Child Protection Summary for all Temporary Staff

As an adult working in this school you have a duty of care towards all pupils. This means you must act at all times in a way that is consistent with their safety and welfare.

You must follow the principles of safer working practice, which includes use of technology – on no account should you take images of pupils on personal equipment, including your mobile 'phone.

If the behaviour of another adult in the school gives rise to concern you must report it to the DSL/DDSL.

If you have a concern about a child, particularly if you think s/he may be suffering or at risk of suffering harm, it is your responsibility to share the information promptly with the Designated Safeguarding Lead (DSL) or the Deputies.

The following is not an exhaustive list but you might become concerned as a result of:

- seeing a physical injury which you believe to be non-accidental
- observing something in the appearance of a pupil which leads you to think his/her needs are being neglected
- a pupil telling you that s/he has been subjected to some form of abuse.

In any of these circumstances you must write down what you observed or heard, date and sign the account and give it to the DSL or DDSL. If a pupil talks to you about (discloses) sexual or physical abuse you:

- Listen carefully without interruption, particularly if s/he is freely recalling significant events.
- Only ask sufficient questions to clarify what you have heard. You might not need to ask anything but, if you do, you must not 'lead' the pupil in any way so should only ask 'open' questions.
- Make it clear you are obliged to pass the information on, but only to those who need to know. Tell the DSL or DDSL without delay. Write an account of the disclosure as soon as you are able (definitely the same day), date and sign it and give it to the DSL.

Do not write a 'statement', or inform parents. You are not expected to make a judgement about whether the child is telling the truth.

Remember – share any concerns, don't keep them to yourself.

Possible Indicators of Abuse

The following information is not designed to turn school staff into experts but it will help them to be more alert to the signs of possible abuse. The examples below are not meant to form an exhaustive list; Designated Safeguarding Leads and other staff will find it helpful to refer to the inter-agency safeguarding procedures for more detailed information.

Physical Abuse

Most children will collect cuts and bruises in their daily lives. These are likely to be in places where there are bony parts of the body, like elbows, knees and shins. Some children, however, will have bruising which is less likely to have been caused accidentally. An important indicator of physical abuse is where bruises or injuries are unexplained or the explanation does not fit the injury or there are differing explanations. A delay in seeking medical treatment for a child when it is obviously necessary is also a cause for concern. Bruising may be more or less noticeable on children with different skin tones or from different ethnic groups and specialist advice may need to be taken.

Patterns of bruising that are suggestive of physical child abuse can include:

- bruising in children who are not independently mobile
- bruises that are seen away from bony prominences
- bruises to the face, back, stomach, arms, buttocks, ears and hands
- multiple bruises in clusters
- multiple bruises of uniform shape
- bruises that carry the imprint of an implement used, hand marks, fingertips or
  a belt buckle

Although bruising is the most common injury in physical abuse, fatal non-accidental head injury and non- accidental fractures can occur without bruising. Any child who has unexplained signs of pain or illness must be seen promptly by a doctor.

Other physical signs of abuse can include

- cigarette burns
- adult bite marks
- broken bones
- scalds

Changes in behaviour which can also indicate physical abuse:

- fear of parents being approached for an explanation
- aggressive behaviour or severe temper outbursts
- flinching when approached or touched
- reluctance to get changed, for example wearing long sleeves in hot weather missing school
- running away from home

Emotional Abuse

Emotional abuse can be difficult to measure, and often children who appear otherwise well cared for may be emotionally abused by being taunted, put down or belittled. They may receive little or no love, affection or attention from their parents or carers. *Children who live in households where there is domestic violence often suffer emotional abuse.* Emotional abuse can also take the form of children not being allowed to mix/play with other children.

The physical signs of emotional abuse can include:

- a failure to thrive or grow, particularly if the child puts on weight in other circumstances, e.g. in hospital or away from parents' care
- sudden speech disorders
- developmental delay, either in terms of physical or emotional progress.

Changes in behaviour which can also indicate emotional abuse include:

- neurotic behaviour, e.g. sulking, hair twisting, rocking being unable to play
- fear of making mistakes
- self harm
- fear of parents being approached.

Sexual Abuse

Adults who use children to meet their own sexual needs abuse both girls and boys of all ages, including infants and toddlers.

Usually, in cases of sexual abuse it is the child's behaviour which may cause concern, although physical signs can also be present. In all cases, children who talk about sexual abuse do so because they want it to stop. It is important, therefore, that they are listened to, taken seriously and appropriate action taken promptly.

The physical signs of sexual abuse can include:

- pain or itching in the genital/anal areas
- bruising or bleeding near genital/anal areas
- sexually transmitted disease
- vaginal discharge or infection
- stomach pains
- discomfort when walking or sitting down
- pregnancy

Changes in behaviour which can also indicate sexual abuse can include:

- sudden or unexplained changes in behaviour, e.g. becoming aggressive or withdrawn
- fear of being left with a specific person or group of people
- having nightmares
- missing school
- running away from home
- sexual knowledge which is beyond their age or developmental level
- sexual drawings or language
- bedwetting
- eating problems such as overeating or anorexia
- self harm or mutilation, sometimes leading to suicide attempts
- saying they have secrets they cannot tell anyone about
- alcohol / substance / drug use
- suddenly having unexplained sources of money
- not being allowed to have friends (particularly in adolescence)
- acting in a sexually explicit way towards adults or other children

Neglect

Neglect can be a difficult form of abuse to recognise, yet have some of the most lasting and damaging effects on children and young people.

There are four types of neglect:

- emotional
- disorganised
- depressed or passive
- severe deprivation

The physical signs of neglect can include:

- constant hunger, sometimes stealing food from other children
- being constantly dirty or smelly
- loss of weight, or being constantly underweight
- inappropriate dress for the conditions

Changes in behaviour which can also indicate neglect can include:

- complaining of being tired all the time
- not requesting medical assistance and/or failing to attend appointments
- having few friends
- mentioning being left alone or unsupervised

It is important that adults in school recognise that providing compensatory care might address the immediate and presenting issue but could cover up or inhibit the recognition of neglect in all aspects of a child's life. Compensatory care is defined as 'providing a child or young person, on a regular basis, help or assistance with basic needs with the aim of redressing deficits in parental care'. This might involve, for example, providing each day a substitute set of clothing because those from home are dirty, or showering a child whose personal hygiene or presentation is such that it is affecting his/her interaction with peers. It does not include isolated or irregular support such as giving lunch money or washing a child who has had an 'accident'. If any adult in school finds s/he is regularly attending to one or more aspects of a child's basic needs then this will prompt a discussion with the Designated Safeguarding Lead.

The general rule is: the younger the child, the higher the risk in terms of their immediate health. However, serious neglect of older children and adolescents is often overlooked, on the assumption that they have the ability to care for themselves and have made a 'choice' to neglect themselves. Lack of engagement with services should be seen as a potential indicator of neglect.