

Child Protection Policy / Safeguarding Policy Appendix

Appendix One

Definitions and indicators of abuse

Reference: Education Leeds Composite File, Section 2

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 and clothing, shelter including exclusion from home or abandonment, failing to protect a child from physical harm or danger, failure to ensure adequate supervision including the use of inadequate care-takers, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect or, or unresponsiveness to, a child's basic emotional needs.

Examples which **may** indicate neglect (it is not designed to be used as a checklist):

Hunger
Tiredness or listlessness
Child dirty or unkempt
Poorly or inappropriately clad for the weather
Poor school attendance or often late for school
Poor concentration
Affection or attention seeking behaviour
Untreated illnesses/injuries
Pallid complexion
Stealing or scavenging compulsively
Failure to achieve developmental milestones, for example growth, weight
Failure to develop intellectually or socially
Neurotic behaviour

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 symptoms of , or deliberately causes ill health to a child whom they are looking after.

Examples which **may** indicate physical abuse (it is not designed to be used as a checklist):

Patterns of bruising; inconsistent account of how bruising or injuries occurred
Finger, hand or nail marks, black eyes
Bite marks
Round burn marks, burns and scalds
Lacerations, wealds
Fractures
Bald patches
Symptoms of drug or alcohol intoxication or poisoning
Unaccountable covering of limbs, even in hot weather
Fear of going home or parents being contacted
Fear of medical help
Fear of changing for PE
Inexplicable fear of adults or over-compliance
Violence or aggression towards others including bullying
Isolation from peers

Sexual abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape, buggery or oral sex) or non-penetrative acts. They may include non-contact activities such as involving children in looking at, or in the production of, online sexual images or watching sexual activities or encouraging children to behave in sexually inappropriate ways.

Examples which **may** indicate sexual abuse (it is not designed to be used as a checklist):

Sexually explicit play or behaviour or age-inappropriate knowledge
Anal or vaginal discharge, soreness or scratching
Reluctance to go home
Inability to concentrate, tiredness
Refusal to communicate, selective mutism
Thrush, Persistent complaints of stomach disorders or pains
Eating disorders, for example anorexia nervosa and bulimia
Attention seeking behaviour, self mutilation, substance abuse
Aggressive behaviour including sexual harassment or molestation
Unusually compliant
Regressive behaviour, Enuresis, soiling
Frequent or open masturbation, touching others inappropriately
Depression, withdrawal, isolation from peer group
Reluctance to undress for PE or swimming
Bruises, scratches in genital area

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. These may include interactions that are beyond the child's developmental capability, as well as over-protection 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, 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.

Examples which **may** indicate emotional abuse (it is not designed to be used as a checklist):

Over-reaction to mistakes, continual self deprecation
Delayed physical, mental, emotional development
Sudden speech or sensory disorders
Inappropriate emotional responses, fantasies
Neurotic behaviour: rocking, banging head, regression, tics and twitches
Self harming, drug or solvent abuse
Fear of parents being contacted
Running away
Compulsive stealing
Masturbation, Appetite disorders - anorexia nervosa, bulimia
Soiling, smearing faeces, enuresis

Responses from parents

Research and experience indicates that the following responses from parents may suggest a cause for concern across all four categories:

- An unexpected delay in seeking treatment that is obviously needed
- An unawareness or denial of any injury, pain or loss of function (for example, a fractured limb)
- Incompatible explanations offered, several different explanations or the child is said to have acted in a way that is inappropriate to her/his age and development
- Reluctance to give information or failure to mention other known relevant injuries
- Frequent presentation of minor injuries
- Unrealistic expectations or constant complaints about the child
- Alcohol misuse or other drug/substance misuse
- Parents request removal of the child from home
- Violence between adults in the household

Appendix 2

Dealing with a disclosure of abuse

When a child tells me about abuse s/he has suffered, what must I remember?

- Stay calm
- Do not transmit shock, anger or embarrassment.
- Reassure the child. Tell her/him you are pleased that s/he is speaking to you.
- Never enter into a pact of secrecy with the child. Assure her/him that you will try to help but let the child know that you will have to tell other people in order to do this. State who this will be and why.
- Tell her/him that you believe them. Children very rarely lie about abuse; but s/he may have tried to tell others and not been heard or believed.
- Tell the child that it is not her/his fault.
- Encourage the child to talk but do not ask "leading questions" or press for information.
- Listen and remember.
- Check that you have understood correctly what the child is trying to tell you.
- Praise the child for telling you. Communicate that s/he has a right to be safe and protected.
- Do not tell the child that what s/he experienced is dirty, naughty or bad.
- It is inappropriate to make any comments about the alleged offender.
- Be aware that the child may retract what s/he has told you. It is essential to record all you have heard.
- At the end of the conversation, tell the child again who you are going to tell and why that person or those people need to know.
- As soon as you can afterwards, make a detailed record of the conversation using the child's own language. Include any questions you may have asked. Do not add any opinions or interpretations.

NB It is not education staff's role to seek disclosures. Their role is to observe that something may be wrong, ask about it, listen, be available and try to make time to talk.

Immediately afterwards

You must not deal with this yourself. Clear indications or disclosure of abuse must be reported to social care (01132 478652) without delay, by the Headteacher / Designated staff using the correct procedures as stated in the guidelines.

Children making a disclosure may do so with difficulty, having chosen carefully to whom they will speak. Listening to and supporting a child/young person who has been abused can be traumatic for the adults involved. Support for you will be available from your Designated staff or Headteacher; alternatively the agencies listed in the **Education Leeds Composite File, Section 13** can be contacted.

Appendix Three

Allegations against a member of staff or volunteer

Inappropriate behaviour by staff/volunteers could take the following forms:

- **Physical** includes, for example, intentional use of force as a punishment, slapping, use of objects to hit with, throwing objects or rough physical handling.
- **Emotional** includes, for example, intimidation, belittling, scapegoating, sarcasm, lack of respect for children's rights, and attitudes which discriminate on the grounds of race, gender, disability or sexuality.
- **Sexual** includes, for example, sexualised behaviour towards pupils, sexual harassment, sexual assault and rape.
- If a child makes an allegation against a member of staff, visitor or volunteer the Head teacher should carry out an urgent initial consideration in order to establish whether there is substance to the allegation. The Head teacher should not carry out the investigation itself or interview pupils. As part of this initial consideration, the Head teacher should consult with the education personnel section who will then contact Social Care.
- The consultation between school, personnel and social care will determine the need for further investigation. Only if the allegation is demonstrably false or trivial would further investigation not be warranted. A Strategy Meeting is usually held to determine the mechanics of the investigation, and to address such issues as who will interview the child/ren, informing the staff member, informing parents, the need or not for suspension, and to what extent disciplinary or criminal procedures need to be invoked alongside any child protection procedures (where more than one set of procedures is invoked, child protection procedures take precedence, to ensure the best interests of the child are catered for).
- Where the allegation has been made against the Head teacher, then the Chair of the Governing Body takes on the role of liaising with the education personnel section and social care in determining the appropriate way forward. For details of these specific procedures, see **Composite File Child Protection Section 15, Safeguarding Children & Safer Recruitment in Education (DfES 2007 chapter 5)** and **Education Leeds Personnel Handbook chapter 8. LSCB Procedures 2007 (www.leedslscb.org.uk)**

Appendix 5

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Cause for Concern Form

Note: Please do not interpret what is seen or heard; simply record the facts. After completing the form, pass it immediately to the Designated Teacher.

Name of child..... Class / Tutor group.....

Name of staff member completing form.....

Day..... Date..... Time..... Place.....
(of observed behaviour / discussion / disclosure)

Nature of incident / concern including relevant background (Record child's word verbatim)
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For Designated Teacher use (please tick relevant items)

Action Taken	By whom	Outcome
Discuss with child		
Monitoring sheet		
Check behaviour database		
Contact parents		
Check SEN Register		
Refer to Social Care		
Other (Please specify)		

Appendix 6

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Ongoing Monitoring Form

Name of child..... Class / Tutor group.....

Day & Date	Observation / incident	Staff initials	Action taken

Appendix 7 – Recruitment and Selection Checklist

PRE-INTERVIEW:	Initials	Date
<p>PLANNING Timetable decided: job specification and description and other documents to be provided to application reviewed and updated as necessary. Application form seeks all relevant information and includes relevant statements about references etc. – paragraphs 3.17 – 3.20 and 3.22 to 3.29.</p>		
<p>VACANCY ADVERTISED (where appropriate) Advertisement includes reference to safeguarding policy, i.e. statement of commitment to safeguarding and promoting welfare of children, and need for successful applicant to be enhanced CRB checked – paragraphs 3.15, 3.16 and 3.21.</p>		
<p>APPLICATIONS on receipt Scrutinised – any discrepancies/ anomalies/ gaps in employment noted to explore if candidate considered for shortlisting – paragraphs 3.30, 3.31 and 3.33.</p>		
<p>SHORTLIST PREPARED</p>		
<p>REFERENCES – seeking Sought directly from referee on short listed candidates: ask recommended specific questions: include statement about liability for accuracy – paragraphs 3.32 and 4.30 to 4.36.</p>		
<p>REFERENCES – on receipt Checked against information on application; scrutinised; any discrepancy/ issues of concern noted to take up with applicant (at interview if possible) – paragraphs 4.35 and 4.36</p>		
<p>INVITATION TO INTERVIEW Includes all relevant information and instructions – paragraphs 3.36 – 3.39</p>		
<p>INTERVIEW ARRANGEMENTS At least 2 interviewers: panel members have authority to appoint: have met and agreed issues and questions/ assessment criteria/ standards – paragraphs 3.40 - 3.42</p>		

PRE-INTERVIEW:	Initials	Date
INTERVIEW Explores applicants' suitability for work with children as well as for the post – paragraphs 3.43 and 3.44.		
NB Identity and qualifications of successful applicant verified on day of interview by scrutiny of appropriate original documents: copies of documents taken and placed on file; where appropriate applicant completed application for CRB Disclosure – paragraphs 3.37 and 3.38.		
CONDITIONAL OFFER OF APPOINTMENT: PRE APPOINTMENT CHECKS Offer of appointment is made conditional on satisfactory completion of the following pre-appointment checks and for non-teaching posts a probationary period – paragraphs 3.45 – 3.49.		
REFERENCES (if not obtained and scrutinised previously).		
IDENTITY (if that could not be verified straight after the interview) original documents to be checked – paragraph 4.13.		
QUALIFICATIONS (if not verified on the day of interview) original documents to be checked – paragraph 4.28.		
Permissions to work in UK if required – paragraph 4.65.		
CRB – Where appropriate satisfactory enhanced CRB disclosure received – paragraphs 4.18 – 4.21.		
LIST 99 – person is not prohibited from taking up post – (if an enhanced CRB is not received in time) paragraph 4.15.		
HEALTH – the candidate is medically fit – paragraph 4.38.		
GTC England – (for teaching post in maintained schools and non-maintained special schools) the teacher is registered with the GTC or exempt from registration – paragraph 4.39.		
QTS – (for teaching posts in maintained schools the teacher has obtained QTS or is exempt from the requirement to hold QTS (for teaching posts in FE colleges the teacher has obtained a Post Graduate Certificate of Education (PGCE) or Certificate of Education (Cert. Ed) awarded by a higher Education Institute (HEI), or the FE Teaching Certificate conferred by an awarding Body – paragraph 4.40.		
STATUTORY INDUCTION (for teachers who obtained OTS after 7 May 1999) – paragraphs 3.50 and 3.51.		

Appendix 8 - inside pages visitors document

A warm welcome to all visitors

Please ensure you sign in at Reception as a security measure.

In the event of an emergency, please leave the building by the nearest fire exit, which will be identified by a green exit sign and assemble on the main playground at the front of the school.

We pride ourselves on being a well-organised, happy school with high expectations of behaviour and achievement, dedicated to providing the opportunity of 'a flying start to the citizens of tomorrow' and to safeguarding the welfare of all our pupils.

Please wear appropriate ID (e.g. a visitors' badge) during your visit

If you have any concerns regarding child protection, then please refer these immediately to the Deputy Headteacher Mrs W. J. Staniland, who is the designated teacher for child protection, or Mr J. Tranmer, the Headmaster.

If you have any concerns regarding health and safety, please refer these to Mrs E. Below, the Bursar.

Headmaster:	Mr J. Tranmer
Deputy Headteacher:	Mrs W. J. Staniland
Pre-prep Co-ordinators:	Mrs J. Miller and Miss K. Sibson
School Secretary:	Mrs A. Threapleton
Bursar:	Mrs E. Below

School Timetable

**School starts at 08.30
and finishes at 15.30**

Morning Break: 10.40-11.00

Lunch Break: 12.00-13.15

**Visitors' toilets are located on the bottom corridor
and opposite the DT Room on the first floor.**

