



Safeguarding Children Policy

	Name	Date
Written By	Designated Safeguarding Officer	March 2013
Reviewed		November 2016
Reviewed		September 2017

The School's Legal Responsibility

The Law (Children's Act 1989) requires all school staff to pass on information which raises concern that a child may be at risk from non-accidental injury, neglect, emotional or sexual abuse.

We have a statutory duty to safeguard and promote the welfare of children as described in 'Keeping children safe in education: Statutory guidance for schools and colleges' (September 2016) and that we have due regard to the guidance as the safety and protection of children is of paramount importance to everyone in this school.

This procedure is intended to protect children, and we will take the attitude that where there are grounds for concern, it is better to be over-cautious than to risk a child's safety. We, therefore, have an unavoidable duty to contact Social Care or speak directly with parents to share and discuss our concerns.

Occasionally, this duty on Headteachers means that they risk upsetting some parents by reporting a concern which, on investigation, proves to be unfounded. In these circumstances, it is hoped that parents / carers will appreciate how difficult it is for us to carry out this delicate responsibility, and accept that the Head Teacher was acting in good faith and had to take these steps in the best interests of the child. History has shown us what happens when these concerns are not shared and investigated properly.

Policy Statement

We acknowledge that children can be **harmed physically, emotionally, sexually or by neglect**. It is our duty to report any concerns that we have of child abuse as the health, safety and protection of all children is paramount. We are aware that if abuse is suspected by another child then child protection procedures will be applied to both children.

We want all our children to achieve their full potential by:

- being as physically and mentally healthy as possible;
- experiencing good quality education opportunities;
- living in a safe environment;
- learning and working in a safe environment;
- experiencing emotional well being;
- feeling loved and valued;
- receiving support from a network of reliable and affectionate relationships;
- learning to look after themselves;
- coping with everyday living;
- having a sense of identity and a positive image of themselves;
- developing their confidence and their interpersonal skills

Our policy applies to all staff, governors and volunteers working in the school. The content of the policy is made available to parents and children to ensure they

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understand the obligations placed upon the school and its staff for safeguarding children.

All staff should initially report any signs that you think may warrant further investigation to Mrs Sam Collins who will refer to Kath Margetts the Designated Safeguarding Officer if appropriate.

The Nominated Governor for Safeguarding is Mr Jeremy Cox.

Aims

- To have in place procedures to ensure that we meet our responsibilities for safeguarding and promoting the welfare of children from abuse.
- To ensure that all staff are aware of what action to take when dealing with a child protection issue.
- To keep updated with national/local changes in safeguarding procedures.

Responsibilities

Role of Governing Body

The Governing Body:

- has in place a child protection policy and other related procedures;
- has appointed a senior member of staff to act as the Designated Safeguarding Officer;
- has nominated a Governor to liaise with the above;
- has delegated powers and responsibilities to the Headteacher to ensure everyone connected with the school is aware of and complies with this policy;
- has in place safe recruitment procedures, including appropriate use of reference checks on new staff and volunteers;
- has in place procedures to deal with allegations of abuse against members of staff and volunteers;
- nominated the Chair of Governors in liaison with the Local Authority to deal with any allegations of abuse made against the Headteacher;
- the Nominated Governor has undertaken appropriate training about the ways of safeguarding children which will be updated every three years;
- will receive termly reports from the Headteacher on safeguarding pupils in the school;
- will receive an annual report from the Headteacher on safeguarding pupils in the school;
- has responsibility for ensuring this policy and all policies are maintained and updated regularly;
- has responsibility for the effective , monitoring and evaluation of this policy

Role of the Headteacher

The Headteacher will:

- ensure the implementation of this policy, all procedures and other related policies;
- ensure everyone connected with the school is aware of this policy;

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- work closely with the Designated Safeguarding Officer and Nominated Governor for child protection;
- provide adequate resources for the Designated Safeguarding Officer to undertake his/her role;
- ensure DBS checks are undertaken for everyone working with children in the school;
- ensure that all staff undertake training in child protection procedures;
- report termly to the Governing Body and keep them updated;
- undertake training in safeguarding and child protection;
- provide leadership and vision in respect of equality;
- monitor the effectiveness of this policy;
- report annually to the Governing Body on the effectiveness of the policy

Role of the Designated Safeguarding Officer

The Designated Safeguarding Officer will:

- ensure the implementation of this policy;
- ensure everyone connected with the school is aware of this policy;
- work closely with the Headteacher and the Nominated Governor;
- be trained in child protection policy procedures;
- renew training every two years;
- keep a confidential Child Protection Register of all those pupils known to be at risk and confirmed by social services to be at risk;
- be trained in working with all agencies;
- familiarise school staff with the policy and procedures;
- investigate and deal with all cases of suspected or actual problems associated with child protection;
- make child protection referrals;
- record all child protection referrals;
- co-ordinate action within the school;
- liaise and seek advice from the Local Authority Designated Officer when the need arises;
- liaise with social care and other agencies;
- transfer the child protection file of any pupil leaving to join another school;
- provide support for any child at risk;
- act as a source of advice within the school;
- keep up to date with all new guidance on safeguarding children;
- keep all school personnel up to date with any changes to procedures;
- organise appropriate training for school personnel and Governors;
- ensure all incidents are recorded, reported and kept confidential;
- keep all paperwork up to date;
- report back to the appropriate school staff when necessary
- annually review the policy with the Headteacher.

Role of the Nominated Governor

The Nominated Governor will:

- work closely with the Headteacher and the Designated Safeguarding Officer;

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- ensure recruitment of school personnel and volunteers is in line with the Safe Recruitment policy;
- undertake safeguarding training every two years

Role of School Staff

School Staff must:

- recognise that child protection is their responsibility;
- treat children's welfare with utmost importance;
- be aware of the background of the children in their care;
- be made aware of this policy and all other safeguarding policies and procedures during induction, the school personnel handbook and training;
- be aware of the names of the designated teachers;
- be trained in identifying signs of harm and abuse;
- be aware of the effects of abuse and neglect on children;
- undertake training on responding to a child;
- be alert at all times to the signs of abuse namely **physical, emotional, sexual or neglect**;
- know how to report any suspected case of harm or abuse;
- know what to do if a child makes a disclosure;
- receive support and counselling if they feel distressed from being involved with a case or incident;
- be kept up to date with changes in procedures;
- ensure that they conduct themselves correctly at all times and do not put themselves at risk;
- report and deal with all incidents of discrimination;
- report any concerns they have on any aspect of the school community

Role of Pupils

Pupils must be made aware of:

- basic safeguarding procedures in school such as visitors signing in and wearing visitor badges;
- how to keep themselves safe
- the School's Listening Ear Programme through assemblies and posters in the classroom which show designated Listening Ear.

Role of the School Council

Every year the School Council will ask the views of all pupils by issuing a questionnaire and asking:

- Do they feel safe in school?
- Are they aware of basic safeguarding procedures in school?
- Are pupils aware of how to keep themselves safe?
- Do they know who to go to if they are concerned about their own safety or that of others?
- Are they are aware of e-safety?
- Do they know how to keep themselves safe outside school?
- Do they know how to keep themselves safe when using the internet?

Role of Parents

Parents are:

- asked to work hard with the school to establish excellent home-school relationships;
- aware that we have a responsibility for the welfare of all our pupils;
- aware that we have a duty to involve Social Services if we have any concerns about a child;
- aware they will be informed of our actions

We will ask parents on a regular basis if:

- they have any concerns about the safety of their child when in school;
- they feel enough time is given for children to learn how to keep safe;
- they know who talk to if they have any concerns;
- they feel their views are listened to and acted upon

Procedures in School

Any member of staff with an issue or concern relating to child protection has a duty to report it to the Designated Safeguarding Officer on the school's "Cause for Concern" sheet. It should be made clear to pupils that CONFIDENTIALITY CANNOT BE GUARANTEED IN RESPECT OF CHILD PROTECTION ISSUES.

The Designated Safeguarding Officer will inform the Headteacher, and decide upon an appropriate course of action based on the ACPC guidelines. The Designated Safeguarding Officer will report back to the person raising the concern within 7 days.

Should the Designated Safeguarding Officer not be available, the Headteacher should be informed and will note the concerns and act accordingly.

Any information relating to safeguarding children will be kept separately to the child's school records and access to such information must be requested through the Designated Safeguarding Officer or Headteacher.

Any information relating to safeguarding children should be confidential and shared only with the Designated Safeguarding Officer or Headteacher. Should the information need to be imparted to any other member of staff to ensure the child is protected appropriately, the Designated Safeguarding Officer or Headteacher will fulfil this task.

Usually, the Designated Safeguarding Officer or Headteacher will inform parents/carers of any allegations documented in school and any resulting referral to Social Care. Should the school have concerns about notifying parents/carers it will seek advice from the Duty Social Worker prior to informing the family of the referral.

See Appendix 1 for Types of Abuse and Appendix 2 for Signs and Symptoms of Abuse.

Reporting Concerns

If a pupil makes a **disclosure** then the member of the school staff must follow the advice laid out in Appendix 3:

Recording Information:

If a teacher has concerns relating to suspected child abuse they must complete the school's 'Cause for Concern' sheet with a body map attached if appropriate. Blank templates of these record sheets are available on the Staff Shared Area of the computer system and hard copies are kept in the 'Safeguarding Children' file in the Staffroom. (See *Appendices 5 a & b*). A written record of any incident will be kept in the Headteacher's office.

- Following any referral regarding child protection issues, staff must monitor the welfare of the child and keep the Designated Safeguarding Officer informed of continued concerns.
- The Designated Safeguarding Officer will ensure all concerns are appropriately documented and kept with the child's previous safeguarding records.

The designated person will then:

- Refer to records of any previous concerns and if appropriate speak to the parents;
- decide whether to take this referral further or to monitor the situation;
- the following will be taken into account when making this decision;
 - attendance and punctuality data
 - academic achievement
 - child's behaviour and attitude
 - relationships and social skills
 - appearance and presentation
- inform the person making the initial referral of his/her decision;
-

If a parent makes a disclosure to school then the Designated Safeguarding Officer:

- should meet with the parent taking down all details;
- will assure the parent that the school will take the matter seriously;
- that he/she will have to take advice from the Local Authority Designated Officer about the disclosure;
- will get back to the parent when a decision has been taken and how to proceed

Support

- We will ensure that support mechanisms are in place for any child that is at risk in order to build their self-esteem and confidence;
- School personnel and volunteer helpers who feel distressed from being involved with a case or incident will receive support and counselling.

Confidentiality and Security of Information

- It is imperative that confidentiality is observed at all times as the protection of the child is paramount.
- School staff have a professional responsibility to share information with Designated Safeguarding Officer in school.

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- A child, when confiding information to a member of staff, must be made aware that for the child's own sake this information cannot be kept secret.
- The child must be reassured that the information will only be shared with the designated teacher who will decide what will happen next.
- All child protection records are regarded as confidential and will be kept in a secure place.
- Designated Safeguarding Officer will share information with the necessary staff on a need to know basis.

Case Conferences and Core Group Meetings

The Designated Safeguarding Officer will attend:

- all Child Protection Case Conferences with the appropriate member of staff;
- all Core Group meetings once a child has been placed on the Child Protection Register

A sample reporting template is attached at Appendix 6.

Pupils Transferring to another School

When pupils transfer to another school, any paperwork related to Safeguarding is sent to the school in a separate confidential pack, labelled for the attention of the School's Designated Safeguarding Officer.

Training

Training organised by the School's Designated Safeguarding Officer will take place for school staff and Governors:

- on induction to the school
- during NQT induction
- Every three years to all staff
- NQT and new staff on arrival

All school staff are reminded regularly of their Safeguarding responsibilities.

Dealing with allegations against School Staff, Headteacher or another pupil

- Teachers must protect themselves especially when meeting on a one-to-one basis with pupils and staff should bear in mind that even perfectly innocent actions can sometimes be misconstrued.
- Teachers who hear an allegation of abuse against another member of staff should report the matter immediately to the Headteacher so that it can be handled appropriately. If the allegation is against the Headteacher it should be taken directly to the Deputy Headteacher and through her to the Chair of Governors.
- We understand that a pupil may make an allegation against a member of staff. If such an allegation is made, the member of staff receiving the allegation will a) take the allegation seriously b) ensure the child is safe and supported and c) inform the Headteacher as soon as possible. The member of staff should then accurately record what they have been informed/observed.

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- The Headteacher, on all such occasions, will discuss the content of the allegation with the Local Authority Designated Officer (Lead Officer for Education Safeguarding).
- If an allegation is made against the Headteacher then the Chair of Governors must be informed and they will then discuss the allegation with the Local Authority Designated Officer.
- The school will follow both the London and Bromley's Safeguarding Children Boards protocols for managing allegations. *Circular 095/07, Safeguarding Children and Safer Recruitment in Education (Chapter 5) and the London Child Protection Procedures.*

Strategies to Promote Safety of Pupils and Staff

All adults employed in school have their application vetted through police records, as do all volunteers working directly with children on the premises. A full enhanced Disclosure and Barring Service (DBS) check is carried out and a register of checks is maintained by the school.

Volunteers including parents/carers who work regularly with children are DBS checked and issued with a photograph identification badge with their DBS number to wear in school. Parents who help on a one off basis for things like sports events or school discos will not be DBS checked. On these occasions, only those volunteers with a photograph identification badge clearly showing their DBS will be expected to take children to the toilet.

All staff who provide any care for a child up to the age of 8 are asked to complete a Disqualification by Association form.

Individuals should take responsibility for ensuring that they avoid situations that may be open to the wrong interpretations. They should be open about their dealings with children and keep doors open or work in an easily overlooked area. They should think carefully about any physical contact with a child and avoid putting themselves in a vulnerable position.

Health & Safety

Our Health & Safety Policy reflects the consideration we give to the protection of our children both in and outside the school environment.

The Educational Visits Co-ordinator is responsible for making sure that risk assessments are carried out to ensure the safety of children and adults on school trips.

Extremism and Radicalisation

We will help support pupils who may be vulnerable to such influences as part of our wider safeguarding responsibilities and where we believe a pupil is being directly influenced by extremist materials or influences we will ensure that pupil is offered

mentoring. In such instances our school will seek external support from the Local Authority and/or local partnership structures working to prevent extremism.

However, staff at Raglan Primary School will be alert to the fact that whilst Extremism and Radicalisation is broadly a safeguarding issue there may be some instances where a child or children may be at direct risk of harm or neglect. For example; this could be due to a child displaying risky behaviours in terms of the activities they are involved in or the groups they are associated with or staff may be aware of information about a child's family that may equally place a child at risk of harm. (These examples are for illustration and are not definitive or exhaustive)

Therefore all adults working in Raglan Primary School (including visiting staff, volunteers' contractors, and students on placement) are required to report instances where they believe a child may be at risk of harm or neglect to the Designated Safeguarding Officer or Headteacher, including any harm through extremism or radicalisation.

Female Genital Mutilation (FGM)

FGM is a form of child abuse and violence against women and girls, and is therefore part of child protection. Professionals have a responsibility to ensure that families know that FGM is illegal, and should ensure that families know that the authorities are actively tackling the issue. This knowledge alone may deter families from having FGM performed on their children, and save girls and women from harm.

UK legislation - FGM is illegal in the UK

In England the practice is illegal under the Female Genital Mutilation Act 2003.

It is also an offence to assist a girl or woman to mutilate her own genitalia.

It is an offence for anyone to perform FGM in the UK or to assist a girl to perform FGM on herself in the UK.

Provided that the mutilation takes place in the UK, the nationality or residence status of the victim is irrelevant.

There are four types of FGM

1. Clitoridectomy – partial or total removal of the clitoris
2. Excision – partial or total removal of the clitoris and the labia minora, with or without the excision of the labia majora
3. Infibulation – narrowing of the vaginal opening
4. All other harmful non-medical procedures to female genitalia.

The practice is normally carried out on girls between the ages of 4 and 13, although the majority of cases are thought to take place between the ages of 5 and 8.

There are 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 Professionals should also note that the girls and women at risk of FGM may not yet be aware of the practice or that it may be conducted on them, so sensitivity should always be shown when approaching the subject.

There remains a duty for all professionals to act to safeguard girls at risk – with four key issues to consider:

1. An illegal act being performed on a female, regardless of age
2. The need to safeguard girls and young women at risk of FGM
3. The risk to girls and young women where a relative has undergone FGM
4. Situations where a girl may be removed from the country to undergo FGM.

Indications that FGM may be about to take place soon

The age at which girls undergo FGM varies enormously according to the community. The procedure may be carried out when the girl is newborn, during childhood or adolescence, at 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 and therefore girls within that age bracket are at a higher risk.

It is believed that FGM happens to British girls in the UK as well as overseas (often in the family's country of origin). Girls of school age who are subjected to FGM overseas are thought to be taken abroad at the start of the school holidays, particularly in the summer holidays, in order for there to be sufficient time for her to recover before returning to her studies.

There can also be clearer signs when FGM is imminent

- It may be possible that families will practise FGM in the UK when a female family elder is around, particularly when she is visiting from a country of origin.
- A professional may hear reference to FGM in conversation, for example a girl may tell other children about it.
- A girl may confide that she is to have a 'special procedure' or to attend a special occasion to 'become a woman'.
- A girl may request help from a teacher or another adult if she is aware or suspects that she is at immediate risk.
- Parents state that they or a relative will take the child out of the country for a prolonged period.
- A girl may talk about a long holiday to her country of origin or another country where the practice is prevalent.

Indications that FGM may have already taken place

There are a number of indications that a girl or woman has already been subjected to FGM:

- A girl or woman may have difficulty walking, sitting or standing.
- A girl or woman may spend longer than normal in the bathroom or toilet due to difficulties urinating.
- A girl may spend long periods of time away from a classroom during the day with bladder or menstrual problems.
- A girl or woman may have frequent urinary or menstrual problems.
- There may be prolonged or repeated absences from school.
- A prolonged absence from school with noticeable behaviour changes (e.g. withdrawal or depression) on the girl's return could be an indication that a girl has recently undergone FGM.
- A girl or woman may be particularly reluctant to undergo normal medical examinations.

- A girl or woman may ask for help, but may not be explicit about the problem due to embarrassment or fear.

It is important that professionals look out for signs that FGM has already taken place so that:

- ❖ the girl affected can be offered help to deal with the consequences of FGM
- ❖ enquiries can be made about other female family members who may need to be safeguarded from harm;
- ❖ criminal investigations into the perpetrators, including those who carry out the procedure, can be considered to prosecute those breaking the law and to protect others from harm.

Reasons given for practising FGM

- It brings status and respect to the girl.
- It preserves a girl's virginity/chastity.
- It is a rite of passage.
- It gives a girl social acceptance, especially for marriage.
- It upholds the family honour.
- It gives the girl and her family a sense of belonging to the community.
- It fulfils a religious requirement believed to exist.
- It perpetuates a custom/tradition.
- It helps girls and women to be clean and hygienic.

Short-term implications for a girl's health and welfare

The short-term consequences following a girl undergoing FGM can include:

- severe pain;
- emotional and psychological shock (exacerbated by having to reconcile being subjected to the trauma by loving parents, extended family and friends);
- haemorrhage;
- wound infections, including tetanus and blood-borne viruses (including HIV and Hepatitis B and C);
- urinary retention;
- injury to adjacent tissues;
- fracture or dislocation as a result of restraint;
- damage to other organs;
- death.

Talking about FGM

FGM is a complex and sensitive issue that requires professionals to approach the subject carefully.

When talking about FGM, professionals should:

- ensure that a female professional is available to speak to if the girl would prefer this;
- make no assumptions;
- give the individual time to talk and be willing to listen;
- create an opportunity for the individual to disclose, seeing the individual on their own in private;
- be sensitive to the intimate nature of the subject;

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- be sensitive to the fact that the individual may be loyal to their parents;
- be non-judgemental (pointing out the illegality and health risks of the practice, but not blaming the girl or woman);
- get accurate information about the urgency of the situation if the individual is at risk of being subjected to the procedure;
- take detailed notes;
- use simple language and ask straightforward questions;
- use terminology that the individual will understand, e.g. the individual is unlikely to view the procedure as 'abusive';
- avoid loaded or offensive terminology such as 'mutilation' (see Appendix 4 for terms used in different languages that may be useful);
- use value-neutral terms understandable to the woman, such as:
"Have you been closed?"
"Were you circumcised?"
"Have you been cut down there?"

Be direct, as indirect questions can be confusing and may only serve to reveal any underlying embarrassment or discomfort that you or the child may have.
Give the message that the individual can come back to you if they wish;

Things to be aware of in dealing with cases of FGM

For many people, prosecuting their family is something they simply will not consider. If the girl is from overseas, fleeing potential FGM and applying to remain in the UK as a refugee is a complicated process and may require professional immigration advice (see www.ukba.homeoffice.gov.uk/asylum for more information about the asylum application process).

Professionals need to be extremely sensitive to these fears when dealing with a victim or potential victim from overseas, even if they have indefinite leave to remain (ILR) or a right of abode, as they may not be aware of their true immigration position. These circumstances make them particularly vulnerable.

Other risk factors include:

- ❖ where the family is less integrated within UK society
- ❖ where the mother or other women in the extended family have also been subject to FGM
- ❖ where a girl has been withdrawn from sex education lessons and there is a reluctance for her to be informed about her body and her rights.

Summary

It is illegal in the UK to subject a girl or woman to FGM or to assist a non-UK person to carry out FGM overseas. For the purpose of the criminal law in England, Wales and Northern Ireland, FGM is mutilation of the labia majora, labia minora or clitoris. FGM is prevalent in 28 African countries as well as in parts of the Middle East and Asia.

It has been estimated that over 20,000 girls under the age of 15 are at high risk of FGM in the UK each year and that 66,000 women in the UK are living with the consequences, although its true extent is unknown due to the hidden nature of the crime.

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FGM is practised by families for a variety of complex reasons but often in the belief that it is beneficial for the girl or woman.

FGM constitutes a form of child abuse and violence against women and girls, and has severe short-term and long-term physical and psychological consequences. As FGM is a form of child abuse, it should be dealt with according to our existing Safeguarding Children Policy.

- Do not reveal that any enquiries might be related to FGM, as this could increase the risk to the girl.
- Do not engage at this stage with the pupil's family or others within the community. The Designated Safeguarding Officer will share any concerns that the school has with Children's Social Care.
- Children's Social Care may approach the police for assistance and there might be a joint investigation.
- Particular attention may be given to other family members who might also be at risk.

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Making a Referral

Contact	Address	Number
Bromley Children and Families Team	Joseph Lancaster Hall, Civic Centre Rafford Way BR1 3UH	020 8464 3333
Orpington Children and Families Team The Walnuts High Street Orpington BR6 0UN	The Walnuts High Street Orpington BR6 0UN	01689 836900
Penge Children and Families Team	Anerley Town Hall Anerley Rd, London SE20 8BD	020 8659 2131
Local Authority Designated Officer	Bromley Safeguarding Board	020 8461 7669
Social Services Referrals	Referral & Assessments Email: referral.assessment@bromley.gov.uk Emergency Duty Team:	020 8461 7373/ 020 8461 7379/ 020 8461 7404/ 020 8461 7404/ 020 8461 7309 020 8464 4848
Police	101 999 if absolute emergency	
Out of Hours Social Services	Monday – Thursday 5pm -1.00am Friday – 5.00pm – 8.00am Saturday, Sunday and Bank Holidays 8.00 am -2.00am the next morning	Emergency Duty Team Tel: (020) 8464 4848

The Headteacher will refer the case to the appropriate Social Care team covering the child's address. In the absence of the Headteacher, the Designated Safeguarding Officer will make the referral. There are 3 Social Care Area Children and Families Teams.

Monitoring the Effectiveness of the Policy

Annually (or when the need arises) the effectiveness of this policy will be reviewed by the Designated Safeguarding Officer, the Headteacher and the nominated governor and the necessary recommendations for improvement will be made to the Governors.

Types of Abuse

Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting; by those known to them or, more rarely, by a stranger.

Abuse falls into 4 categories:

Physical Abuse

- Hitting, shaking, throwing
- Poisoning
- Burning, scalding
- Drowning
- Suffocating
- Fictitious illness
- Any other form of physical harm

Sexual Abuse

- Forcing or enticing children to take part in sexual activities
- Physical contact including penetrative and non-penetrative acts
- Involving children in looking at or producing pornographic material
- Involving children in watching sexual activities
- Encouraging children to behave in sexually inappropriate ways.

Emotional Abuse

- Persistent emotional ill treatment of a child
- Conveying to children that they are worthless or unloved
- Valuing children only in so far as they meet the needs of another person
- Age or developmentally inappropriate expectations imposed on children
- Causing children to frequently feel frightened or in danger
- Exploitation or corruption of children

Neglect

- Persistent failure to meet a child's basic and/or psychological needs
- Failing to provide adequate food, shelter and clothing
- Failing to protect a child from physical harm or danger
- Failure to ensure access to appropriate medical care or treatment
- Lack of response to a child's basic emotional needs

Signs and Symptoms of Abuse

Ill-treatment of children occurs in all social classes and because no one likes to accuse people of abusing children, dealing with the problem is difficult. Abuse can occur in many forms but there are certain warning signals that can be picked up from observing the children and the parents that should always be taken seriously.

Physical Abuse

- Refusal to discuss injuries
- Improbable explanation for injuries
- Admission of punishment which seems excessive
- Shrinking from physical contact
- Fear of returning home or of parents being contacted
- Fear of undressing

Sexual Abuse

- Bruises, scratches, burns or bite marks
- Marks or persistent infections in the genital regions
- Sexual awareness
- Public masturbation
- Teaching other children about sexual acts
- Refusal to stay or visit certain people

Emotional Abuse

- Continual self-deprecation
- Inappropriate emotional responses to painful situations
- Self-harm or mutilation
- Drug/solvent abuse

Neglect

- Low self-esteem
- Poor social relationships
- Constant hunger, eating or over-eating
- Compulsive stealing or scrounging
- Constant tiredness

Reacting to a Disclosure (Advice to Staff)

- Stay calm and reassuring
- If you are unable to talk, reassure and arrange a convenient time to talk
- Do not promise confidentiality
- Do not make any promises
- Do not react emotionally in front of the child
- Do not press for any details – listen
- Tell the child they were right to talk to you and that they are not to blame.
Let them know you understand how difficult it was to talk about this
- Tell the child what you are going to do next
- Thank them
- Record the conversation on 'Cause for Concern' sheet ASAP afterwards in words as close to those used by the child as possible
- Hand referral to school's Designated Safeguarding Officer

Terms Used for FGM In Other Languages

Country	Terms used for FGM	Language
CHAD- the Ngama Sara subgroup	Bange	
	Gadja	
GAMBIA	Niaka	Mandinka
	Kuyungo	Mandinka
	Musolula Karoola	Mandinka
GUINEA-BISSAU	Fanadu di Mindjer	Kriolu
EQYPT	Thara	Arabic
	Khitan	Arabic
	Khifad	Arabic
ETHIOPIA	Megrez	Amharic
	Absum	Harrari
ERITREA	Mekhnishab	Tigreigna
IRAN	Xantra	Farsi
KENYA	Kutairi	Swahili
	Kutairi was ichana	Swahili
NIGERIA	Ibi/Ugwu	Igbo
	Diabe fun omobirin / ila kiko fun omobirin	Yoruba
SERRA LEONE	Sunna	Soussou
	Bondo	Temenee
	Bondo/sonde	Mendee
	Bondo	Mandinka
	Bondo	Limba
SOMALIA	Gudiniin	Somali
	Halalays	Somali
	Qodiin	Somlai
SUDAN	Khifad	Arabic
	Tahoor	Arabic
TURKEY	Kadin Sunneti	Turkish

CONFIDENTIAL: CHILD PROTECTION INFORMATION.

CHILD'S NAME _____

CLASS _____ DATE OF CONCERN: _____

COMPLETED BY _____

CONCERN REPORTED BY:

	Please tick	Name
Child		
Child's Parent		
Member of School Staff		
Social Services		
Other Adult		

CONCERN VERBALLY REPORTED TO:

	Please tick	Name
Child's Teacher		
School Designated Safeguarding Officer		
Head Teacher		
Other		

SOURCE: (Please tick)

Telephone call _____ Conversation _____ Overheard _____

NATURE OF CONCERN:

(Use separate sheet if necessary)

SIGNED _____

DATE _____

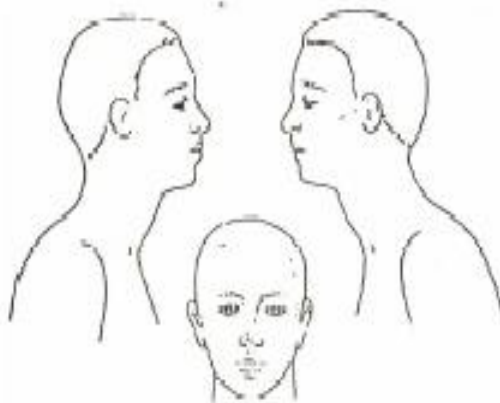
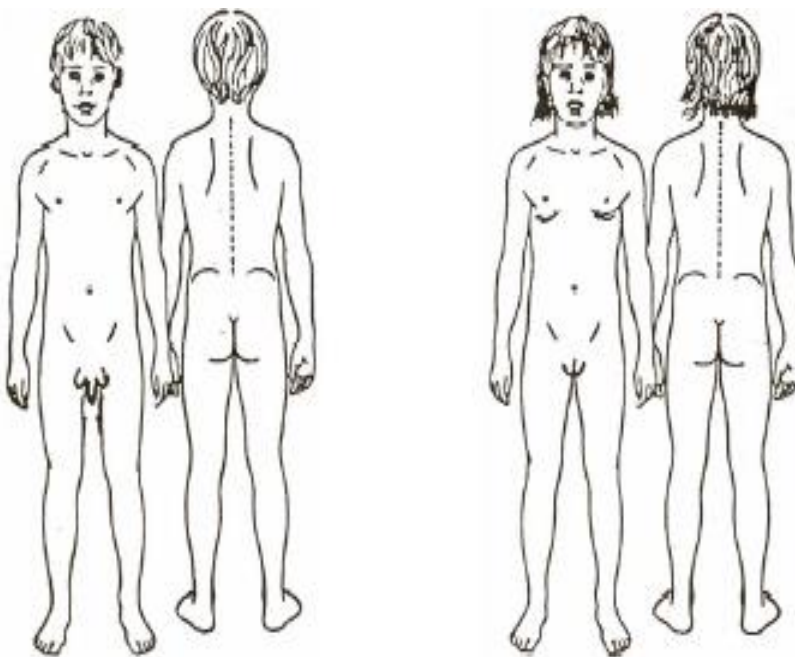
* Please put completed form in Carol Burgess's Office in used sealed envelope.

BODY MAPS FOR CHILD PROTECTION ISSUES

Forename _____ SURNAME _____ Male / Female

Date of Birth _____ Date Recorded _____

Illustrate any concern regarding physical injury on this sheet. Indicate the position of any bruising or abrasions and approximate age where possible. Show size, shape and colour of marks observed. Bruising fades from pink-purple-blue-brown-yellow. Do not remove clothing for the purpose of the examination. Record accurately as this may be a legal document. Pass to Designated Safeguarding Officer on completion.



Signature of Author _____

Date: _____

PRINTED Name _____

REPORT FOR CASE CONFERENCE

Report from: **RAGLAN PRIMARY SCHOOL**

Date of Meeting: _____

Type of Meeting: Case Conference/ Strategy Meeting/ Planning Meeting

Name of Family: _____

Name of Child/Children _____ Date(s) of Birth: _____

Family Address: _____

Statement of Educational Needs: Yes/No

Attendance Record: _____ Fixed Term/Permanent Exclusion: Yes/No

Date of Admission to School: _____

REPORT

Details of Behaviour in School: *(include relationships with staff, peers, etc; strengths and weaknesses)*

Academic Ability: *(include results of any assessments where appropriate)*

Relationship between Parents and School: *(include attitude, strengths and weaknesses)*

Child Protection Concerns: *(include physical, social and/or emotional problems)*