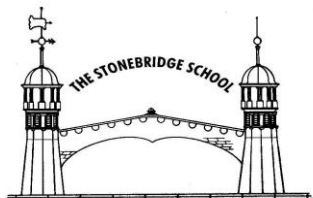
A close-up photograph of two hands clasped together, one appearing to be an adult's hand and the other a child's. The hands are positioned centrally, with the fingers interlaced. The background is a soft, out-of-focus gradient of light colors.

**STONEBRIDGE
SCHOOL**

**SAFE GUARDING
POLICY**

January 2014



SAFEGUARDING POLICY

STONEBRIDGE SCHOOL 2014

Agreed by Governors: January 2014

Agreed by Staff: January 2014

The policy is to be reviewed: SPRING 2017

INTRODUCTION

The governors and staff of Stonebridge School fully recognise the contribution they make to the safeguarding of children. We recognise that all staff, teaching and non-teaching, including volunteers, have a full and active part to play in protecting our pupils from harm¹.

All staff and Governors believe that our school should provide a caring, positive, safe and stimulating environment which promotes the social, physical, emotional and moral development of the individual child.

The aims of this policy are:

- To support the child's development in ways that will foster security, confidence and independence
- To raise the awareness of both teaching and non-teaching staff of the need to safeguard children and of their responsibilities in identifying and reporting possible cases of abuse.
- To provide a systematic means of monitoring children known or thought to be at risk of harm.
- To emphasise the need for good levels of communication between all members of staff.
- To develop a structured procedure within the school to be followed by all members of the school community in cases of suspected abuse.
- To develop and promote effective working relationships with other agencies, especially Social Services and the police.
- To ensure that all adults who work within the school environment have carried out a full and current DBS check in order that their suitability is checked.
- To ensure all members of the school community are treated with dignity and respect.

¹ HARM should be read with reference to any kind of physical, sexual, emotional abuse or any kind of neglect.

PROCEDURES

Our school procedures for safeguarding children will be in line with LA and LSCB procedures (Local Safeguarding Children's Board). We will ensure that:

- The HT and Assistant Head Teacher with responsibility for Inclusion, will act as the Designated Teachers for Child Protection at Stonebridge School. They will both undertake regular training.
- There is a senior member of staff who will act in the designated teachers' absence, the Deputy Head, who will also receive appropriate training.
- The Designated Teachers for Child Protection will be the first person to be approached in the light of any concerns, allegations or disclosures.
- Both DTCP will update the Child Protection record and share information. Cases will be allocated for one DTCP to take a lead on but regular meetings will take place to review progress and to offer supervision to each other.
- The DTCP will meet each term to monitor the update of the Child Protection record for the school to ensure it is an accurate and up to date record. Cases at this point may also be reallocated.
- All members of staff are familiar with the categories and definitions used when referring to Child Protection. (See Appendix 1 - 4)
- All members of staff develop their understanding of the signs and indicators of abuse. (See Appendix 1 - 4)
- All members of staff know how to respond to a pupil who discloses abuse. They will ensure that time is given to the child in order that they can fully concentrate on the child's disclosure and that this time is found as a matter of urgency. This information will then be passed on via the Child Protection Report form (see Appendix 5) and / or by speaking to a Designated Teacher for Child Protection – forms will be given to the Head Teacher PA.
- The Designated Teachers for Child Protection will ensure that the correct Child Protection forms for monitoring, recording and reporting to formal settings are made available to staff. Staff will ensure that these forms are kept confidentially, kept up to date and completed in line with deadlines. (See Appendix 5 -9 for copies of these forms)
- Safeguarding and Child Protection will be included in all staff handbooks and group training and professional meetings throughout the academic year.
- All parents/carers are made aware of the responsibilities of staff members with regard to child protection procedures. A Child Protection statement will be included in all school parent hand books.

- Our procedures will be regularly reviewed and up-dated following a three year cycle outlined at the end of this policy.
- All new members of staff will be given a copy of our Safeguarding Policy as part of their induction into the school.
- Training undertaken by the designated teachers for child protection and staff will be documented and filed.

CHILD PROTECTION & SUPPORTING CHILDREN

We recognise that the school has a role to play in supporting children who are experiencing great challenges in their lives. We also recognise that these challenges may be of a child protection nature. We acknowledge that the school may provide the only stability in the lives of children who have been abused or who are at risk of harm. We recognise that the school should fully understand how being a victim of abuse can manifest itself in numerous ways. We recognise that the school must endeavour to put in place systems and training in order that all members of staff can act appropriately. Children will always be given time and privacy to talk to a member of staff in order to discuss issues that are affecting them or worrying them.

We appreciate that a child who is abused or witnesses violence may find it difficult to develop and maintain a sense of self worth. We understand that a child in these circumstances may feel helpless, humiliated and may feel self blame.

We accept that research shows that the behaviour of a child in these circumstances may range from that which is perceived to be normal to aggressive or withdrawn.

Our school will therefore support all pupils by:

- Encouraging self-esteem and self-assertiveness whilst not condoning aggression or bullying – PSHE , Circle Time, Comments Box, Article 12, Inclusion officer support, Lunchtime Clubs, Art Therapists and Place 2 Be (where appropriate)
- Promoting a caring, safe and positive environment within the school – Class Rights and Responsibilities, School Core Values, Year Group assemblies, and School Collective Worship, PSHE, Circle Time
- Offering the support of Place 2 Be counsellors at the school and by working closely with the School Project Manager.
- Holding regular Inclusion meetings with key school based professionals – every half a term.
- Liaising and working together with all other support services and those agencies involved in the safeguarding of children.
- Notifying Social Services as soon as there is a significant concern.
- Providing continuing support to a pupil about whom there have been concerns when moving from one class teacher to another or who leaves the school by ensuring that appropriate information is forwarded under confidential cover.
- Ensuring that children who are at risk are closely monitored.
- Ensuring that monitoring procedures are up to date and regularly reviewed.
- Children will be given time & privacy should they wish to talk to an adult.

RESPONSIBILITIES

The designated teacher for child protection is responsible for:

- Adhering to the LSCB (Local Safeguarding Children Board), LA and school procedures with regard to referring a child if there are concerns about possible abuse.
- Keeping written records of concerns about a child even if there is no need to make an immediate referral.
- Ensuring that ongoing monitoring of children is kept up to date.
- Ensuring that action points agreed at Child Protection Conferences, Child Protection Reviews and Core Group Meetings are carried out. (see record sheet Appendix 10)
- Ensuring that accurate and up to date information about individual children is presented at Child Protection Conferences.
- Ensuring that all such records are kept confidentially and securely and are separate from pupil records.
- Ensuring that an indication of further record-keeping is marked on the pupil's general records and that all records are passed on to their next school.
- Ensuring that any pupil currently with a Child Protection plan who is absent without explanation for two days is referred to their key worker at Social Services and that the attendance of children with a Child in Need Plan (CIN) is monitored closely and any concerns referred to their key social worker.

TYPES OF ABUSE (See appendix 1 – 6) for definitions and signs.

There are four main types of abuse and these are:

- Physical abuse including FGM (Female Genital Mutilation)
- Emotional abuse including domestic violence
- Sexual abuse
- Neglect

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 feigns the symptoms of, or deliberately causes ill health to a child whom they are looking after. This situation is commonly described using terms such as factitious illness by proxy or Uncaused syndrome by proxy and cutting (including female genitalia).

Physical Abuse Continued - Female Genital Mutilation (FGM)

FGM involves procedures that include the partial or total removal of the external female genital organs for cultural or other non-therapeutic reasons. The practice is medically unnecessary, extremely painful and has serious health

consequences, both at the time when the mutilation is carried out and in later life. It is acknowledged that some FGM practising families do not see it as an act of abuse, however it is illegal in the UK and suspicions of FGM having already taken place or knowledge of girls at risk must be reported. It is also against the law to groom or prepare a girl to have any type of FGM. FGM is known by a number of names, including 'female genital cutting', 'the cut', 'circumcision' or 'initiation'. The age at which girls undergo FGM varies enormously according to the community. **The procedure may be carried out when the girl is new-born, during childhood or adolescence, just before marriage or during the first pregnancy.** However, the majority of cases of FGM are thought to take place between the ages of 5 and 8 years old and therefore girls within that age bracket are at a higher risk. FGM is a deeply rooted tradition, widely practised mainly among specific ethnic populations in Africa and parts of the Middle East and Asia. FGM has also been documented in communities in **Iraq, Israel, Oman, the United Arab Emirates, the Occupied Palestinian Territories, India, Indonesia, Malaysia and Pakistan.**

Emotional abuse

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 children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. It may involve 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 ill-treatment of a child, though it may occur alone. Emotional abuse also happens when a child is subjected to witnessing domestic abuse between both or one of his/her parents.

Domestic Abuse - Emotional abuse continued

Domestic abuse is any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality. A child who is subjected to domestic abuse either through directly observing it or is exposed to its effects is emotionally scarred and is under a lot of stress. Domestic Abuse chips away at feelings of self-worth and independence. Domestic abuse can also include *verbal abuse* such as yelling, name-calling, blaming, and shaming. It can also include controlling behaviours like financial control, Isolation and intimidation, these are all aspects of emotional abuse. The physical, psychological and emotional effects of domestic abuse on children can be severe and long-lasting. Some children become withdrawn and find it difficult to communicate, others may act out the violence or aggression they have witnessed, or blame themselves for the abuse. All children living with abuse are under a great deal of stress and need support.

Sexual abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape or buggery) or non-penetrative acts. 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 sexually inappropriate ways.

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. It may involve a parent or carer failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

CONFIDENTIALITY

- We recognise that all matters relating to Child Protection are of a Confidential nature and should be treated as such.
- The Designated Teachers will disclose information about a pupil to the key member of staff on a Need to know basis only. This information will only be passed on to relevant members of staff by the Key member if and when it is required.
- All staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard children.
- All staff must be aware that they cannot and must not promise a child to keep a secret.

SUPPORTING STAFF

We recognise that staff working in the school who have become involved with a child who has suffered harm, or appears to be likely to suffer harm may find the situation stressful and upsetting. We will support such staff by providing an opportunity to talk through their anxieties with a designated teacher and to seek further support as appropriate. The Designated Teachers for CP act as each other's supervision support. All members of staff can approach Place to Be for this support if required.

ALLEGATIONS AGAINST STAFF

We understand that a pupil may make an allegation against a member of staff. If such an allegation is made the following action will be taken:

- The member of staff receiving the allegation will immediately inform the Head Teacher / Deputy Head Teacher and not enter into a dialogue.
- The head teacher on all such occasions will discuss the content of the allegation with the LA Lead Officer for Child Protection (LADO).
- If the allegation made to a member of staff concerns the Head teacher, the designated teacher / deputy will immediately inform the Chair of Governors who will consult with the LAs Lead Officer for Child Protection (LADO).
- The school will follow the LEA procedures for managing allegations against staff, a copy of which will be readily available in the school.

WHISTLE BLOWING

We recognise that children cannot be expected to raise concerns in an environment where the staff fail to do so. All staff should be aware of their duty to raise concerns, where they exist, about the attitude or actions of colleagues. These concerns should be brought to the attention of the Head Teacher or Deputy Head Teacher.

PHYSICAL INTERVENTION

We acknowledge that staff must only ever use physical intervention as a last resort and at all times be the minimal force necessary to prevent injury to another person. We understand that physical intervention of a nature which causes injury or distress to a child may very well be considered under child protection or disciplinary procedures. The school follows the LSCB guidelines on the use of restraint and is covered in the school Restraint Policy.

SAFEGUARDING CHILDREN

BULLYING

Our policy on bullying is set out in our school Anti – Bullying Policy and Behaviour Policy. We acknowledge that to allow or condone bullying may lead to consideration under child protection procedures.

RACIST INCIDENTS

Our policy on racist incidents is set out in a separate policy. It acknowledges that a single serious incident, repeated racist incidents or to allow or condone racism may lead to consideration under child protection procedures.

PREVENTION

We recognise that the school plays a significant part in the prevention of harm to our pupils by providing pupils with good lines of communication with trusted adults, supportive friends and an ethos of protection.

The school community will therefore:

- Establish and maintain an ethos where children feel secure, are encouraged to talk and are always listened to – Article 12 Group, Circle Time, Lunchtime Clubs, Art Therapy Support and Place to Be.
- Ensure that all children know there is an adult in the school whom they can approach if they are worried or in difficulty.
- Include in the curriculum opportunities for PSHE which equip children with the skills they need to stay safe from harm and to know to whom they should turn for help – Curriculum Map for PSHE across the school.
- The school also has an E-safety policy which emphasises how children can be safe when using the Internet. Staff are trained and themes of e-safety are looked at through the curriculum and assemblies throughout the year.
- The school monitors attendance and punctuality rigorously and any concerns are followed up with an initial letter from the head teacher and

persistent absences are referred to the Educational Welfare Officer (EWO).

Outside agencies – working in partnership

- The school works very closely with outside agencies to support children and families. This includes health services, speech and language therapist, social care and the Educational Welfare Officer (EWO).

Safer Recruitment

- The school is committed to safer recruitment and ensures that members of staff have DBS and this is updated every 4 years as agreed by governors.
- The school holds a single Central Record with relevant data for all members of staff.

HEALTH AND SAFETY

Our Health & Safety policy and our Educational Visits Policy is set out in separate documents. They reflect the consideration we give to the protection of our children both within the school environment and when undertaking school trips and visits away from the school environment.

Accidents and Welfare

- If an accident occurs, the child/ren are sent to the medical room. The Welfare officer then judges whether any medical attention is required. In cases when children are medically attended to, a letter is sent home to the parents and a copy of a HSL is kept on file. There is also a list of children who visit the medical room. The welfare officer is first aid trained as well as a number of other adults in various classes in the school. Where a child requires medication regularly, a meeting is held with the welfare officer and parent/carer and a plan is set out, outlining the frequency of the medication and dosage. The parent also signs a letter to consent that the welfare officer can administer the medication.

Intimate Care

- Intimate care is any care which involves carrying out an invasive procedure (such as cleaning up a pupil after they have soiled themselves) to intimate personal areas. The school is committed to ensuring that all staff responsible for intimate care of children will undertake their duties in a professional manner at all times. Please see Intimate Care Policy for more details.

Site Safeguarding

- The school safe guards the site in a variety of ways. All entrances to the school building are secure. Access to the school site is via the main office and all visitors are expected to sign in and wear a visitor's badge. All members of the school have a fob and an identification badge which has their name and role. A weekly survey is carried out by the site manager and the fire alarm is tested on a weekly basis as well. On-going issues are raised by staff and these are put on the school's intranet for the site staff to deal with. These are monitored regularly and actions and outcomes are written in response to issues.

Fire Drills

- Fire drills are carried out half termly and the findings are reported to the governors and actions are written and followed up by site staff.

Inappropriate Behaviour

- The school expects all the school community to adhere to the schools core values of Consideration, Positive Attitude and Respect. Where any visitor is causing harassment, anxiety and distress, (HAD) the school will record such incidents and further action such as a ban from the school premises may be enforced.

APPENDICES

- **APPENDIX 1 – Definition & Signs – Physical Abuse (including FGM)**
- **APPENDIX 2 – Definition & Signs – Emotional Abuse (including Domestic abuse)**
- **APPENDIX 3 – Definition & Signs – Sexual Abuse**
- **APPENDIX 4 – Definition & Signs – Neglect**
- **APPENDIX 5 – Child Protection Report Form**
- **APPENDIX 6 – Every Child Matters (ECM) Summary of Needs**
- **APPENDIX 7 – Individual Child Protection Record Sheet**
- **APPENDIX 8 – Stonebridge Welfare Check/Core Group Record Sheet**
- **APPENDIX 9 – Confidential Incident Record Sheet**
- **APPENDIX 10 – Confidential Meeting Record Sheet**
- **APPENDIX 11 – Record of CP Meeting & Action Form**



WHAT SIGNS MAY A CHILD EXHIBIT IF THEY ARE A VICTIM OF ABUSE?

PHYSICAL ABUSE

DEFINITION:

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 feigns the symptoms of, or deliberately causes ill health to a child whom they are looking after. This situation is commonly described using terms such as factitious illness by proxy or Uncaused syndrome by proxy.

SIGNS:

- Marks and Bruises
- Suspicious stories about how marks made
- Frequent bumps etc
- Broken Bones
- Frightened / nervous at simple movements / jumpy
- Jumping when adult raises voice
- Introverted, shy or withdrawn
- Tearful
- Poor behaviour / Bullying others
- Repeating inappropriate behaviour/ bullying
- Violent outbursts
- Hair missing
- Scratches / burns
- Stories include violent descriptions / pictures depict regularly violent scenarios
- Hitting or aggressive to other children
- Sleeping in class
- Self conscious when changing for PE
- Restless and fidgety
- Wetting / soiling them self
- Mood swings
- Little contact with other children
- Poor attendance
- Use of bad language
- Physically threatening behaviour
- Shouting

(STONEBRIDGE CPD 16/12/13)

Additional signs:

CONSTANT INJURIES THAT CAN ALWAYS BE EXPLAINED / CHANGE OF MOOD / WITHDRAWN OR AGGRESSIVE / CHANGE OF CHARACTER OR BEHAVIOUR / SELF COMFORT / VERBAL ABUSE / NON-COOPERATION / POOR HEALTH / UNKEPT / FEAR OF ADULTS / ABSENCES / STRANGE BEHAVIOUR AFTER WEEKENDS OR HOLIDAYS / FORGOTTEN PE KIT / FLINCHING IN RESPONSE TO SUDDEN MOVEMENTS / FREQUENT MEDICAL APPOINTMENTS / DO NOT WANT TO GO HOME AT THE END OF THE DAY / UNABLE TO FORM RELATIONSHIPS WITH ADULTS / SELF PROTECTION / GUARDING / LACK OF EYE CONTACT / CONSTANTLY ILL WITH NO REAL SYMPTOMS / FEARFUL OF ADULTS

FEMALE GENITAL MUTILATION (FGM) IS PHYSICAL ABUSE

WHAT SIGNS MAY A CHILD EXHIBIT IF THEY ARE A VICTIM OF FGM?

DEFINITION:

FGM involves procedures that include the partial or total removal of the external female genital organs for cultural or other non-therapeutic reasons. The practice is medically unnecessary, extremely painful and has serious health consequences, both at the time when the mutilation is carried out and in later life. FGM is against the law except when performed by a registered medical profession on medical or mental health grounds. It is also illegal for someone to arrange for a child to go abroad with the intention of having her circumcised.

SIGNS

- Difficulty walking, sitting or standing
- Spending longer than normal in the bathroom or toilet due to difficulties urinating.
- Fracture or dislocation of legs/arms as a result of restraint
- Spend long periods of time away from a classroom during the day with bladder or menstrual problems
- Severe pain in groin area
- Haemorrhage
- Being withdrawn - emotional and psychological shock (exacerbated by having to reconcile being subjected to the trauma by loving parents, extended family and friends);
- Urinary infections
- Detached / isolated
- Change in physical appearance/dress & body language
- Withdrawn aggressive
- Unable to form relationships with adults
- Changes in attitude, personality or behaviour
- Changes in interaction with others
- Feelings shown through writing or art work
- Peer group problems
- Extremes of emotion
- Underachieving

(STONEBRIDGE CPD 16/12/13)

Any suspicions of a child at risk of having or having had FGM must be reported immediately to the Head teacher or Designated teacher for Safe guarding. Girls aged 5 to 8 years are most risk.



WHAT SIGNS MAY A CHILD EXHIBIT IF THEY ARE A VICTIM OF ABUSE?

EMOTIONAL ABUSE

DEFINITION:

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 children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. It may involve 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 ill-treatment of a child, though it may occur alone. Children witnessing domestic abuse between the parents or carers is also emotional abuse.

SIGNS:

- Low self esteem
- Withdrawn / frightened / shy
- Secretive
- Makes little eye contact
- Emotionally finds it difficult to maintain relationships with peers and adults
- Jumpy or stuttering during conversations with adults
- Cries a lot / very sensitive
- A Loner
- Pictures use mainly dark colours
- Stealing
- Mood swings
- Lack of concentration
- Very quiet, speaks little
- Poor social skills
- Bullies others
- Very unsettled
- Anti-social behaviour
- Lack of confidence

(STONEBRIDGE CPD 16/12/13)

Additional signs:

WETTING / SOILING / SELF HARM / SELF COMFORT / ROCKING / CHANGE IN APPETITIE / UNDEACHIEVEMENT / TIMID / TEARFUL / ANOREXIC / BULIMIC / DO NOT WANT TO GO HOME AT THE END OF THE DAY / ATTENTION SEEKING / CHANGES IN STANDARD OF WORK / DEPRESSION / INTROVERTED / WITHDRAWN / CHANGES IN RELATIONSHIPS / NO FRIENDS / HARD TO MAKE FRIENDS / NEEDY / CLINGY / CHANGE IN PHYSICAL APPEARANCE/DRESS & BODY LANGUAGE / WITHDRAWN AGGRESSIVE / CHANGES IN ATTITUDE, PERSONALITY OR BEHAVIOUR / CHANGES IN INTERACTION WITH OTHERS / PEER GROUP PROBLEMS / EXTREEMS OF EMOTION / ALIEN TO PRAISE



WHAT SIGNS MAY A CHILD EXHIBIT IF THEY ARE A VICTIM OF DOMESTIC ABUSE?

DOMESTIC ABUSE IS EMOTIONAL ABUSE

WHAT SIGNS MAY A CHILD EXHIBIT IF THEY ARE A VICTIM OF DOMESTIC ABUSE?

DEFINITION: Domestic abuse is any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality. A child who is subjected to domestic abuse either through directly observing it or is exposed to its effects is affected emotionally and is under a lot of stress.

SIGNS

- Disproportionate reactions (overly apprehensive, tearful, angry or fearful)
- Withdrawn or quiet
- Negative relationships with opposite sex (children and peers)
- Aggression or bullying
- Tantrums
- Vandalism
- Problems in school, truancy,
- Difficulty with speech problems that were not there before
- Difficulties with learning
- Attention needing
- Struggle to make or keep friendships
- Reluctance to come to school
- Reluctance to go home with parents
- Aggressive comments or language (sometimes not expected for that age)
- Self-harming
- Nightmares or insomnia
- Bed-wetting
- Anxiety, depression, fear of abandonment
- Feelings of inferiority
- Constant colds, headaches, mouth ulcers, asthma, eczema
- Seem afraid or anxious to please
- Need for constant acceptance
- Be possessive over friends or belongings

(STONEBRIDGE CPD 16/12/13)

Additional signs:

CHANGE OF MOOD / WITHDRAWN OR AGGRESSIVE / CHANGE OF CHARACTER OR BEHAVIOUR / SELF COMFORT / VERBAL ABUSE / NON-COOPERATION / UNKEPT / FEAR OF ADULTS / ABSENCES / STRANGE BEHAVIOUR AFTER WEEKENDS OR HOLIDAYS / EXTREME RESPONSES TO CORRECTION / FLINCHING IN RESPONSE TO SUDDEN MOVEMENTS / FREQUENT MEDICAL APPOINTMENTS / DO NOT WANT TO GO HOME AT THE END OF THE DAY / UNABLE TO FORM RELATIONSHIPS WITH ADULTS / SELF PROTECTION / GUARDING / LACK OF EYE CONTACT / CONSTANTLY ILL WITH NO REAL SYMPTOMS / FEARFUL OF ADULTS



WHAT SIGNS MAY A CHILD EXHIBIT IF THEY ARE A VICTIM OF ABUSE?

SEXUAL ABUSE

DEFINITION:

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape or buggery) or non-penetrative acts. 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 sexually inappropriate ways.

SIGNS:

- Hides under clothes / baggy clothes
- Inappropriate physical contact with other chn
- Withdrawn / shy
- Aggressive to chn of the opposite sex
- Scared of others
- Don't like being touched
- Touch themselves or others
- Won't change for PE
- Very quiet or loud
- Use of sexual language
- Stories or drawings include sexual connotations
- Exposing self
- Hesitate when wanting to talk to teacher
- Soiling/ wetting / stains on underwear
- Repeated Urine problems
- Re-enacting sexualised behaviour as part of play
- Bruising
- Sexually specific behaviour or / and language
- Abusive to other chn
- Little physical contact, finds hugs touches difficult will move away.

(STONEBRIDGE CPD 16/12/13)

Additional signs:

SEXUAL PLAY – HOME CORNER / PLAYGROUND / INAPPROPRIATE / PROVOCATIVE SEXUAL LANGAUGE / MEDICAL DIFFICULTIES / CHANGE OF MOOD / WITHDRAWN OR AGGRESSIVE / CHANGE OF CHARACTER OR BEHAVIOUR / MASTERBATION / ANOREXIC / BULIMIC / SELF HARMING / DO NOT WANT TO GO HOME AT THE END OF THE DAY / SECRETIVE / WITHDRAWN / CHANGE IN PHYSICAL APPEARANCE/DRESS & BODY LANGUAGE / UNABLE TO FORM RELATIONSHIPS WITH ADULTS



WHAT SIGNS MAY A CHILD EXHIBIT IF THEY ARE A VICTIM OF NEGLECT?

NEGLECT

DEFINITION:

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. It may involve a parent or carer failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

SIGNS:

- Child smells, clothes are dirty, hair un brushed
- Appears unhealthy but is always in school when unwell
- Low attendance - EWO involvement
- No Breakfast
- Is unfamiliar with basic routines of feeding self and toileting etc
- Always hungry
- Late before and after school
- Attention seeking / needs praise to feel confident
- Poor hygiene, does not know how to use toilet properly
- Angry
- Parents have little contact with school. Do not attend parents evening
- Homework not completed / PE kit repeatedly forgotten
- Correct clothes not worn to school i.e. not warm enough in winter, not cool enough in summer
- Steal things
- Come to school on their own when they are too young
- Lying
- Older siblings care for younger chn and take on the parent role.
- Cries a lot
- Makes slow progress
- Packed lunch does not provide child with a balanced diet
- Over eats at lunchtime
- Untidy / unkempt
- Parents do not follow up medical requests form school i.e. need for eyes to be tested.
- Instability in family, different carers/ boyfriends
- Sleeps in class / Goes to sleep late little routine at home

(STONEBRIDGE CPD 16/12/13)

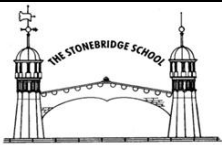
Additional signs:

INADEQUATE PACKED LUNCH / UNKEMPT / CRUFFY / SLEEPING DURING LESSONS / OVERLY TIRED / REPEATED HEALTH PROBLEMS THAT GO UNCHECKED OR ARE NOT DEALT WITH / HEADLICS / RINGWORM NOT DEALT WITH AND CONSTANTLY REOCCUR /DISORGANISED / ATTENDANCE / PUNCTUALITY (END & BEGINNING OF DAY) / DO NOT WANT TO GO HOME AT THE END OF THE DAY / OVERWEIGHT / UNABLE TO FORM RELATIONSHIPS WITH ADULT / CONTENT OF WRITING OR DRAWING / UNDERACHIEVING



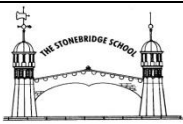
CHILD PROTECTION REPORT FORM

NAME OF CHILD					
CLASS					
NAME OF PERSON PROVIDING INFORMATION					
DATE		LOCATION			
TIME		THOSE PRESENT			
NOTES OF CONCERNS					
TICK APPROPRIATE LEVEL OF URGENCY BELOW					
INFORMATION		QUITE URGENT		URGENT	



CHILD PROTECTION REPORT FORM

NAME OF CHILD					
CLASS					
NAME OF PERSON PROVIDING INFORMATION					
DATE		LOCATION			
TIME		THOSE PRESENT			
NOTES OF CONCERNS					
TICK APPROPRIATE LEVEL OF URGENCY BELOW					
INFORMATION		QUITE URGENT		URGENT	



EVERY CHILD MATTERS SUMMARY OF NEEDS

Name of Child:

Year Group:

Date:

Purpose of Summary:

BE HEALTHY

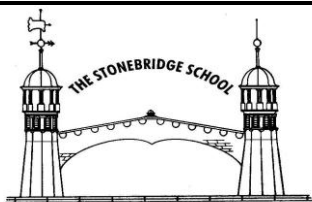
STAY SAFE

ENJOY & ACHIEVE

MAKE A POSITIVE CONTRIBUTION

ECONOMIC WELLBEING

Signature and Role of Person filling in form:



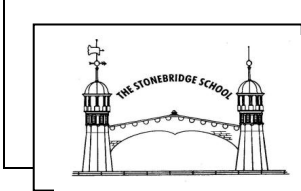
CHILD PROTECTION RECORD - CLASS TEACHER

NAME OF CHILD :

START DATE :

DATE	COMMENT / OBSERVATION

APPENDIX 8



STONEBRIDGE SCHOOL
Shakespeare Avenue
Harlesden
London NW10 8NG
Tel: 020 8965 6965

STONEBRIDGE SCHOOL WELFARE CHECK / CORE GROUP

NAME OF CHILD			
DATE OF BIRTH		YEAR GROUP	
ADDRESS			
INFORMATION REQUESTED BY			
DATE			
ACADEMIC PROGRESS AND ACHIEVEMENT			
BEHAVIOUR AND SOCIAL RELATIONSHIPS			
ATTENDANCE & PUNCTUALITY			
CONTACT WITH PARENTS / CARERS			
ANY SPECIFIC INCIDENTS OR MATTERS OF CONCERN			
ADDITIONAL INFORMATION REQUIRED			
CLASS TEACHER SIGNATURE		DATE	
DTCP SIGNATURE		DATE	

APPENDIX 9

*CONFIDENTIAL*

Incident Sheet

Name of Child _____

Date of Birth _____

Chronology of incidents and concerns

Date	Time	Location	Those Present

Notes of incidents / allegations or observation giving rise to concern.

Name _____

Designation _____

Signature _____

Date _____

Date received by designated teacher for inclusion in the Child Protection File _____

APPENDIX 10



CONFIDENTIAL

Meeting Record Sheet

Present: _____

Date

Name of Child _____

Date of Birth _____

General outline of Concerns

Issues discussed and action agreed:

Name _____

Designation _____

Signature _____

Date _____

Date received by designated teacher for inclusion in the Child Protection File



RECORD OF CHILD PROTECTION MEETING & ACTION

Name of Child:

Year Group:

Date:

Purpose of Meeting:

Those present:

NOTES

ACTION & BY WHOM

WHEN COMPLETED

Signature and Role of Person filling in form: