

## **Appendix 1**

### **Identifying Signs of Child Abuse**

**IT IS IMPORTANT TO REMEMBER** that lists such as the one below are neither completely definitive nor exhaustive. The information in such lists has to be used in the context of the child's whole situation and in combination with a range of other information related to the child and his or her circumstances. There can be an overlap between all the different forms of child abuse and all or several can co-exist.

It is always preferable for intervention to take place at the earliest possible stage. All school staff are well placed to observe a child's outward symptoms which may be indicative of child abuse.

It is important to recognise that indicators of abuse may suggest that a child is being abused or is at risk of harm, however indicators alone cannot confirm that a child is being abused. Each child should be seen in the context of their family and wider community and a proper assessment carried out by appropriate persons. It is also important to keep in mind that if you feel unsure or concerned, discuss your concerns. Don't keep it to yourself.

### **Physical abuse**

Most children will collect cuts and bruises as part of the rough-and-tumble of daily life. Injuries should always be assessed holistically taking into account the explanation given. Most accidental bruises are seen over bony parts of the body e.g. elbows, knees, shins and are often on the front of the body. Some children however will have bruising that is more likely inflicted rather than accidental.

Important indicators of physical abuse are bruises or injuries that are either unexplained or inconsistent with the explanation given, or those that are visible on the "soft" parts of the body, where accidental injuries are unlikely e.g. cheeks, abdomen, back and buttocks. A delay in seeking medical treatment when it is obviously necessary is also a cause for concern, although this can be more complicated with burns as these are often delayed in presentation due to blistering taking place sometime later.

The physical signs of abuse may include:

- Unexplained bruising, marks or injuries on any part of the body.
- Multiple bruises - in clusters, often on the upper arm, outside of the thigh.
- Burns.
- Human bite marks.
- Broken bones.
- Scalds, with upward splash marks.
- Multiple burns with a clearly demarcated edge.

Changes in behaviour that 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 in hot weather.
- Poor attendance - repeated infections etc.
- Withdrawn behaviour.
- Running away from home.

No list of symptoms can be exhaustive. They may give rise to concern but are not in themselves proof that abuse has occurred.

### **Emotional Abuse**

Emotional abuse can be difficult to measure, as there are often no outward physical signs. Most harm is a result of low warmth, high criticism homes, not from single incidents. Children who appear to be 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.

It is sometimes possible to spot emotionally abusive behaviour from parents and carers, by the way that the adults speak to, or behave towards their children. An appropriate challenge or intervention could affect positive change.

Changes in behaviour which can indicate emotional abuse include:

- Neurotic behaviour e.g. continuous hair twisting, rocking.
- Inability to play.
- Fear of making mistakes.
- Sudden speech disorders.
- Self harm.
- Fear of a parent being approached regarding their behaviour.
- Developmental delay in terms of emotional progress.

### **Sexual abuse**

Sexual abuse is often perpetrated by people who are known to and trusted by the child e.g. relatives, family friends, neighbours, babysitters, people working with the child at school, organisers

of clubs or activities that the child participates in. It is important to remember that it is not just adult men who sexually abuse children, there are increasing allegations of sexual abuse of children by women and sexual abuse can also be perpetrated by other children or young people.

Characteristics of child sexual abuse:

- It is often planned and systematic - people do not sexually abuse children by accident, though sexual abuse can be opportunistic.
- Grooming the child - people who abuse children take care to choose a vulnerable child and often spend time making them dependent.
- Grooming the child's environment - abusers try to ensure that potential adult protectors (parents and other carers especially) are not suspicious of their motives.

The physical signs of sexual abuse may include:

- Pain or itching in the genital area.
- Bruising or bleeding near the genital area.
- 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 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.
- Running away from home.
- Sexual knowledge which is way 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 that they have secrets that they cannot tell anyone about.
- Substance or drug abuse.
- Suddenly having unexplained sources of money.
- Not allowed to have friends (especially in adolescence).

- Acting in a sexually explicit way towards adults.

### **Neglect**

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

Neglect is often noticed at a stage when it does not pose a risk to the child. Research would suggest that an appropriate intervention or conversation at this early stage can address the issue and prevent a child continuing to suffer until it reaches a point when they are at risk of harm.

The physical signs of neglect may include:

- Constant hunger, sometimes stealing food from other children.
- Constantly dirty or “smelly”.
- Loss of weight or being constantly underweight.
- Inappropriate clothing for the conditions.

Changes in behaviour which may also indicate neglect may include:

- Complaining of feeling tired all the time.
- Not requesting medical assistance and/or failing to attend appointments.
- Having few friends.
- Mentioning being left alone or unsupervised.

### **Bullying**

Bullying is not always easy to recognise as it can take a number of forms.

Signs that a child may be being bullied can be:

- Returning from school with cuts and bruises.
- Torn clothes.
- Asking for stolen possessions to be replaced.
- Falling out with previously good friends.
- Becoming moody and bad tempered.
- Avoiding leaving their home.
- Aggression with younger siblings.
- Struggling at school unlike before.

- Sleep problems.
- Anxiety.
- Becoming withdrawn and isolated.

## **Appendix 2**

### **What to do when a child confides in you**

Give the child your undivided attention:

1. Show empathy, support and warmth but don't show distress or negative emotions. Be reassuring (you can say "that must have been hard for you" or "it's right to tell someone you need help"). See if the child has told his or her parents if the alleged abuse is outside the home or the other parent if one parent is implicated.
2. Rather than directly questioning the child, just listen and be supportive.
3. It may be appropriate to check if the child is indicating abuse or neglect.
4. Check if the child is hurt or in need of medical attention.
5. Deal with the allegation in such a way that the child does not have to repeat the information to different people within the school. It is important to know if an incident has happened recently and whom the child is saying hurt him/her.
6. Make careful records of what the child said, put the date and time when the child spoke to you, put the location and names of the people who were present, as well as what was said, using the child's own language and colloquialisms. Then sign it, and hand your record to the CPLO straight away.
7. Keep a copy of your notes.
8. Look after yourself by seeking some support.

### **What not to do:**

1. Do not promise a child complete confidentiality - you should explain that you may need to pass information to other professionals to keep them or other children safe.
2. Malign the character of the alleged perpetrator.
3. Jump to conclusions.
4. Ask leading questions.
5. Ask for lots of details about the alleged event(s).
6. Speculate or accuse anybody yourself.
7. Make promises you can't keep.
8. Pre-empt or prejudice an investigation by leading the child with closed questions.

### **Questioning skills**

To avoid leading questions when clarifying what a child has said, you should use open questions with a child rather than closed questions. The following table gives some examples of closed and open questions:

Avoid using “Why?” - This can confuse a child and lead to feeling of guilt.

Initial responses to a child: When a child has made a disclosure it can be a relief for them, however they are likely to feel vulnerable and confused. Here are some helpful suggestions:

Do say:

“Thank you for telling me.” “I am sorry it has happened to you.” “I am going to help you, and you are going to tell me what to do.” “It should not have happened.” “You are not to blame.”

Do not say: “It will be alright soon.” “I promise everything will be ok.” “It is their fault.”

### **Appendix 3**

#### **Guidance on Toileting Needs**

The majority of children are appropriately toilet trained and able to manage their own needs competently before they start school. Special protection should be provided for children who have a physical, sensory or intellectual impairment, or medical condition that has an adverse effect on his/her ability to carry out normal day to day activities. Anyone with a diagnosis that affects aspects of their personal development must not be discriminated against.

Each child and situation is unique. The following guidance may be helpful to support pupils and agree on a plan which will work towards maximum independence and support for the child in the school setting.

- Gather as much information as possible from the parents/carers and child. How have they tried to introduce toilet training at home? What happens at home? Has the child any regular routines or patterns which could inform the routine set up by the school? Have the parents/carers noticed any particular difficulties or phobias which the school should be aware of? Can the parents /carers suggest a strategy for dealing with the problem?
- An appropriate toileting programme will need to be discussed and agreed so that the child, parents/carers and staff are aware of their roles and responsibilities.
- Clothes should be easy for a child to pull up and down.
- Parents should be requested to provide the school with appropriate changes of pants/trousers etc. in case of an accident.



## **Appendix 4**

### **Briefing Sheet for Temporary Staff and Volunteers**

Information for staff on short term contracts in South View School.

While working in South View School, you have a duty of care towards pupils. This means that at all times you should act in a way that is consistent with their safety and welfare. A supervised volunteer who regularly teaches or looks after children must ensure they also are accompanied by another employee, while the Principal will make a reasonable decision about which checks should be undertaken on temporary staff and volunteers. If at any time you have a concern about a child, particularly if you suspect or think they may be at risk of abuse or neglect, it is your responsibility to share that concern with the school DSL (Laura Stokes) or any member of the Child Protection Team.

This is not an exhaustive list but you may become concerned as a result of:

- Observing a physical injury, which you think may have been non-accidental.
- Observing something in the appearance of a child which suggests they are not being sufficiently well cared for.
- Observing behaviour that leads you to be concerned about a child.
- A child telling you that they may have been subjected to some form of abuse. In any of the circumstances listed, you must write down what you saw or heard, date and sign your account, and give it to the DSL. This may be the beginning of a legal process - it is important to understand that legal action against a perpetrator can be seriously damaged by any suggestion that the child has been led in any way.

If a child talks to you about abuse, you should follow these guidelines:

- Rather than directly questioning the child, just listen and be supportive.
- Never stop a child who is freely recalling significant events, but don't push the child to tell you more than they wish.
- Make it clear that you may need to pass on information to staff in other agencies who may be able to help - do not promise confidentiality. You are obliged to share any information relating to abuse or neglect.
- Write an account of the conversation immediately, as close to verbatim as possible. Put the date and timings on it, and mention anyone else who was present. Then sign it and give your record to the designated Child Protection Officer, Sasha Crabb.

South View School has a policy on safeguarding children which you can find, together with local procedures, in the school clinic.

## **Appendix 5**

### **Persons involved in Transporting Children for School Activities**

It is important to ensure children are transported safely to and from school activities and field trips without the risk of harm or abuse.

All drivers must:

- Hold a valid driving license for the type of vehicle being driven.
- Be fit to drive.
- Have no medical condition which affects their ability to drive.
- Ensure that the vehicle is roadworthy including brakes, lights, tyres, bodywork, wipers, mirrors etc.
- Ensure that they adhere to the appropriate speed limit.
- Ensure that all seat belts are working and are worn by everybody on the bus.

Safety:

- Be familiar with, and drive in accordance with, the road regulations at all times.
- Drive safely and observe the speed limit.
- Not consume alcohol or drugs, which may impair driving ability, prior to driving.
- Refrain from using a mobile phone when driving.
- Ensure that all children wear seat belts and booster seats as appropriate.
- Use child proof locks on doors where necessary.

Each school bus driver is accompanied by an allocated bus monitor, to check children on and off the bus, and ensure they are seated correctly in individual seats.

## **Appendix 6**

### **South View School Cause for Concern Referral form**

If you are not a permanent staff member and do not have access to My Concern, please use this form to detail any cause for concern you may have with regards to the well-being of a child in South View School, which is in line with the Child Protection Policy.

Forms are available at reception.

(Please complete this document by hand, not electronically)

DICSLOSURE/RECORD OF CONCERN FORM

Name of student	
Class/Form	
Date of Birth	
Gender	

Name and designation of reporting person	
Date and time of recording	

<p>Details of discussion/observation/concern</p> <p>Please keep factual – if you can include direct quotes from student, please show this as a direct quote. Ensure you include if disclosure was overheard/third party information/direct.</p> <p>DO NOT QUESTION OR LEAD THE STUDENT DURING DISCLOSURE. Continue on an additional sheet if needed.</p>	
Any action taken:	
Action to be taken:	

Name of DSL/DSO	
Signature of reporting person	

## Appendix 7

### MOI Child Protection Centre REFERRAL FORM

#### PUPIL DETAILS

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Carer name: \_\_\_\_\_

Contact Details:

Telephone No:

Home: \_\_\_\_\_

Mobile: \_\_\_\_\_

Work: \_\_\_\_\_

Child's 1st Language: \_\_\_\_\_

Nationality: \_\_\_\_\_

Does the child have a disability?

If yes, please describe: ☐ Yes ☐ No

\_\_\_\_\_

#### SCHOOL DETAILS

Current School: \_\_\_\_\_

Year Group \_\_\_\_\_

Last School attended: \_\_\_\_\_

REASON FOR REFERRAL (please circle)

Suspected / Disclosed physical abuse

Suspected / Disclosed sexual abuse

Suspected / Disclosed emotional abuse

Suspected / Disclosed neglect

Description/Additional Information

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Please give the name of the member of staff responsible for liaison with MOI Child Protection Centre.

Name (please print):

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Position

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Telephone No:

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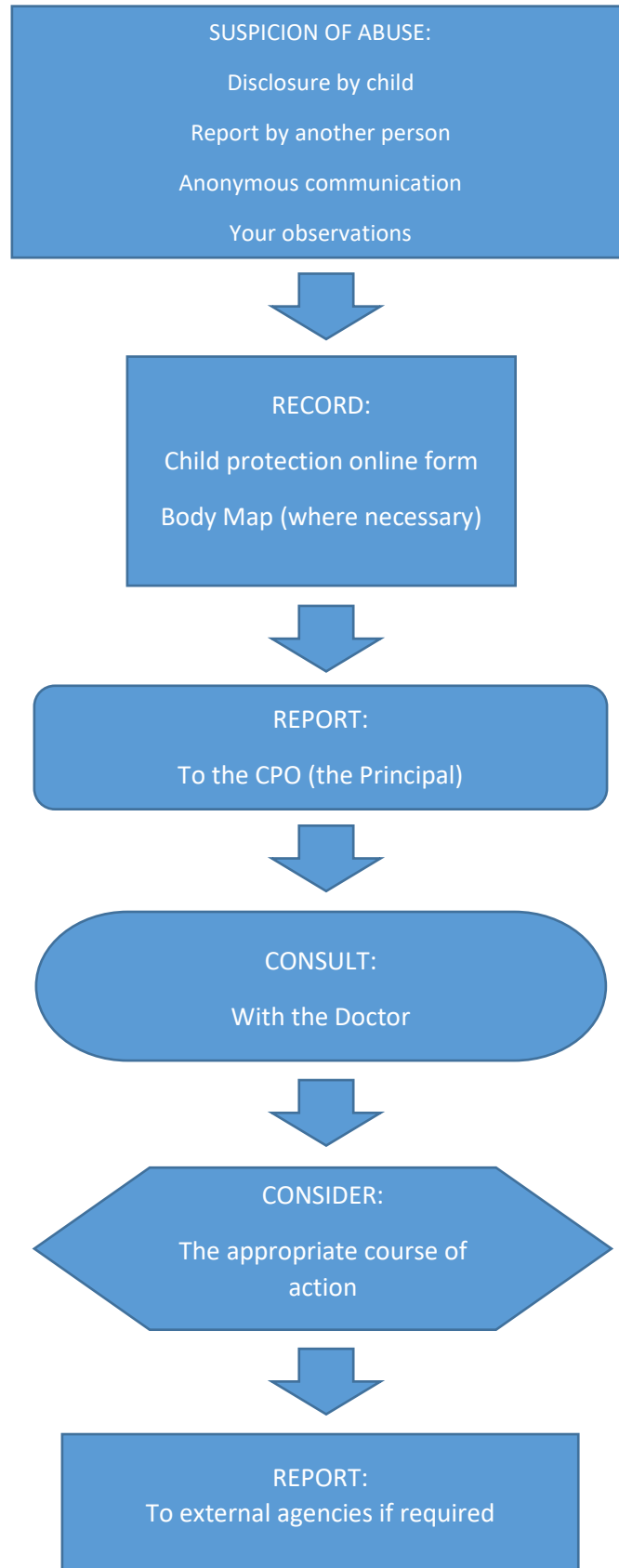
Principal's Signature:

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Date: \_\_\_\_\_

## Appendix 8

### Child Protection Flow Chart

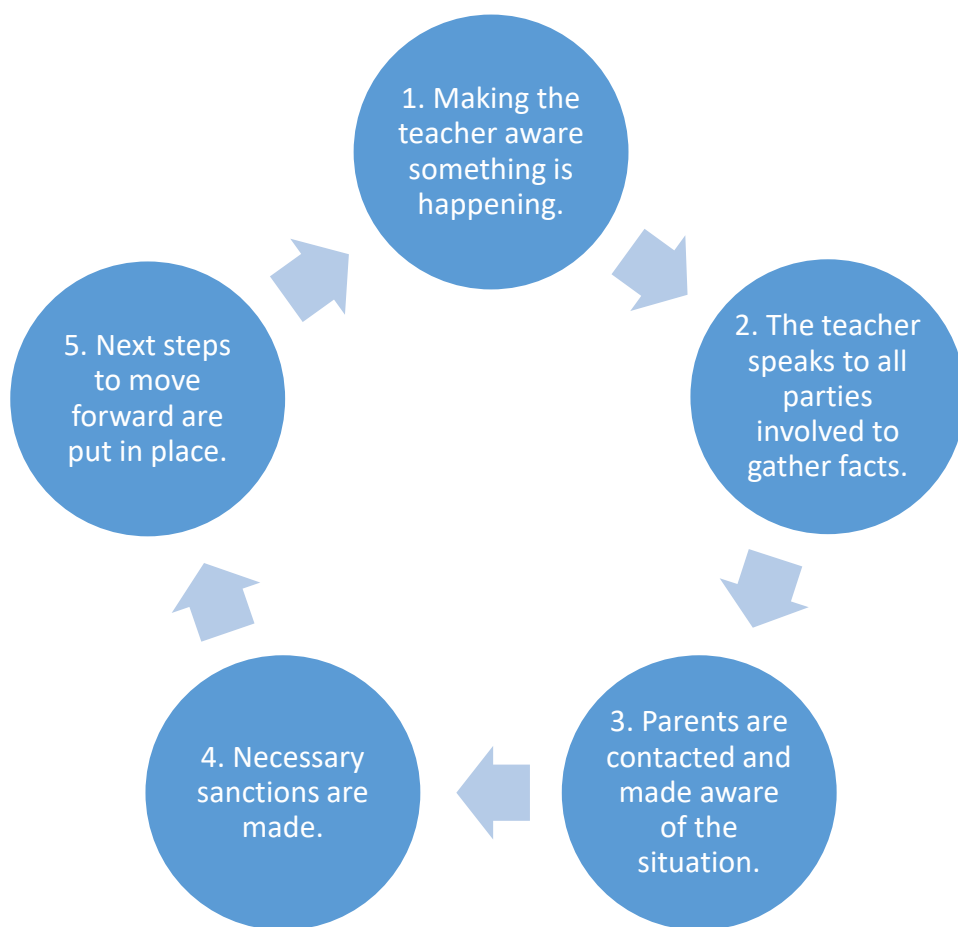


## Appendix 9

### Bullying Flow Chart

Types of Bullying:

- Physical (hitting, kicking, theft)
- Verbal (name calling, racist remarks)
- Indirect (spreading rumours, excluding people from social groups, cyber bullying)





## **Appendix 10**

### **What to do on disclosure**

- **Stay calm.**  
(Don't over-react, however shocked you may be).
- **Listen, hear, and believe.**  
(listen carefully and take it seriously).
- **Give time for the person to say what they want.**  
(Don't make assumptions and don't offer alternatives explanations, ask questions beginning with Tell me about...Explain.... Describe.... Avoid 'who, what, when, where Questions).
- **Reassure and explain that they have done the right thing in telling.**  
(Do not promise confidentiality; explain that only those professionals that need to know will be informed).
- **Record in writing as near verbatim as possible and as soon as possible on a disclosure form.**  
(use the child's own words, make your record as soon as possible after the event, so that you don't forget anything, and include information about what action was taken afterwards, if any).
- **Report to CPO**