts of a case may warrant an investigation of the member of staff concerned under the LA's disciplinary procedures. Such an investigation **must not** be conducted while any formal child protection enquiry or criminal investigation is being pursued.

If the Principal is the person against whom the allegation is made, then the procedures set out in section 2 (b) (i) must be adapted accordingly. The following alternative steps should be taken – **see Flowchart Four**

The initial report should be made to the Designated Teacher for child protection, not to the Principal. The member of the College's Governing Body nominated to take responsibility for child protection issues should also be informed, or the Chair of Governors where no Governor has been given this responsibility. As before, a written and dated record should be made within 24 hours. The Designated Teacher or

Nominated Governor should take responsibility for contacting the LADO at the SPA in either borough.

Where the Principal is also the College’s Designated Teacher for child protection, the member of staff to whom the disclosure is made should initially inform only the Nominated Governor (or Chair of Governors), who should then make direct contact with the LADO, who will then advise as to how to take things forward.

Where the Strategy Discussion subsequently decides that a child protection enquiry should not be undertaken, this decision and any subsequent recommendations for other action will be recorded and reported back to the other parties concerned. The Strategy Discussion may decide to recommend that an internal investigation be carried out by the College or Education Service. If this internal investigation discovered other facts of a serious nature, it would always be possible to reconvene another Strategy Discussion. In appropriate circumstances, such cases might be referred to the Quality Assurance sub-group of the Area Child Protection Committee.

Where the Strategy Discussion decides that a child protection or criminal investigation should be pursued, this decision will be recorded and an action plan drawn up. The relevant Social Services locality team will then have full responsibility for pursuing and concluding the enquiry, co-ordinating with the Police Child Protection Team, medical personnel and other key workers. They will inform the College and all key workers involved of subsequent developments.

It is possible that the facts of a case may warrant an investigation of the member of staff concerned under the LA's disciplinary procedures. Such an investigation **must not** be conducted while any formal child protection enquiry or criminal investigation is being pursued, and only following LADO advice.

If the concerns are about the Head Teacher, then the Chair of Governors should be contacted. The Chair of Governors in this College is:

NAME: CONTACT NUMBER:
Mr Andrew Cole _____

In the absence of the Chair of Governors, the Vice Chair should be contacted. The Vice Chair in this College is:

NAME: CONTACT NUMBER:
Mrs Keri Goddard _____

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 refer the concern to the LADO (Local Authority Designated Officer) at the relevant SPA.

Appendix 1

Please see link to the Government's Keeping Children Safe in Education document for College staff.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/550511/Keeping_children_safe_in_education.pdf

Specific safeguarding issues

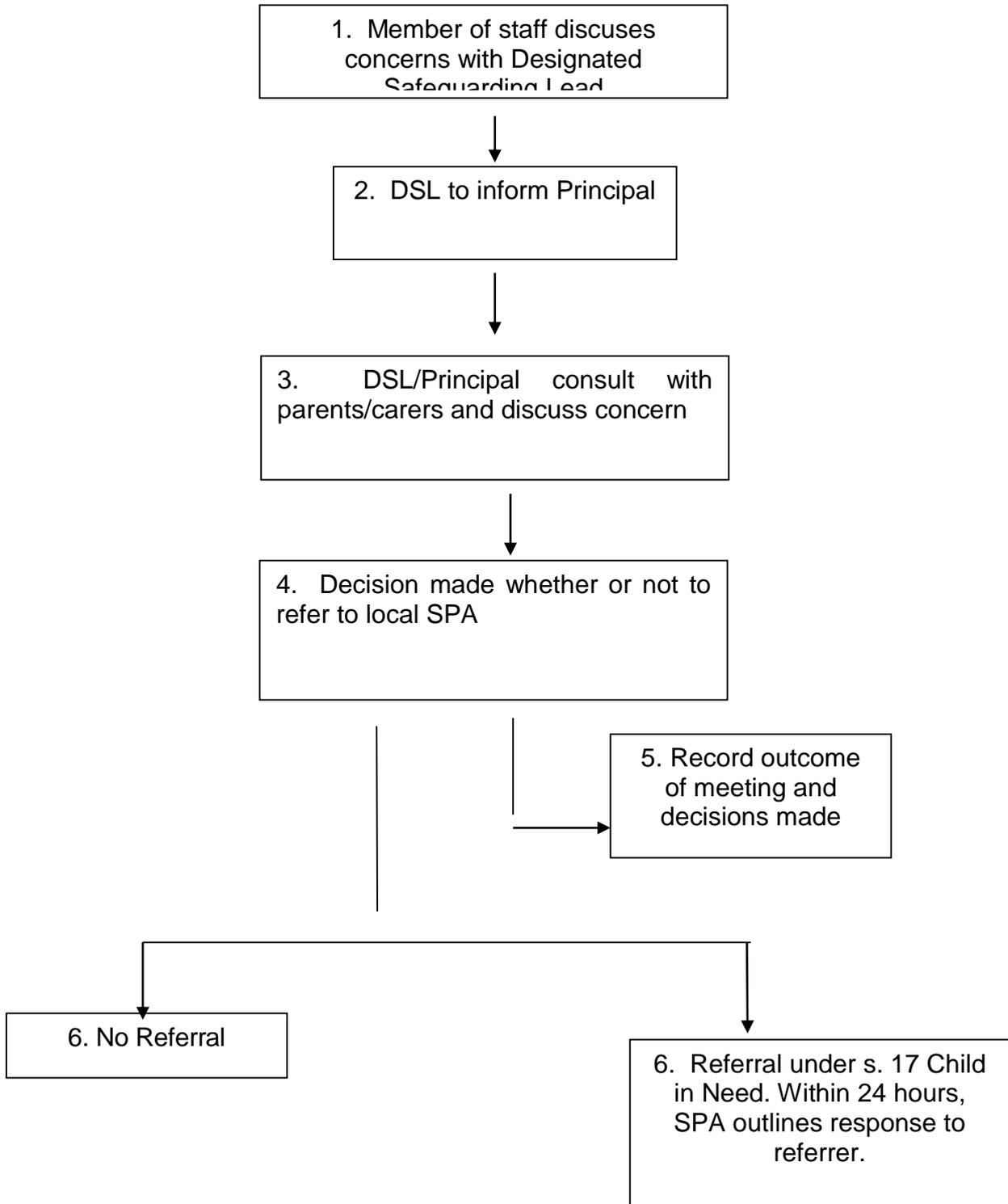
Expert and professional organisations are best placed to provide up-to-date guidance and practical support on specific safeguarding issues. For example NSPCC offers information for Colleges and colleges on the [TES website](#) and also on its own website www.nspcc.org.uk Colleges and colleges can also access broad government guidance on the issues listed below via the GOV.UK website:

- [child sexual exploitation \(CSE\)](#) – see also below
- [bullying including cyberbullying](#)
- [domestic violence](#)
- [drugs](#)
- [fabricated or induced illness](#)
- [faith abuse](#)
- [female genital mutilation \(FGM\)](#) – see also below
- [forced marriage](#)

- [gangs and youth violence](#)
- [gender-based violence/violence against women and girls \(VAWG\)](#)
- [mental health](#)
- [private fostering](#)
- [radicalisation](#)
- [sexting](#)
- [teenage relationship abuse](#)
- [trafficking](#)

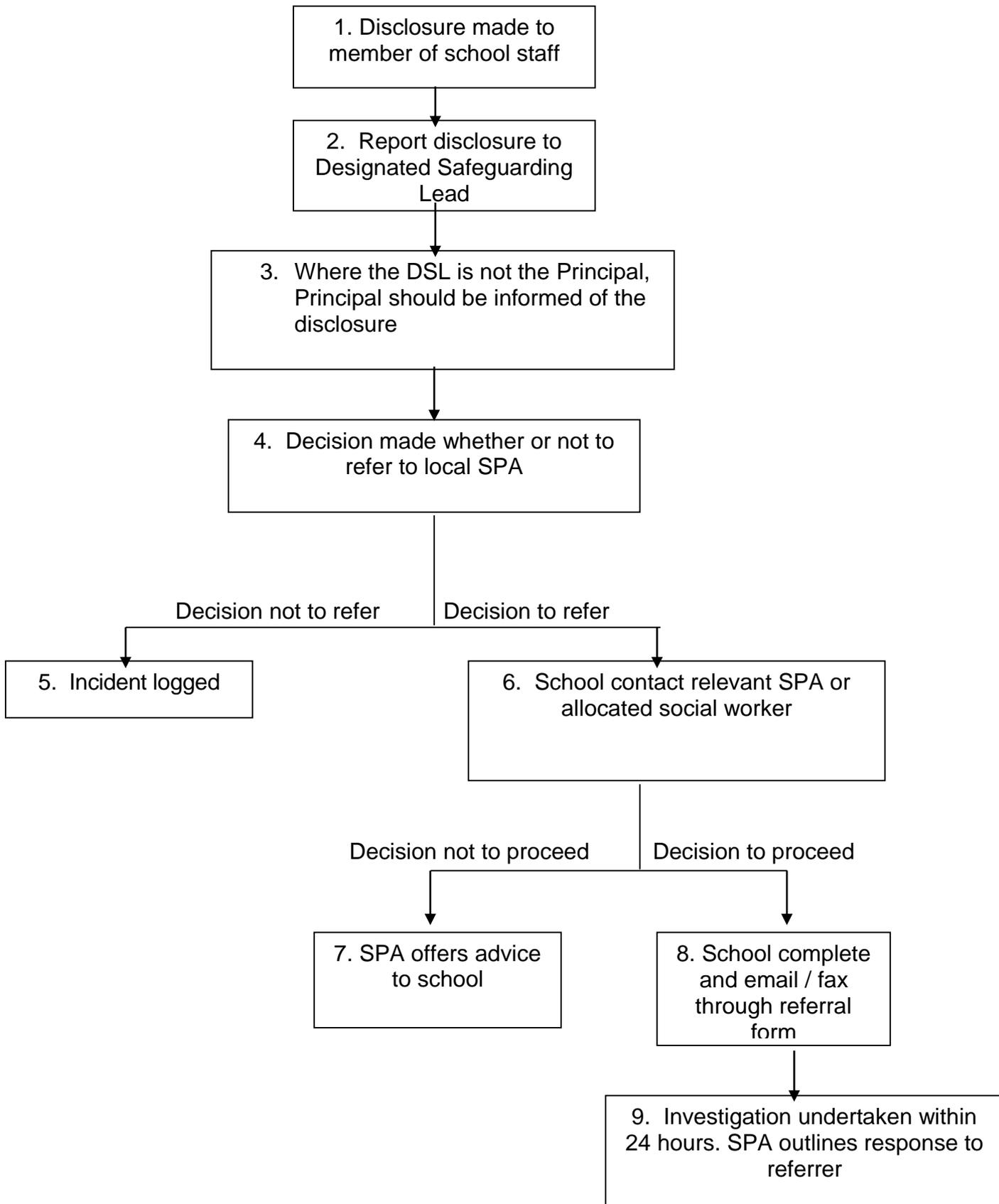
Appendix 2

Flowchart One: When there are serious concerns about a child's welfare but no specific evidence of abuse:

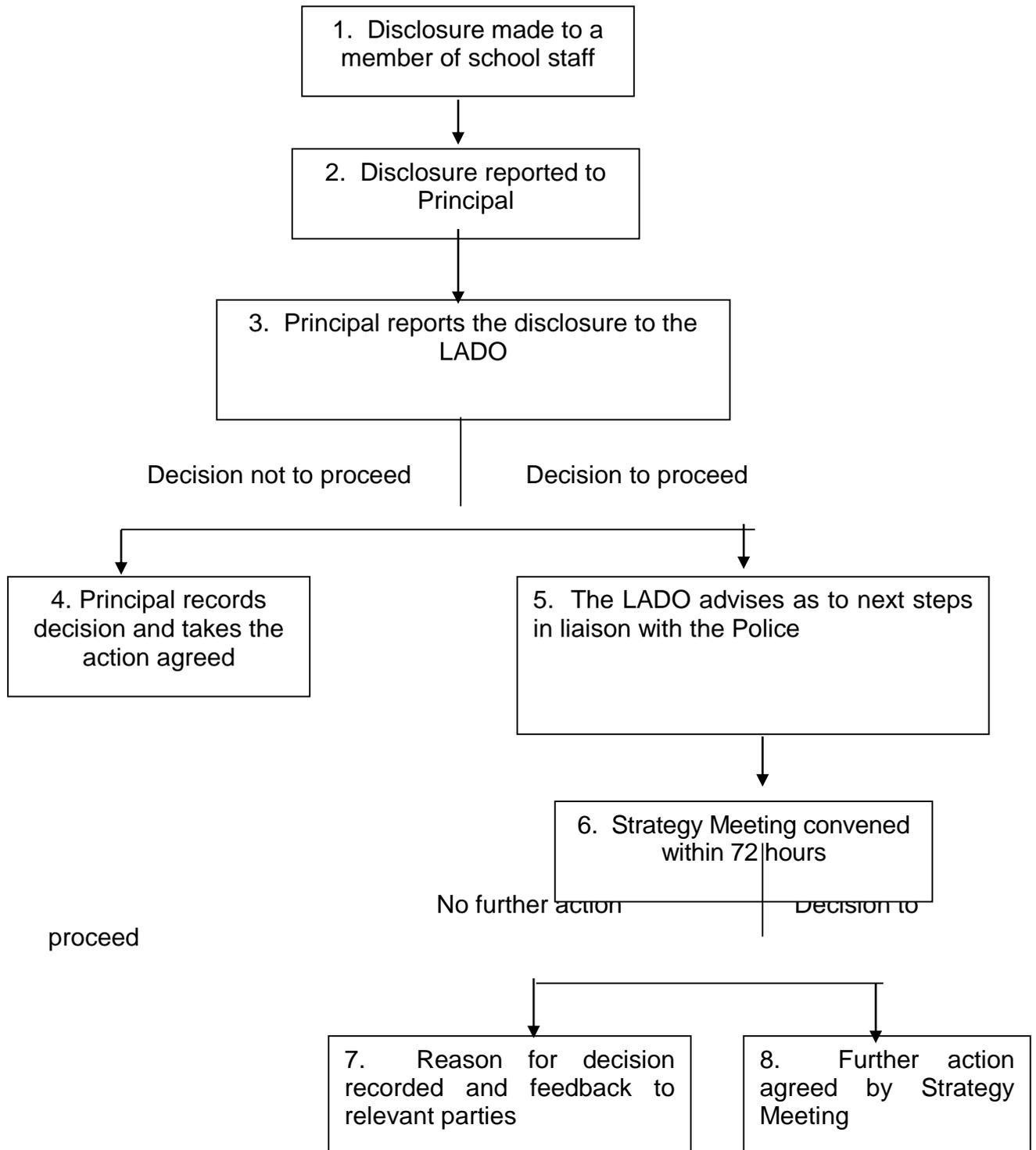


Flowchart Two:

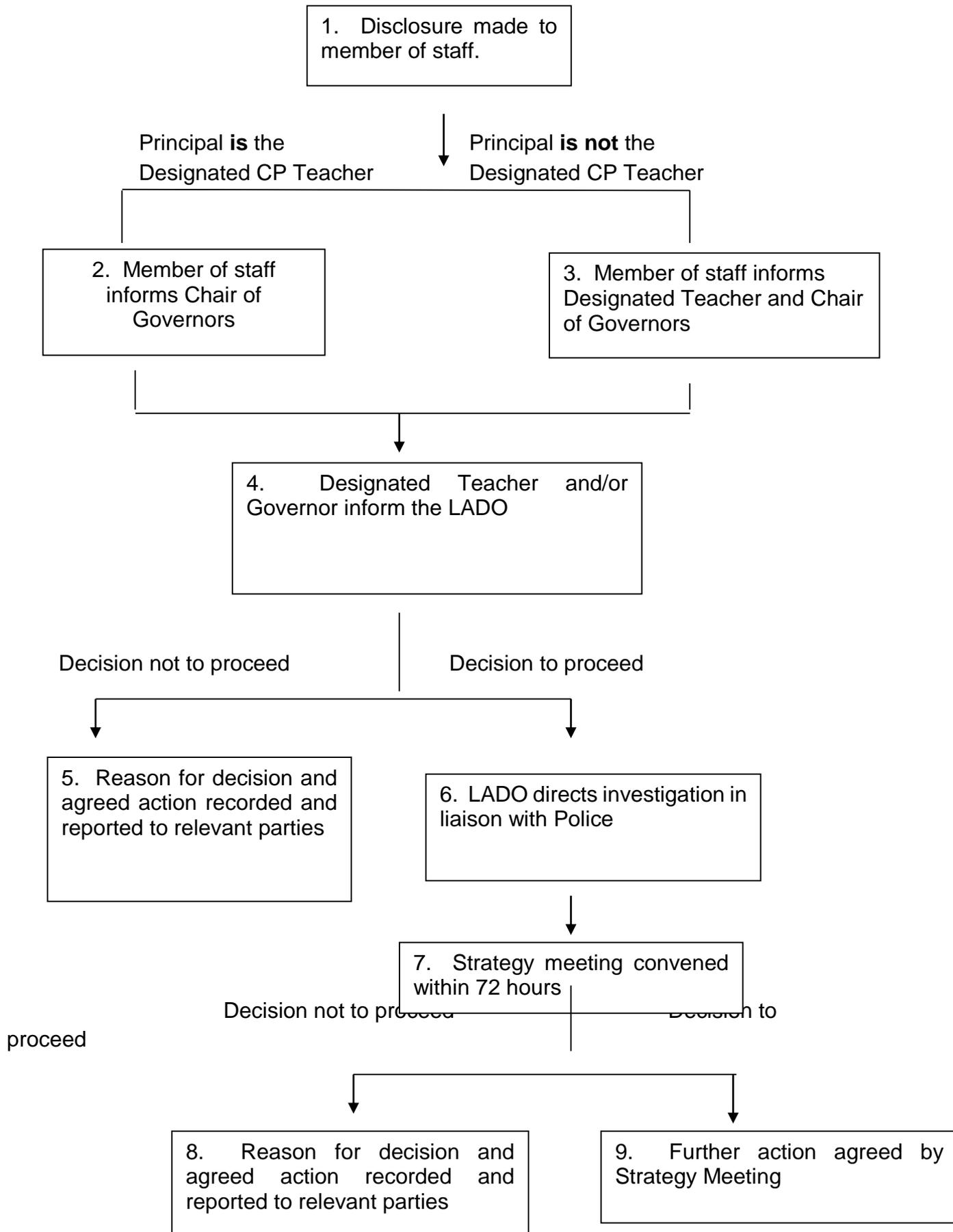
Action to be taken when child/young person discloses, or a member of College staff suspects, that abuse has occurred outside of College:



Flowchart Three: Allegation of abuse by a member of College staff or volunteer (teaching or non-teaching)



Flowchart Four: Referral procedure for when a child/young person discloses to a member of College staff an allegation of abuse by a Principal.



Appendix 3

Confirmation of receipt of safeguarding children and child protection policy

Name:

Date of joining College:

Post:

Date of induction:

Name and designation of staff member responsible for induction:

I confirm that I have received and read the College child protection policy.
I have been made aware of my duty to safeguard and promote children's welfare.
The procedure for reporting concerns about a child has been explained to me.

Signature: _____

Name: _____

Date: _____

Please sign and return this form to the designated senior person:

Appendix 4

Code of ethical practice for College staff

All College staff are valued members of the College community. Everyone is expected to set and maintain the highest standards for their own performance, to work as part of a team and to be an excellent role model for our children.

All College staff should:

- place the safety and welfare of children above all other considerations
- treat all members of the College community, including children, parents, colleagues and governors with consideration and respect
- adhere to the principles and procedures contained in the policies in our safeguarding portfolio and in teaching and learning policies
- treat each child as an individual and make adjustments to meet individual need
- demonstrate a clear understanding of and commitment to non-discriminatory practice
- recognise the power imbalances between children and staff, and different levels of seniority of staff and ensure that power and authority are never misused
- understand that College staff are in a position of trust and that sexual relationships with a child, even over the age of 16, may be an offence
- be alert to, and report appropriately, any behaviour that may indicate that a child is at risk of harm
- encourage all children to reach their full potential
- never condone inappropriate behaviour by children or staff
- take responsibility for their own continuing professional development
- refrain from any action that would bring the College into disrepute
- maintain confidentiality
- value themselves and seek appropriate support for any issue that may have an adverse effect on their professional practice.

Staff name _____

Signature _____

Date _____

Appendix 5

Indicators of 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 or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Indicators in the Child	Indicators in the Parent	Indicators in Family/Environmental
<ul style="list-style-type: none"> <input type="checkbox"/> Bruises – shape, grouping, site, repeat or multiple <input type="checkbox"/> Bite marks – site and size <input type="checkbox"/> Burns and Scalds – shape, definition, size, depth, scars <input type="checkbox"/> Fractures- delay in seeking medical attention, old fractures, <input type="checkbox"/> Injuries not typical of accidental injury <input type="checkbox"/> Fabricated or induced illness <input type="checkbox"/> Improbable or conflicting explanations for injuries <input type="checkbox"/> Repeated or multiple in injuries <input type="checkbox"/> Admission of punishment which appears excessive <input type="checkbox"/> Fear of parents being contacted and fear of returning home <input type="checkbox"/> Withdrawal from physical contact <input type="checkbox"/> Aggression towards others <input type="checkbox"/> Frequently absent from College 	<ul style="list-style-type: none"> <input type="checkbox"/> Parent with injuries that may suggest domestic violence <input type="checkbox"/> Not seeking medical help/unexplained delay in seeking treatment <input type="checkbox"/> Evasive or aggressive towards child or others <input type="checkbox"/> Refusal or reluctance to discuss injuries or mention previous injuries <input type="checkbox"/> Delay in seeking treatment <input type="checkbox"/> Given explanation inconsistent with injury <input type="checkbox"/> Over chastisement of child / aggressive towards child or others <input type="checkbox"/> Absent without good reason when their child is presented for treatment <input type="checkbox"/> Disinterested or undisturbed by accident or injury <input type="checkbox"/> Unauthorised attempts to administer medication <input type="checkbox"/> Tries to draw the child into their own illness. <input type="checkbox"/> Past history of childhood abuse, self harm, 	<ul style="list-style-type: none"> <input type="checkbox"/> Marginalised or isolated by the community <input type="checkbox"/> History of mental health, alcohol or drug misuse or domestic violence <input type="checkbox"/> History of unexplained death, illness or multiple surgery in parents and/or siblings of <input type="checkbox"/> the family <input type="checkbox"/> Past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

<p>Emotional/behavioural presentation</p> <ul style="list-style-type: none"> <input type="checkbox"/> Refusal to discuss injuries <input type="checkbox"/> Admission of punishment which appears excessive <input type="checkbox"/> Fear of parents being contacted and fear of returning home <input type="checkbox"/> Withdrawal from physical contact <input type="checkbox"/> Arms and legs kept covered in hot weather <input type="checkbox"/> Fear of medical help <input type="checkbox"/> Aggression towards others <input type="checkbox"/> Frequently absent from College <input type="checkbox"/> An explanation which is inconsistent with an injury <input type="checkbox"/> Several different explanations provided for an injury 	<p>somatising disorder or false allegations of physical or sexual assault</p> <ul style="list-style-type: none"> <input type="checkbox"/> May appear unusually concerned about the results of investigations which may indicate physical illness in the child <input type="checkbox"/> Wider parenting difficulties may (or may not) be associated with this form of abuse. <input type="checkbox"/> Parent/carer has convictions for violent crimes. 	
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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.

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	Indicators in the Parent	Indicators in Family/Environmental
<p>Physical presentation</p> <ul style="list-style-type: none"> <input type="checkbox"/> Pain, bleeding, bruising or itching in genital and /or anal area <input type="checkbox"/> Recurrent pain on passing urine or faeces / Blood on underclothes <input type="checkbox"/> Sexually transmitted infections <input type="checkbox"/> Pregnancy in a younger girl where there is secrecy about identity of the father <input type="checkbox"/> Physical symptoms such as injuries/bruises to the genital or anal area, buttocks, abdomen and thighs <input type="checkbox"/> presence of semen on vagina, anus, external genitalia or clothing <p>Emotional/behavioural</p> <ul style="list-style-type: none"> <input type="checkbox"/> Makes a disclosure. 	<ul style="list-style-type: none"> <input type="checkbox"/> Comments made by the parent/carers about the child. <input type="checkbox"/> Lack of sexual boundaries <input type="checkbox"/> Wider parenting difficulties or vulnerabilities <input type="checkbox"/> Grooming behaviour <input type="checkbox"/> Parent is a sex offender 	<ul style="list-style-type: none"> <input type="checkbox"/> Marginalised or isolated by the community. <input type="checkbox"/> History of mental health, alcohol or drug misuse or domestic violence. <input type="checkbox"/> History of unexplained death, illness or multiple surgery in parents and/or siblings of the family <input type="checkbox"/> Past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement. <input type="checkbox"/> Family member is a sex

<ul style="list-style-type: none"> <input type="checkbox"/> Exhibits sexual knowledge or behaviour inappropriate to age/stage of development, or that is unusually explicit <input type="checkbox"/> Inexplicable changes in behaviour, such as becoming aggressive or withdrawn <input type="checkbox"/> Self-harm - eating disorders, self mutilation and suicide attempts <input type="checkbox"/> Poor self-image, self-harm, self-hatred <input type="checkbox"/> Reluctant to undress for PE <input type="checkbox"/> Running away from home <input type="checkbox"/> Poor attention / concentration <input type="checkbox"/> Sudden changes in College work habits, becomes truant <input type="checkbox"/> Withdrawal, isolation or excessive worrying or depression <input type="checkbox"/> Inappropriate sexualised conduct <input type="checkbox"/> Sexually exploited or indiscriminate choice of sexual partners <input type="checkbox"/> Wetting or other regressive behaviours e.g. thumb sucking <input type="checkbox"/> Draws sexually explicit pictures 		
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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 cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Indicators in the Child	Indicators in the Parent	Indicators in Family/Environmental
<ul style="list-style-type: none"> <input type="checkbox"/> Developmental delay <input type="checkbox"/> Abnormal attachment e.g. anxious, indiscriminate or no attachment <input type="checkbox"/> Aggressive behaviour towards others <input type="checkbox"/> Child scapegoated within the family <input type="checkbox"/> Frozen watchfulness, particularly in pre-College children <input type="checkbox"/> Low self esteem and lack of confidence <input type="checkbox"/> Withdrawn or seen as a 'loner' - difficulty relating to others <input type="checkbox"/> Over-reaction to mistakes <input type="checkbox"/> Inappropriate emotional responses to painful situations 	<ul style="list-style-type: none"> Domestic abuse <input type="checkbox"/> Mental health; drug or alcohol difficulties <input type="checkbox"/> Abnormal attachment to child e.g. overly anxious or disinterest in the child <input type="checkbox"/> Scapegoats one child in the family <input type="checkbox"/> Cold or unresponsive to the child’s needs <input type="checkbox"/> Imposes inappropriate expectations on the child e.g. prevents the child’s developmental exploration or learning, or normal social interaction through overprotection. <input type="checkbox"/> Overly critical of the child <input type="checkbox"/> Never allowing anyone else to undertake the child’s care 	<ul style="list-style-type: none"> <input type="checkbox"/> Lack of support from family or social network <input type="checkbox"/> Marginalised or isolated by the community <input type="checkbox"/> Recognised by history of mental health, history of drug, alcohol or domestic violence or other issues <input type="checkbox"/> History of unexplained deaths, injuries, parents and/or siblings of this family/childhood <input type="checkbox"/> Past history of child sexual abuse or false allegations of physical or sexual assault or allegations of physical chastisement or a culture of physical chastisement.

<ul style="list-style-type: none"> <input type="checkbox"/> Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking) <input type="checkbox"/> Self harm <input type="checkbox"/> Fear of parents being contacted <input type="checkbox"/> Extremes of passivity or aggression <input type="checkbox"/> Drug/solvent abuse <input type="checkbox"/> Chronic running away <input type="checkbox"/> Compulsive stealing <input type="checkbox"/> Low self-esteem <input type="checkbox"/> 'don't care' attitude <input type="checkbox"/> Social isolation – does not join in and has few friends <input type="checkbox"/> Depression, withdrawal <input type="checkbox"/> Behavioural problems e.g. aggression, attention seeking, hyperactivity, poor attention <input type="checkbox"/> Low self esteem, lack of confidence, fearful, distressed, anxious <input type="checkbox"/> Poor peer relationships 	<ul style="list-style-type: none"> <input type="checkbox"/> History of abuse or mental health problems <input type="checkbox"/> Wider parenting difficulties may (or may not) be associated with this form of abuse. 	
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NEGLECT

Neglect is the persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of the child’s health or development. Neglect may occur during pregnancy as a result of maternal substance abuse.

Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment);
 - protect a child from physical and emotional harm or danger;
 - **ensure adequate supervision (including the use of inadequate care-givers); 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	Indicators in the Parent	Indicators in Family/Environmental
<p>Physical presentation</p> <ul style="list-style-type: none"> <input type="checkbox"/> Failure to thrive/ underweight or small stature <input type="checkbox"/> Frequent hunger <input type="checkbox"/> Dirty, unkempt condition <input type="checkbox"/> clothing in a poor state of repair or inadequate <input type="checkbox"/> Swollen limbs with sores that are slow to heal, usually associated with cold injury <input type="checkbox"/> Abnormal voracious appetite <input type="checkbox"/> Dry, sparse hair <input type="checkbox"/> Recurrent / untreated infections or skin conditions e.g. severe nappy rash, eczema or persistent head lice <input type="checkbox"/> Untreated medical problems <input type="checkbox"/> Frequent accidents or injuries 	<ul style="list-style-type: none"> <input type="checkbox"/> Dirty, unkempt presentation <input type="checkbox"/> Inadequately clothed <input type="checkbox"/> Inadequate social skills and poor socialisation <input type="checkbox"/> Abnormal attachment to the child .e.g. anxious <input type="checkbox"/> Low self-esteem and lack of confidence <input type="checkbox"/> Failure to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene <input type="checkbox"/> 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 	<ul style="list-style-type: none"> <input type="checkbox"/> History of neglect in the family <input type="checkbox"/> Family marginalised or isolated by the community. <input type="checkbox"/> Family has history of mental health, alcohol or drug misuse or domestic violence. <input type="checkbox"/> History of unexplained death, illness or multiple surgery in parents and/or siblings of the family <input type="checkbox"/> 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. <input type="checkbox"/> Dangerous or hazardous home environment including failure to use

<p>Development</p> <ul style="list-style-type: none"> <input type="checkbox"/> General delay, especially speech and language delay <input type="checkbox"/> Inadequate social skills and poor socialization <p>Emotional/behavioural</p> <ul style="list-style-type: none"> <input type="checkbox"/> Attachment disorders <input type="checkbox"/> Absence of normal social responsiveness <input type="checkbox"/> Indiscriminate behaviour in relationships with adults <input type="checkbox"/> Emotionally needy <input type="checkbox"/> Compulsive stealing <input type="checkbox"/> Constant tiredness <input type="checkbox"/> Frequently absent or late at College <input type="checkbox"/> Poor self esteem <input type="checkbox"/> Destructive tendencies <input type="checkbox"/> Thrives away from home <input type="checkbox"/> Disturbed peer relationships <input type="checkbox"/> Self-harming behaviour 	<p>to address parental substance misuse during pregnancy</p> <ul style="list-style-type: none"> <input type="checkbox"/> Child left with adults who are intoxicated or violent <input type="checkbox"/> Child abandoned or left alone for excessive periods <input type="checkbox"/> Wider parenting difficulties, may (or may not) be associated with this form of abuse 	<p>home safety equipment; risk from animals</p> <ul style="list-style-type: none"> <input type="checkbox"/> Poor state of home environment e.g. unhygienic facilities, lack of appropriate sleeping arrangements, inadequate ventilation (including passive smoking) and lack of adequate heating <input type="checkbox"/> Lack of opportunities for child to play and learn
Empty cell for additional notes or summary		

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