Rugby Free
Secondary School

Child Protection And Safeguarding Policy

Statutory Requirements Advice and Guidance

Approved and adopted by Governors – 21 September 2017

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Summary of Important Action to take in the event of a disclosure or concern….

If any member of staff is concerned about a child he or she must inform the Designated Person.

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. **This must be done as soon as possible in case swift action is needed. It must NOT be left until the end of the day.**

If a child discloses that he or she has been abused in some way, the member of staff / volunteer must:

- Listen to what is being said **without** displaying shock or disbelief
- Accept what is being said
- Allow the child to talk freely
- Reassure the child, but **not** make promises which it might not be possible to keep
- **Not promise confidentiality** – it might be necessary to refer to Children's Services: Safeguarding and Specialist Services
- Reassure him or her that what has happened is not his or her fault
- Stress that it was the right thing to tell
- **Listen,** only asking questions when necessary to **clarify**
- Not criticise the alleged perpetrator or make value or moral judgements.
- Explain what has to be done next and who has to be told
- Make a written record
- Pass the information to the Designated Person without delay

When a child has made a disclosure, the member of staff/volunteer should:

- Make brief notes as soon as possible after the conversation. Use the school record of concern sheet wherever possible.
- Not destroy the original notes in case they are needed by a court
- Record the date, time, place and any noticeable non-verbal behaviour and the words used by the child
- Draw a diagram to indicate the position of any injuries disclosed.
- Record statements and observations rather than interpretations or assumptions

All records, including notes need to be given to the Designated Person promptly.
No copies should be retained by the member of staff or volunteer.

Designated Member of staff: Theresa Jackson
Senior (Deputy) Designated Member of staff: Chris Green and Mat Gaynon

1. INTRODUCTION

Safeguarding is defined as protecting children from maltreatment, preventing impairment of health and/or development, ensuring that children grow up in the provision of safe and effective care and optimising children's life chances.

Purpose of a Child Protection Policy	To inform staff, parents, volunteers and governors about the school's responsibilities for safeguarding children. To enable everyone to have a clear understanding of how these responsibilities should be carried out.
The Local Safeguarding Children Board Inter-agency Child Protection and Safeguarding Children Procedures	The school follows the procedures established by the The Safeguarding Children Board; a guide to procedure and practice for all agencies in Warwickshire working with children and their families.
School Staff & Volunteers	School staff and volunteers are particularly well placed to observe outward signs of abuse, changes in behaviour and failure to develop because they have daily contact with children. All school staff and volunteers will receive safeguarding children training, so that they are knowledgeable and aware of their role in the early recognition of the indicators of abuse or neglect and of the appropriate procedures to follow. This training is updated every term and any new practice or advice is delivered to staff immediately. Temporary staff will be made aware of the safeguarding policies and procedures by the Designated Person and will receive training during their first day of employment or within their first full week.
Intention	We will establish and maintain an environment where children feel secure, are encouraged to talk, and are listened to when they have a worry or concern. We will establish and maintain an environment where school staff and volunteers feel safe, are encouraged to talk and are listened to when they have concerns about the safety and wellbeing of a child. We will ensure children know that there are adults in the school whom they can approach if they are worried. We will ensure that children who have been abused will be supported in line with a child protection plan, where deemed necessary. We will include opportunities within the PSHE curriculum and SMSC framework for children to develop the skills they need to recognise and stay safe from abuse.

2. STATUTORY FRAMEWORK

In order to safeguard and promote the welfare of children, the school acts in accordance with the following legislation and guidance:

- The Children Act 1989
- The Children Act 2004
- Education Act 2002 (section 175)
- Warwickshire Safeguarding Children Board Inter-agency Child Protection and Safeguarding Children Procedures
- Safeguarding Children and Safer Recruitment in Education (DfES 2006)
- The Education (Pupil Information) (England) Regulations 2005
- Dealing with Allegations of Abuse Against Teachers and Other Staff (DfE 2011)
- Working together to Safeguard Children 2015
- What to do if you are worried a child is being abused 2015 – Advice for Practitioners
- The Teachers Standards 2012
- Keeping Children Safe in Education 2016

Working Together to Safeguard Children (HM Government 2015) requires all schools to follow the procedures for protecting children from abuse which are established by the Warwickshire Safeguarding Children Board.

Schools are also expected to ensure that they have 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.

Safeguarding Children and Safer Recruitment in Education (DfES 2006) places the following responsibilities on all schools:

- Schools should be aware of and follow the procedures established by the Warwickshire 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 Person and Designated Senior Leader should have responsibility for co-coordinating action within the school and liaising with other agencies

- Staff with designated responsibility for child protection should receive appropriate training

Safeguarding Children and Safer Recruitment in Education (DfES 2006) also states:

“All parents need to understand that schools and FE colleges have a duty to safeguard and promote the welfare of children who are their pupils or students, that this responsibility necessitates a child protection policy and procedures, and that a school or FE college may need to share information and work in partnership with other agencies when there are concerns about a child’s welfare.”

3. THE DESIGNATED PERSON

The Designated Person for Child Protection at Rugby Free Secondary School is Theresa Jackson
Safeguarding Young People Training Level 2 – 5 October 2017
Newly Appointed Designated Lead for Child Protection - 28 November 2017

The Senior (Deputy) Persons for Child Protection at Rugby Free Secondary School are Christine Green and Mathew Gaynon

The Local Authority Designated Officer (LADO) can be contacted on 01926 742372 or email lado@warwickshire.gcsc.gov.uk
Any member of staff can take action themselves by contacting the Local Authority and should continue to persist if they do not feel that their concerns are being listened to.

The Designated Person for Child Protection will:

- Ensure that he/she receives refresher training at two yearly intervals to keep his or her knowledge and skills up to date
- Ensure that all staff who work with children undertake appropriate training to equip them to carry out their responsibilities for safeguarding children effectively and that this is kept up to date by refresher training at three yearly intervals
- Ensure that new staff receive a safeguarding children induction within 7 working days of commencement of their contract
- Ensure that temporary staff and volunteers are made aware of the school's arrangements for safeguarding children within 7 working days of their commencement of work.
- Ensure that the school operates within the legislative framework and recommended guidance
- Ensure that all staff and volunteers are aware of the theInter-agency Child Protection and Safeguarding Children Procedures
- Ensure that the Designated Senior Leader and Headteacher are kept fully informed of any concerns.
- Develop effective working relationships with other agencies and services
- After discussion with the Designated Senior Leader, decide upon the appropriate level of response to specific concerns about a child e.g. discuss with parents, offer an assessment under the Common Assessment Framework (CAF) or refer to Children, Schools and Families social care.
- Liaise and work with Children's Services: Safeguarding and Specialist Services over suspected cases of child abuse

- Ensure that accurate safeguarding records relating to individual children are kept separate from the academic file in a secure place, marked 'Strictly Confidential' and are passed securely should the child transfer to a new provision

- Submit reports to, ensure the school's attendance at child protection conferences and contribute to decision making and delivery of actions planned to safeguard the child

- Ensure that the school effectively monitors children about whom there are concerns, including notifying Children's Services: Safeguarding and Specialist Services when there is an unexplained absence of more than two days for a child who is the subject of a child protection plan

- Provide guidance to parents, children and staff about obtaining suitable support

- Discuss with new parents the role of the Designated Person and the role of safeguarding in the school. Make parents aware of the safeguarding procedures used and how to access the child protection policy.

4. THE GOVERNING BODY

The Governing Body has overall responsibility for ensuring that there are sufficient measures in place to safeguard the children in their establishment. The nominated governor for child protection is Nathan Siddle.

In particular, the Governing Body will ensure:

- Child protection policy and procedures

- Safe recruitment procedures

- Appointment of a Designated Person and a Designated Senior Leader who is a senior member of school leadership team

- Relevant safeguarding children training for school staff/volunteers is attended

- Safe management of allegations

- Deficiencies or weaknesses in safeguarding arrangements are remedied without delay

- A member of the Governing Body (usually the Chair) is nominated to be responsible in the event of an allegation of abuse being made against the Head Teacher

- Safeguarding policies and procedures are reviewed annually and information provided to the local authority about them and about how the above duties have been discharged

- The inclusion committee receives regular reports and updates on child protection and safeguarding issues. The inclusion Committee will share appropriate child protection and safeguarding information with the full Governing Body.

5. SCHOOL PROCEDURES - STAFF RESPONSIBILITIES

If any member of staff is concerned about a child he or she must inform the Designated Person.

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. **This must be done as soon as possible in case swift action is needed. It must NOT be left until the end of the day.**

Any verbal communication either internally, externally with the LADO (Local Authority Designated Officer), or any other referral body or agency must be immediately followed up in writing and a copy kept for reference purposes. A diary note should be made to ensure that feedback or a response is received.

The Designated Person will consult with the Designated Senior Leader, if necessary, and decide whether the concerns should be referred to Children's Services: Safeguarding and Specialist Services. The decision to refer to the Referral and Assessment team should not be delayed. If in doubt the staff concerned will err on the side of caution and refer. The Referral and Assessment team can be contacted on **01926 742372**

Particular attention will be paid to the attendance and development of any child about whom the school has concerns, or who has been identified as being the subject of a child protection plan and a written record will be kept.

If a pupil who is/or has been the subject of a child protection plan changes school, the Designated Person will inform the social worker responsible for the case and transfer the appropriate records to the Designated Person at the receiving school, in a secure manner, and separate from the child's academic file.

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

6 WHEN TO BE CONCERNED

All staff and volunteers should be aware that the main categories of abuse are:

- Physical abuse
- Emotional abuse
- Sexual abuse
- Neglect

All staff and volunteers should be concerned about a child if he/she presents with indicators of possible significant harm – **see Appendix 1 for details**.

Generally, in an abusive relationship the child may:

- Appear frightened of the parent/s or other household members e.g. siblings or others outside of the home

- Act in a way that is inappropriate to her/his age and development
(full account needs to be taken of different patterns of development and different ethnic groups)

- Display insufficient sense of 'boundaries', lack stranger awareness

- Appear wary of adults and display 'frozen watchfulness'

7. DEALING WITH A DISCLOSURE

This may be difficult because the child may be afraid to disclose for the following reasons:

- The fear of being hurt further by the abuser
- The belief that the abuser may go to jail
- The fear that something will happen to him/her, such as removal from home
- The fear that other people in the family will blame them
- Loyalty to the caregiver and the family – no matter how bad the situation may be
- The fear that you may think that the abuse is deserved

On average a child who has been abused attempts to tell adults on eight different occasions before any action is taken.

It is important that you remain calm and in control of your feelings when the child discloses to you. Your role at this point is to support and reassure the child.

The chances are that disclosure will take place at the most inopportune of times – just as the class is about to set off on a school trip, or on a Friday afternoon as the bell goes. Whatever the inconvenience, a disclosure cannot wait and must be dealt with immediately.

If a child discloses that he or she has been abused in some way, the member of staff / volunteer must:

- Listen to what is being said **without** displaying shock or disbelief

- Accept what is being said

- Allow the child to talk freely

- Reassure the child, but **not** make promises which it might not be possible to keep

- **Not promise confidentiality** – it might be necessary to refer to Children's Services: Safeguarding and Specialist Services

- Reassure him or her that what has happened is not his or her fault
- Stress that it was the right thing to tell
- **Listen,** only asking questions when necessary to **clarify**
- Not criticise the alleged perpetrator or make value or moral judgements.
- Explain what has to be done next and who has to be told
- Make a written record
- Pass the information to the Designated Person without delay

Support

Dealing with a disclosure from a child, and safeguarding issues can be stressful. The member of staff/volunteer should, therefore, consider seeking support for him/herself and discuss this with the Designated Person. The Council provide a range of services that staff can access and will be given details on request.

8. CONFIDENTIALITY

Safeguarding children raises issues of confidentiality that must be clearly understood by all staff/volunteers in schools.

- All staff in schools, both teaching and non-teaching staff, have a responsibility to share relevant information about the protection of children with other professionals, particularly the investigative agencies (Children's Services: Safeguarding and Specialist Services and the Police).
- If a child confides in a member of staff/volunteer and requests that the information is kept secret, it is important that the member of staff/volunteer tell the child in a manner appropriate to the child's age/stage of development that they cannot promise complete confidentiality – instead they must explain that they may need to pass information to other professionals to help keep the child or other children safe.
- Staff/volunteers who receive information about children and their families in the course of their work should share that information only within appropriate professional contexts.

9. COMMUNICATION WITH PARENTS

The Designated Person will make contact with parents as agreed with the Referral and Assessment Team or following discussion and careful consideration with the LADO.

10. RECORD KEEPING

When a child has made a disclosure, the member of staff/volunteer should:

- Make brief notes as soon as possible after the conversation. Use CPOMS.
- Record the date, time, place and any noticeable non-verbal behaviour and the words used by the child
- Draw a diagram to indicate the position of any injuries disclosed.
- Record statements and observations rather than interpretations or assumptions

All records, including notes need to be given to the Designated Person promptly.
No copies should be retained by the member of staff or volunteer.

The Designated Person will ensure that all safeguarding records are managed in accordance with the Education (Pupil Information) (England) Regulations 2015

11. ALLEGATIONS INVOLVING SCHOOL 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.

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 Headteacher.**

If the concerns are about the Headteacher, then the Chair of Governors should be contacted.

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 Headteacher will not investigate the allegation itself, or take written or detailed statements, but will assess whether it is necessary to refer the concern to the Local Authority Designated Officer. If the allegation meets any of the three criteria set out at the start of this section, contact should always be made with the Local Authority Designated Officer without delay.

If it is decided that the allegation meets the threshold for safeguarding, this will take place in accordance with the Warwickshire Safeguarding Children Board Procedures.

If it is decided that the allegation does not meet the threshold for safeguarding, it will be handed back to the employer for consideration via the school's internal procedures.

The Headteacher should, as soon as possible, **following briefing** from the Local Authority Designated Officer inform the subject of the allegation.

APPENDIX 1 - INDICATORS OF HARM

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

Bruising

It is often possible to differentiate between accidental and inflicted bruises. The following must be considered as non-accidental unless there is evidence or an adequate explanation provided:

- Bruising in or around the mouth
- Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive)
- Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally, for example the back, mouth, cheek, ear, stomach, chest, under the arm, neck, genital and rectal areas
- Variation in 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.

Fabricated or Induced Illness

Professionals may be concerned at the possibility of a child suffering significant harm as a result of having illness fabricated or induced by their carer. Possible concerns are:

- Discrepancies between reported and observed medical conditions, such as the incidence of fits
- Attendance at various hospitals, in different geographical areas
- Development of feeding / eating disorders, as a result of unpleasant feeding interactions
- The child developing abnormal attitudes to their own health
- Non organic failure to thrive - a child does not put on weight and grow and there is no underlying medical cause
- Speech, language or motor developmental delays
- Dislike of close physical contact
- Attachment disorders
- Low self esteem
- Poor quality or no relationships with peers because social interactions are restricted
- Poor attendance at school and under-achievement

Bite Marks

Bite marks can leave clear impressions of the teeth when seen shortly after the injury has been inflicted. The shape then becomes a more defused ring bruise or oval or crescent shaped. Those over 3cm in diameter are more likely to have been caused by an adult or older child.

A medical/dental opinion, preferably within the first 24 hours, should be sought where there is any doubt over the origin of the bite.

Burns and Scalds

It can be difficult to distinguish between accidental and non-accidental burns and scalds. Scalds are the most common intentional burn injury recorded.

Any burn with a clear outline may be suspicious e.g. circular burns from cigarettes, linear burns from hot metal rods or electrical fire elements, burns of uniform depth over a large area, scalds that have a line indicating immersion or poured liquid.

Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation. Scalds to the buttocks of a child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

The following points are also worth remembering:

- A responsible adult checks the temperature of the bath before the child gets in.
- A child is unlikely to sit down voluntarily in a hot bath and cannot accidentally scald its bottom without also scalding his or her feet.
- A child getting into too hot water of his or her own accord will struggle to get but and there will be splash marks

Scars

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

Emotional / behavioural presentation

Refusal to discuss injuries
Admission of punishment which appears excessive
Fear of parents being contacted and fear of returning home
Withdrawal from physical contact
Arms and legs kept covered in hot weather
Fear of medical help
Aggression towards others
Frequently absent from school
An explanation which is inconsistent with an injury
Several different explanations provided for an injury

<u>Indicators in the parent</u>

May have injuries themselves that suggest domestic violence
Not seeking medical help/unexplained delay in seeking treatment
Reluctant to give information or mention previous injuries
Absent without good reason when their child is presented for treatment
Disinterested or undisturbed by accident or injury
Aggressive towards child or others

Unauthorised attempts to administer medication
Tries to draw the child into their own illness.
Past history of childhood abuse, self harm, or false allegations of physical or sexual assault
Parent / carer may be over involved in participating in medical tests, taking temperatures and measuring bodily fluids
Observed to be intensely involved with their children, never taking a much needed break nor allowing anyone else to undertake their child's care.
May appear unusually concerned about the results of investigations which may indicate physical illness in the child
Wider parenting difficulties, may (or may not) be associated with this form of abuse.
Parent/carer has convictions for violent crimes.

Indicators in the family/environment
Marginalised or isolated by the community
History of mental health, alcohol or drug misuse or domestic violence
History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
Past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

EMOTIONAL ABUSE
Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.

It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.
It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction.

It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.
Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Indicators in the child
Developmental delay
Abnormal attachment between a child and parent / carer e.g. anxious, indiscriminate or no attachment
Aggressive behaviour towards others

Child scapegoated within the family
Frozen watchfulness, particularly in pre-school children
Low self esteem and lack of confidence
Withdrawn or seen as a 'loner' - difficulty relating to others
Over-reaction to mistakes
Fear of new situations
Inappropriate emotional responses to painful situations
Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)
Self harm
Fear of parents being contacted
Extremes of passivity or aggression
Drug/solvent abuse
Chronic running away
Compulsive stealing
Low self-esteem
Air of detachment – 'don't care' attitude
Social isolation – does not join in and has few friends
Depression, withdrawal
Behavioural problems e.g. aggression, attention seeking, hyperactivity, poor attention
Low self esteem, lack of confidence, fearful, distressed, anxious
Poor peer relationships including withdrawn or isolated behaviour

Indicators in the parent

Domestic abuse, adult mental health problems and parental substance misuse may be features in families where children are exposed to abuse.
Abnormal attachment to child e.g. overly anxious or disinterest in the child
Scapegoats one child in the family
Imposes inappropriate expectations on the child e.g. prevents the child's developmental exploration or learning, or normal social interaction through overprotection.
Wider parenting difficulties, may (or may not) be associated with this form of abuse.

Indicators of in the family/environment

Lack of support from family or social network.
Marginalised or isolated by the community.
History of mental health, alcohol or drug misuse or domestic violence.
History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
Past history of childhood abuse, self harm, or false allegations of physical or sexual assault or a culture of physical chastisement.

NEGLECT

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's

health or development. Neglect may occur during pregnancy 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.

It will also include a failure to ensure that a child attends school regularly.

Indicators in the child

Physical presentation

Failure to thrive or, in older children, short stature
Underweight
Frequent hunger
Dirty, unkempt condition
Inadequately clothed, clothing in a poor state of repair
Red/purple mottled skin, particularly on the hands and feet, seen in the winter due to cold
Swollen limbs with sores that are slow to heal, usually associated with cold injury
Abnormal voracious appetite
Dry, sparse hair
Recurrent / untreated infections or skin conditions e.g. severe nappy rash, eczema or persistent head lice / scabies/ diarrhoea
Unmanaged / untreated health / medical conditions including poor dental health
Frequent accidents or injuries

Development

General delay, especially speech and language delay
Inadequate social skills and poor socialization

Emotional/behavioural presentation

Attachment disorders
Absence of normal social responsiveness
Indiscriminate behaviour in relationships with adults
Emotionally needy
Compulsive stealing
Constant tiredness
Frequently absent or late at school

Poor self esteem
Destructive tendencies
Thrives away from home environment
Aggressive and impulsive behaviour
Disturbed peer relationships
Self harming behaviour

Indicators in the parent

Dirty, unkempt presentation
Inadequately clothed
Inadequate social skills and poor socialisation
Abnormal attachment to the child. e.g. anxious
Low self esteem and lack of confidence
Failure to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene
Failure to meet the child's health and medical needs e.g. poor dental health; failure to attend or keep appointments with health visitor, GP or hospital; lack of GP registration; failure to seek or comply with appropriate medical treatment; failure to address parental substance misuse during pregnancy
Child left with adults who are intoxicated or violent
Child abandoned or left alone for excessive periods
Wider parenting difficulties, may (or may not) be associated with this form of abuse

Indicators in the family/environment

History of neglect in the family
Family marginalised or isolated by the community.
Family has history of mental health, alcohol or drug misuse or domestic violence.
History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
Family has a past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.
Dangerous or hazardous home environment including failure to use home safety equipment; risk from animals
Poor state of home environment e.g. unhygienic facilities, lack of appropriate sleeping arrangements, inadequate ventilation (including passive smoking) and lack of adequate heating
Lack of opportunities for child to play and learn

SEXUAL ABUSE

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening.

The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.

They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet).
Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Indicators in the child

Physical presentation

Urinary infections, bleeding or soreness in the genital or anal areas
Recurrent pain on passing urine or faeces
Blood on underclothes
Sexually transmitted infections
Vaginal soreness or bleeding
Pregnancy in a younger girl where the identity of the father is not disclosed and/or there is secrecy or vagueness about the identity of the father
Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing

Emotional / behavioural presentation

Makes a disclosure.
Demonstrates sexual knowledge or behaviour inappropriate to age/stage of development, or that is unusually explicit
Inexplicable changes in behaviour, such as becoming aggressive or withdrawn
Self-harm - eating disorders, self mutilation and suicide attempts
Poor self-image, self-harm, self-hatred
Reluctant to undress for PE
Running away from home
Poor attention / concentration (world of their own)
Sudden changes in school work habits, become truant
Withdrawal, isolation or excessive worrying
Inappropriate sexualised conduct
Sexually exploited or indiscriminate choice of sexual partners

Wetting or other regressive behaviours e.g. thumb sucking
Draws sexually explicit pictures
Depression

Indicators in the parents

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

Indicators in the family/environment

Marginalised or isolated by the community.
History of mental health, alcohol or drug misuse or domestic violence.
History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
Past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.
Family member is a sex offender.

APPENDIX 2 – Myths and Facts about Child Abuse and Neglect

MYTH 1: It's only abuse if it's violent.

Fact: Physical abuse is just one type of child abuse. Neglect and emotional abuse can be just as damaging, and since they are more subtle, others are less likely to intervene.

MYTH 2: Only bad people abuse their children.

Fact: While it's easy to say that only "bad people" abuse their children, it's not always so black and white. Not all abusers are intentionally harming their children. Many have been victims of abuse themselves, and don't know any other way to parent. Others may be struggling with mental health issues or a substance abuse problem.

MYTH 3: Child abuse doesn't happen in "good" families.

Fact: Child abuse doesn't only happen in poor families or bad neighbourhoods. It crosses all racial, economic, and cultural lines. Sometimes, families who seem to have it all from the outside are hiding a different story behind closed doors.

MYTH 4: Most child abusers are strangers.

Fact: While abuse by strangers does happen, most abusers are family members or others close to the family.

MYTH 5: Abused children always grow up to be abusers.

Fact: It is true that abused children are more likely to repeat the cycle as adults, unconsciously repeating what they experienced as children. On the other hand, many adult survivors of child abuse have a strong motivation to protect their children against what they went through and become excellent parents.

Supplementary Information - Children with parents in prison

Due to the stigma and bullying that these children often experience, there can be reluctance for families to talk about and seek help when a parent is in prison. And given that there is no systematic identification of these children and families by local authorities, prisons, police or children's services, they can often be left feeling isolated and with a lack of support.
Children of prisoners are an 'invisible group' with 'no shared or robust information about who they are, little awareness of their needs and no systematic support' (DCSF and Ministry of Justice 2007)
Schools have a central role to provide support to these children, and be a non-judgmental, confidential place for families to disclose information.
It is important that the school ensures that the needs of these children are recognised and acted upon.

Signs that an imprisonment is having an impact on the child at school

Impacts on the child at school in particular may include;

- Child's concentration and schoolwork may deteriorate
- Their behaviour may markedly deteriorate
- Their mental wellbeing may be affected such as increased anxiety and sadness
- The child and family may experience stigma and hostility from other families at school
- The child may experience bullying
- The child may take time off school (for example to make visits to imprisoned family member)

How much families tell children about parent's imprisonment

Children will differ in terms of what they know about the family member's imprisonment. Parents may take the decision not to tell the child about the imprisonment, and the child may believe that the parent is 'working away'. If a child is told about the imprisonment, they may not be fully aware of the nature of the crime.

Guidance is available from Barnardo's, Action for Prisoners' Children and other sources supporting parents to share information appropriately with their children. It is worthwhile noting that it is not the role of school staff to share information they may be aware of without parental consent. Rather staff should seek to support parents in making an informed decision.

Generally speaking, not informing children can aggravate the distress children experience: they may well find out erroneous facts from others in the community, or simply imagine a much worse scenario.

What RFSS staff should do

RFSS staff need to recognise that children may find it very difficult to talk about having a family member in prison. The child may feel that this is private knowledge not to be shared. As each situation is unique it is important to be open to using a variety of approaches and to recognise that no single response will fit all circumstances. However, the following have been identified as useful guiding principles:

- See the child as an individual with individual needs. Recognise that imprisonment may impact on children in different ways.

- Be none judgemental and reflect on your own attitudes. Remember that the child has done nothing wrong and that the child's parent or close relative is still a family member. It is also important for staff to consider their own thoughts, feelings and

expectations of the family of prisoners to ensure that we do not stigmatise this population through lowering expectations of them. Research suggests that girls with an imprisoned mother are particularly vulnerable to teacher stigmatisation through lowered expectations.

- Do not position a child as a victim or be overly protective (Ramsden, 1998). Recognise that the child is often very competent and may be offering support to others and trying to deal with the situation in their own way.

- Understand that although you may know about the child's situation because you have been informed by a third party, the child may not have wanted you to know and may not want you to mention it to them. The child is entitled to privacy and it is important not to put the child in a situation where they have to tell their friends about their parent/relative if they don't want to. **Only those that need to know should be told and this should be discussed with the family and the child.**

- Be sensitive to the child's needs and offer sensitive and appropriate support. Acknowledge their views and choices, ask how they are, show interest in them and listen to them. Remember that you may be the only person listening to them.

- Be aware that children with a family member in prison may have very worrying thoughts about prison. Their images of prison are likely to be based on depictions in the media and films. This may be something the child seeks reassurance from the teacher about, hence the need for training on the matter.

- As members of RFSS working with families affected by imprisonment, it is important to respect and support individual decisions made by families about what to tell their children. However, research and professional practice in this area suggests that where possible children should be told the truth using a child-friendly and age-appropriate format, and so teachers may be particularly called upon to give advice to parents about how to talk to the child about imprisonment. This can be a difficult conversation to have with a child, so plan it in advance and help the parent to prepare for any questions or emotional responses that the child may demonstrate. Discussing this in advance will support the parent but it will also mean that the school and the family are presenting a consistent approach to the child.

- Recognise the situation for the child may be more complex if the relationship between the two parents has broken down. For example, the child may feel caught between wanting to contact their father in prison and yet not wanting to make demands at home to facilitate visiting. Discussing issues such as this with the teacher may be particularly valuable for children in this situation.

- Recognise that the parent in prison is still the child's parent and they may want to know about the child's schooling. They have a statutory right to receive copies of school reports and other information sent out about their child. The child may also want to show their parent some of their school work and this should be facilitated as best as possible. However, do not assume that this is always the case.

- Do not ask about the crime itself. This may be distressing or confusing for the child, and they may not have full knowledge of the crime.

- Be aware that the child may be concerned about who knows about the situation and what they should tell their friends. They may ask for advice about this.

- Appreciate that the arrest, trial, imprisonment and release of a family member can be a time of immense stress and uncertainty for children.

- Be aware that changes in behaviour may signal changes in home life, including the release of a close relative or parent from prison. Research has shown that the effects of imprisonment on children do not always end with the release of the parent and very often a child who was previously coping may exhibit extremes of behaviour at this stage.

- Be sensitive to how a child may feel about visiting their close relative or parent in prison. Understand that changes in behaviour may occur after visiting.

- Where appropriate, staff may offer help to the child so that they can keep in contact with their parent, for example by helping them to write letters and create drawings.

- The school will authorise pre-agreed absence from school to allow children to visit a parent in prison. Children and families should be aware of this and should liaise with a trusted member of staff to achieve this authorization. Information about why the child is absent should be shared on a need-to-know basis only (and with the child's consent).

- Recognise that it is not just a parent's imprisonment that may have an effect on the child. Arrest, trial and resettlement can also have a profound impact on a child and can also result in feelings of anxiety, anger and confusion. A child may need support and information at any stage of an offenders' journey.

- Display posters in the school identifying staff member's familiar with the criminal justice system so that children know who to approach. It would be helpful if these named staff have completed a prison visit themselves.

- Identified staff should attend Hidden Sentence training and keep up to date by signing-up for free information from organisations like i-HOP (Barnardo's) and Action for Prisoners' Families.

- A resource-pack of resources for children, parents and staff should be freely available.

- Include references to the imprisonment and offending of family members in Personal and Social education alongside similar issues such as divorce and bereavement.

Support organisations for families of prisoners

i-Hop

Details of local and national support organisations for families can all be found on the i-Hop website. i-Hop (Information Hub on Offenders Families for professional – run by Barnardo's in partnership with POPS) provides an online hub that includes up to date details about support services for families, details of training for professionals, events and so on. Information can be filtered by local area AND CATEGORY. There is also a free helpline for professionals, open Monday-Friday, 9-5. The organisations below and many more can all be found on i-Hop.

Tel: 0808 802 2013
Web: www.i-hop.org.uk
Email: i-hop@barnardos.org.uk

Action for Prisoners Families (APF)

APF is the national membership umberella body that works to reduce the harm caused by imprisonment to families. Membership is free to families and professionals. APF develops and produces resources, disseminates good-practice guidance and influences policy at local and national level. It also runs events, develops and delivers the 'Hidden Sentence' training package, and provides its members with advice and information and a fortnightly news bulletin. APF has produced a series of children's books and DVDs for use by the families and professionals as well as an information sheets for schools. Regional managers can provide awareness-raising sessions across the country. Please see the website for a full list of services and contact details.

Tel: 020 8812 3600
Web: www.prisonersfamilies.org.uk
Email: info@prisonersfamilies.org.uk
Address: Unit 21, Carlson Court, 116 Putney Bridge Road, London SW15 2NQ

HALOW (Birmingham)

HALOW (Birmingham) runs visitors centres for prisons in the West Midlands (HMP Birmingham, HMPYOI Brinsford, HMP Featherstone, HMP Oakwood and HMP Stafford). The service provides help on visiting prisoners, plus advice and information for families and friends of prisoners on a range of subjects including housing, benefits, child care, education, drugs, alcohol abuse and more. It also assists with running family days at the prisons, runs refreshment bars and provides play work for children.

Tel: 0121 707 1008
Web: www.halowbirmingham.org.uk
Email: admin@halowbirmingham.org.uk
Address: c/o St. Martin's Youth Centre, Gooch Street, Highgate, Birmingham, B5 7HE

Offenders Families Helpline

The offenders' Families Helpline is a free service providing information and support to anyone supporting an offender through their contact with the criminal justice system. The helpline is open from Monday to Friday from 09.00 to 20.00 (except bank holidays), and on Saturdays and Sundays from 10.00 to 15.00. The helpline is delivered by Partners of Prisoners and Families Support Group (POPS) and commissioned by the National Offender Management Service (NOMS). Translation services are available for those whose first language is not English.

Tel: 0808 808 2003
Web: www.offendersfamilieshelpline.org
Email: info@offendersfamilieshelpline.org
Address: 1079 Rochdale Road, Manchester, M9 8AJ

Prison Advice and Care Trust (Pact)

Pact is a national charity that supports people affected by imprisonment. It provides practical and emotional support to prisoners' children and families, and to prisoners themselves. Pact operates a range of services and programmes, including prison visits, support services, resettlement schemes, the JustPeople volunteering programme and integrated Family Support, a casework service that delivers a social return on investment of £11.40 for every £1 of public money spent. Pact runs visitors' centres outside prisons and children's play services in prison visit halls.

Tel: 020 7735 9535
Web: www.prisonadvice.org.uk
Email: info@prisonadvice.org.uk
Address: Park Place, 12 Lawn Lane, Vauxhall, London, SW8 1UD

Safeguarding against Female Genital Mutilation

Female genital mutilation (FGM) is a form of violence against girls and women that has serious physical and psychological consequences which adversely affect health and is a reflection of discrimination against women and girls.

Basic Principles:

- FGM is a form of child abuse and is against the law.
- If a child is identified as being at risk of FGM urgent action must be taken to safeguard the child.
- Matters of FGM should be handled sensitively but the child's welfare is paramount.

Health Implications:

Immediate or short term:

- Hemorrhage
- Shock
- Urine retention
- Fracture or dislocation
- Injury to adjacent tissue
- Infections
- Death

Long term health implications:

- Excessive damage to the reproductive system, uterus, vaginal and pelvic infection
- Infertility
- Cysts
- Complication in pregnancy and childbirth
- Psychological damage
- Sexual dysfunction
- Difficulties in menstruation and/Zoroaster passing urine
- Increased risk of HIV transmissions

Common Health Problems:

- Headaches
- Back pains
- Problems with sitting or walking
- Heavy painful periods
- Pain in the lower abdomen
- Virginal infections or abscesses
- Urinary tract infections
- Spend a lot of time on the toilet
- Difficulties during pregnancy and childbirth

Indications that FGM has taken place or is about to:

- Family comes from community known to practice FGM
- Conversation with a child may refer to FGM
- Prolonged absence from school with noticeable behavior change on return
- Long periods away from the class during the day
- Medical staff when treating a pregnant woman

WHAT TO DO IF YOU HAVE CONCERNS ABOUT A CHILD AT RISK OF FGM?
INFORM YOUR DESIGNATED CHILD PROTECTION OFFICER WHO WILL INFORM CHILDREN'S SOCIAL CARE SERVICE

Prevention and Intervention:

- All staff will receive information that will show communities that practice FGM and its prevalence rates.
- If a child, whose family comes from a community known to practice FGM talks about or has recently been on holiday tell the DSO immediately.
- Regular staff training and updates.
- Well informed and trained SO's.