



Policy Title: **Pastoral Care**
School Section: **Whole School**
Key area (s) of School: **Pastoral**
Audience: **Students**

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International School Seychelles



Child Protection and Safeguarding Policy

You are not born for yourself but for the world

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1. Policy Aims

Introduction:

All children have the right to feel safe.

At the International School Seychelles, we believe in supporting all aspects of each child's development and learning, and in keeping children safe. We understand that the emotional and social aspects create a foundation for all academic learning: if a child has not been supported to understand, express and resolve their feelings, they may not have the ability to concentrate on learning, share with other children or resolve conflicts on a day to day basis. Instead frustration may result, manifesting in anti-social behaviour or becoming overly compliant or withdrawn.

ISS aims to ensure that:

- i. Children, young people and staff feel listened to, valued and respected;
- ii. All staff become aware of indicators of abuse and are confident in sharing their concerns appropriately following the Child Protection procedure;
- iii. All staff will receive support and training as a means of safeguarding and protecting children from abuse.

Aims and Objectives:

- 1.1. To ensure the school has a designated Child Protection Officer (and nominated deputy in their absence) who will ensure the school's Child Protection and Safeguarding Policy and procedures are upheld.
- 1.2. To ensure that all staff members, children, young people and their families have a clear and secure framework for ensuring that they are protected from harm, both while at school and when off the school premises.
- 1.3. To enable everyone to have a clear and sound understanding of how these responsibilities should be carried out.
- 1.4. To ensure that all school staff and volunteers receive 'Safeguarding Children' training and are equipped to observe outward signs of abuse, changes in a child's behaviour or a failure to develop, so that they are knowledgeable and aware of their role in the early recognition of the indicators of abuse or neglect along with the appropriate procedures to follow. The Safeguarding training requirements of the school will be reviewed on an annual basis, as part of the annual Policy Review.
- 1.5. To ensure that any temporary staff are made aware of the Safeguarding policies and procedures by the Child Protection Officer.
- 1.6. To establish and maintain an environment where children and young people feel secure, are encouraged to talk, and are listened to when they have worries or concern.
- 1.7. To ensure that children know that there are adults in the school whom they can approach if they are worried.

- 1.8. To include opportunities in the Personal and Social Development curriculum for children and young people to develop the skills they need to recognise and stay safe from abuse.

2. Policy Scope

- International School of Seychelles (ISS) believes that all students need to be kept safe and free from harm.
- Pupils at school with child protection / safeguarding needs should be properly supported.
- This policy applies to all students and staff.

2.1 Definitions

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 have the best life chances”.

The purpose of the ISS Child Protection and Safeguarding Policy is to inform staff, parents, volunteers and governors about the school’s responsibilities for safeguarding children.

2.2 Links with other policies and practices

This policy links with several other policies, practices and action plans including:

- Attendance policy
- Health and Safety policy
- Safer recruitment and selection policy
- Conventions on the Rights of the Child [ratified by Seychelles Government in 1990];
- Conventions on the Rights of the Disabled Child;
- Children’s Act, Revised 2013; Consolidated 2016
- Education Act, 1991; Revised 2010
- Social Services Working Together Document, Revised 2012 (Outlines the roles and responsibilities of each agency involved in child protection.

3. Monitoring and Review

- 3.1. International School of Seychelles (ISS) will review this policy at least once annually.
- 3.2. ISS will regularly monitor our provision for pupils with child protection and safeguarding needs to ensure that this policy is consistently applied.
- 3.3. To ensure they have oversight of our provision for child protection and safeguarding, the Senior Leadership Team will be informed of any matters relating to child protection and safeguarding, as appropriate.
- 3.4. The Senior Leadership Team will report on a regular basis to the Board of Governors on issues around provisions for child protection and safeguarding, including outcomes.
- 3.5. Any issues identified via monitoring will be incorporated into ISS action planning.

4. Roles and responsibilities

4.1. Role of Designated Staff

It is the role of the designated Child Protection Officer (CPO), or Deputy Child Protection Officer (DCPO) in the absence/unavailability of the CPO to:

4.1.1 Ensure compliance with legal requirements

- i. Ensure that the school operates within the legislative framework and recommended guidance which complies with Convention on the Rights of the Child 1990, Children's Act 2013 of Seychelles and Social Services Working Together document for Child Protection.

4.1.2 Ensure Staff Awareness

- i. Ensure that all staff are aware and understand the Child Protection and Safeguarding policy and Referral Process. **(Appendix 3)**
- ii. Ensure that all staff are aware of how and when to complete the Cause for Concern Form. **(Appendix 4)**
- iii. Ensure that new staff have opportunities to receive a 'Safeguarding Children' training at the commencement of their contract.
- iv. Ensure that temporary staff and volunteers are made aware of the school's arrangements for safeguarding children on commencement of work.

4.1.3 Ensure Staff Training

- i. Ensure that they receive refresher training in the context of safeguarding children to keep their knowledge and skills up to date.
- ii. Ensure that all staff who work with children undertake appropriate training to equip themselves to carry out their responsibilities for safeguarding children effectively and that this is kept up to date.

4.1.4 Communicate and collaborate effectively with other staff and with outside agencies

- i. Ensure that the Senior Leadership Team is kept fully informed of any concerns.
- ii. Ensure that a multi-disciplinary team approach is adopted and that the whole team takes responsibility for safeguarding and child protection.

- iii. Develop effective working relationships with other agencies and services to work within a multi-agency approach.
- iv. After consultation with the DSL, refer suspected abuse and neglect to the Social Services Child Protection Team at Unity House. This will be done verbally and then in writing.
If a referral to the Child Protection Team will be made, this will be discussed with the parents unless to do so would place the child at further risk of harm.
- v. Attend case management review meetings and submit reports when requested, in order to contribute to the multi-agency decision making and delivery of actions planned to safeguard the child.
- vi. Report allegations made against members of staff to the Principal, who will investigate, take appropriate action in line with our school procedures, and then report the allegation to the Board of Governors and/or refer to the Child Protection Team at Unity House if necessary. In the event that the allegation is made against the Principal, the CPO will report the allegation directly to the Chair of Governors.

4.1.5 Communicate and collaborate effectively with children and their families

- i. Provide guidance to children, young people, parents and staff about obtaining suitable support.
- ii. Discuss with new parents the role of the DCPO and the role of safeguarding in the school. Make parents aware of the safeguarding procedures used and how to access the child protection policy.

4.1.6. Securely maintain accurate records of all matters or concerns regarding Safeguarding

- i. Particular attention will be paid to the attendance and development of any child about whom the school has concerns. A written record of these concerns and care plan will be kept.
- ii. Ensure that accurate safeguarding and child protection records relating to individual children are kept separately from the academic file. These will be kept in a secure place, marked 'Strictly Confidential.'
- iii. If the child transfers to a new school within Seychelles, these records will be copied and passed securely to the Head of the new school.
- iv. Child Protection files will be kept securely at the school for a period of 2 years after the child has left school..

4.2. Role of Deputy Child Protection Officer

As well as the above responsibilities, in the absence of the Designated Child Protection Officer the Deputy, if required to respond to a safeguarding issue will have access to the list of students where safeguarding concerns have already been raised. This will assist the (Deputy) DCPO in making further decisions about how to respond to a new or existing referral.

4.3. Role of the Board of Governors

- i. The Board of Governors has overall responsibility for ensuring that there are sufficient measures in place to safeguard the children in their establishment. One governor is designated to take the lead responsibility for Safeguarding and Child Protection.
- ii. In particular the Board of Governors must:
 - Ensure that Child Protection and Safeguarding policies and procedures exist, are up to date, are reviewed annually and are followed;

- Ensure that Safer Recruitment procedures are reviewed and are followed;
- Ensure that any deficiencies or weaknesses in Safeguarding arrangements are remedied without delay;
- Appoint a Designated Safeguarding Lead, who will work with the School Leadership Team;
- Attend relevant 'Child Protection' training;
- Consider any allegations made against staff and safely manage any allegation of abuse made against the Principal.

4.4. Roles and Responsibilities of other Staff

It is the responsibility of all staff to be committed to the Safeguarding of children by:

- i. Being familiar with the Child Protection and Safeguarding policies and procedures of ISS;
- ii. Attending and participating in 'Child Protection' training;
- iii. Maintaining strict levels of confidentiality when concerns have been raised or a disclosure has been made, and respecting the child's right to privacy.
Failure to uphold confidentiality will result in disciplinary action;
- iv. Reporting all Safeguarding and Child Protection concerns on the Cause For Concern Form, no matter how minor (**Appendix 4**) and passing this directly to the CPO (or DCPO in the event of the CPO's absence);

(Minor concerns may have greater significance in light of additional information that the CPO may have regarding the child, family or social situation.)

3.

5. Procedures

5.1. Safer Recruitment

Full details of the process are laid out in the Recruitment and Selection Policy.

5.2. Maintaining a Safe Site

To ensure the children's wellbeing and safety, the school site must be safe and secure. Safety processes are laid out in the Health and Safety Policy. Regulations about site access, particularly during the school day, as well as the supervision and collection of children are outlined in the Attendance Policy.

5.3. Abuse and Neglect

ISS understands that Safeguarding and promoting the welfare of children is defined as:

- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care;
- protecting children from maltreatment;
- preventing impairment of children's health or development;
- enabling children to have optimum life chances and to enter adulthood successfully.

Abuse and neglect are forms of maltreatment of a child and may take the form of certain actions that are taken or knowingly not prevented, which causes a child to suffer significant harm or death. (The types of abuse are detailed in **(Appendix 1.)**)

5.4. Indicators of Abuse

All staff and volunteers should be concerned about any child or young person who presents with indicators of possible significant harm **(Appendix 2)**.

Generally, in an abusive relationship the child or young person may:

- appear frightened of the parents/ family members or others outside of the home;
- act in a way that is inappropriate to their 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.'

5.5. What to do if a Child Discloses Abuse?

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

- actively listen - only ask questions when necessary to clarify details - and accept what is being said without displaying shock or disbelief;
- allow the child to talk freely and offer reassurance, stressing that it was the right thing to tell;
- not criticise the alleged perpetrator;
- not promise confidentiality – a Child Protection referral may be needed. Instead the child should be advised that the concern will be shared on a 'need to know' basis only in order to keep themselves or others safe;
- explain what has to be done next and who has to be told;
- inform the Child Protection Officer:
 - a Cause for Concern Form **(Appendix 4)** should be completed and given to the CPO as soon as possible.
 - if staff are uncertain whether a form is required, they should discuss their concern with the CPO as soon as possible, who may complete the form with them if it is deemed necessary.
 - The most important thing is that the CPO is made aware and can follow up appropriately.

5.6. Support

Dealing with a disclosure from a child or young person regarding safeguarding issues can be stressful. The member of staff/volunteer should, therefore, consider seeking support for themselves, and should discuss this with the Child Protection Officer.

5.7. Confidentiality

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

- i. All staff at ISS have a responsibility to **share** concerns relating to the welfare and protection of children with the Child Protection Officer (or Deputy Child Protection Officer), either through the Cause for Concern form or other means (see above). The CPO will discuss concerns with the DSL, when indicated make on-going referrals to the Child Protection Team within Social Services, who will investigate the allegations/ concerns.
- ii. If a child discloses to a member of staff and requests that the information is kept secret, it is crucial that the member of staff informs the child that in order to keep them or other children safe they will **have** to pass the information to Child Protection professionals within the school (i.e. the Child Protection Officer).
- iii. All documents, records or notes, including the Cause For Concern Forms, Child Protection Referrals and any other paperwork relating to child protection issues, will be kept in a locked filing cabinet in the Child Protection Officer's Room. Only the Child Protection Officer, Deputy Child Protection Officer, DSL and School Principal will have access to these records.
- iv. Copies of the Referral Form will be made only if an on-going referral is needed to the Child Protection Team at Social Services, Unity House or if the child transfers schools within Seychelles.
- v. Information regarding Child Protection issues which are received through the school's Child Protection Officer from the Social Services Child Protection Team will be disseminated to the relevant Head of School. The amount of information shared to other staff will be discussed at a multi-disciplinary meeting.
- vi. Staff who receive information about children and or their families in the course of their work should share that information **only** with the respective child protection officers within the school. Sharing sensitive information with other individuals could put the child at more risk.
- vii. It is a disciplinary offence to discuss confidential Child Protection issues within public areas or with any individual not involved in the child protection case. Consequences of gross misconduct may lead to dismissal or even criminal prosecution.

5.8. Communication with Parents

The school will aim to ensure that all parents:

- Are aware of the ISS Child Protection and Safeguarding Policy;
- Understand the commitment and responsibilities of the school and staff, as outlined in the policy, to safeguard all children attending ISS;
- Understand the role of the school's Child Protection Officer, and the CPO's relationship within the wider framework of Child Protection Services in Seychelles.

If concerns are raised or a disclosure is made, parents, or guardians with parental responsibility, will be informed of a concern before there is any involvement with an external agency. This will ideally be done in person with the Child Protection Officer and the School Principal, when the nature of the concerns and the child protection procedures will be explained.

The **only** exception - where parents or guardians will not be informed - would be if discussing and informing the parent/s or guardians is deemed to place the child at more risk.

5.9. Allegations against Staff

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 or young person;
- possibly committed a criminal offence against or in relation to a child or young person;
- behaved towards a child (or children) in a way which indicates they would pose a risk of harm if they work regularly or closely with children or young people.

This applies to any child or young person that the member of staff or volunteer has contact within their personal, professional or community life.

As with all disclosures, the person to whom an allegation is first reported should take the matter seriously but keep an open mind. They should not investigate, ask leading questions to seek clarification or make assumptions, and confidentiality should not be promised.

5.9.1. Actions to be taken:

- i. Make an immediate written record of the allegation using the informant's words or observations. Sign, date and pass the information to the Principal.
- ii. *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.*
- iii. The Principal will investigate the allegation or delegate this to a member of the Senior Leadership Team, and will assess whether it is necessary to refer the concern to the Child Protection Team at Unity House and/or to the Board of Governors.
- iv. If the allegation concerns the Principal, the recipient should pass the information on to the Chair of Governors.

6. Appendices

APPENDIX 1: Main Categories of Abuse

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 guardian fabricates the symptoms of, or deliberately induces, illness in a child. This syndrome is commonly described using terms such as factitious illness by proxy or Munchausen Syndrome by proxy.

Emotional Abuse: Emotional abuse is the persistent emotional maltreatment of a child which 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 also include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. Emotional abuse 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 also involve seeing or hearing the ill-treatment of another for example domestic violence at home.

It may involve serious bullying (including cyber 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 maltreatment of a child, though it may occur alone.

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 inside or 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.

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 guardians 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);
- ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

APPENDIX 2: Indicators of Possible Significant 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 guardians fabricates the symptoms of, or deliberately induces, illness in a child. This syndrome is commonly described using terms such as factitious illness by proxy or Munchausen Syndrome by proxy.

Potential Indicators in the Child:

Physical presentation:

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
- Petechiae 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 parent or guardians/s 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 tissue attaching the upper lip to the 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.

Poisoning

Ingestion of tablets in children under 5 is usually due to the carelessness of a parent or guardians, but it may also 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 guardians. Possible concerns are:

- Discrepancies between reported and observed medical conditions
- Attendance at various clinics, in different areas at different times
- Development of feeding or 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. 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.

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.

- 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.

It is worth remembering that 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.

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.

Potential 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

Potential Indicators in the Parent/ Guardians:

- 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
- Disinterested or undisturbed by accident or injury
- Aggressive towards child or others
- Tries to draw the child into their own illness
- Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault
- Parent/guardians may be over involved in participating in medical tests, taking temperatures and measuring bodily fluids
- May appear unusually concerned about the results of investigations which may indicate physical illness in the child
- Wider parenting difficulties
- Parent/guardians has police convictions for violent crimes

Emotional Abuse

Emotional abuse is the persistent emotional maltreatment of a child which 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 also include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. Emotional abuse 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 also involve seeing or hearing the ill-treatment of another for example domestic violence at home. It may involve serious bullying (including cyber 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 maltreatment of a child, though it may occur alone.

Potential Indicators in the Child:

- Developmental delay, including poor language and speech development attributable to actions or inactions of parents/guardians
- Abnormal attachment between child and caregiver: anxious, indiscriminate or no attachment
- Aggressive behaviour towards others or extremes of aggression/passivity towards others
- Frozen watchfulness, particularly in pre-school children
- Over-reaction to mistakes or fear of new situations
- Nervous behaviour (e.g. rocking, hair twisting, thumb sucking)
- Risky Behaviour including self-harm, drug/ solvent abuse, compulsive stealing, running away
- Fear of parents being contacted
- Emotional difficulties such as depression, anxiety, fear
- Air of detachment – ‘don’t care’ attitude
- Behavioural problems e.g. aggression, attention seeking, hyperactivity, poor attention
- Excessive low self-esteem or lack of confidence
- Poor peer relationships including withdrawn or isolated behaviour
- Specific habit disorders for example: soiling with faecal smearing, excessive drinking, inappropriate appetite or persistent eating of inedible substances

Potential Indicators in the Parent/ Guardians:

- Domestic abuse, adult mental health problems and parental substance misuse may be features in families where children are higher risk of being 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

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 inside or 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.

Potential Indicators in the Child:

Physical presentation:

- Urinary infections, itchiness, bleeding or soreness in the genital or anal areas
- Recurrent pain on passing urine or faeces
- Blood on underclothes
- Sexually transmitted infections
- 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
- Sexually abusive behavior towards others, especially those younger or more vulnerable than themselves

NB: in many sexually abused children there are no physical symptoms of abuse, the most important indicator is what the child themselves is saying or in younger children through play.

Potential 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-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 and behaviour or overt use of sexualised language
- Wetting or other regressive behaviours e.g. thumb sucking
- Draws sexually explicit pictures
- Depression

Potential Indicators in the Parent/ Guardians:

- Comments made by the parent/guardians about the child
- Lack of sexual boundaries
- Wider parenting difficulties or vulnerabilities
- Parent is a sex offender
- Previous history of multi-generational abuse can be a significant indicator of potential actions.

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 guardians 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);*
- *ensure access to appropriate medical care or treatment.*

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Potential Indicators in the Child:

Physical presentation:

- Failure to thrive or, in older children, short stature
- Underweight or obese
- Frequent hunger/ voracious appetite
- Dirty, smelly and unkempt condition
- Inadequately clothed, clothing in a poor state of repair
- 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 socialisation

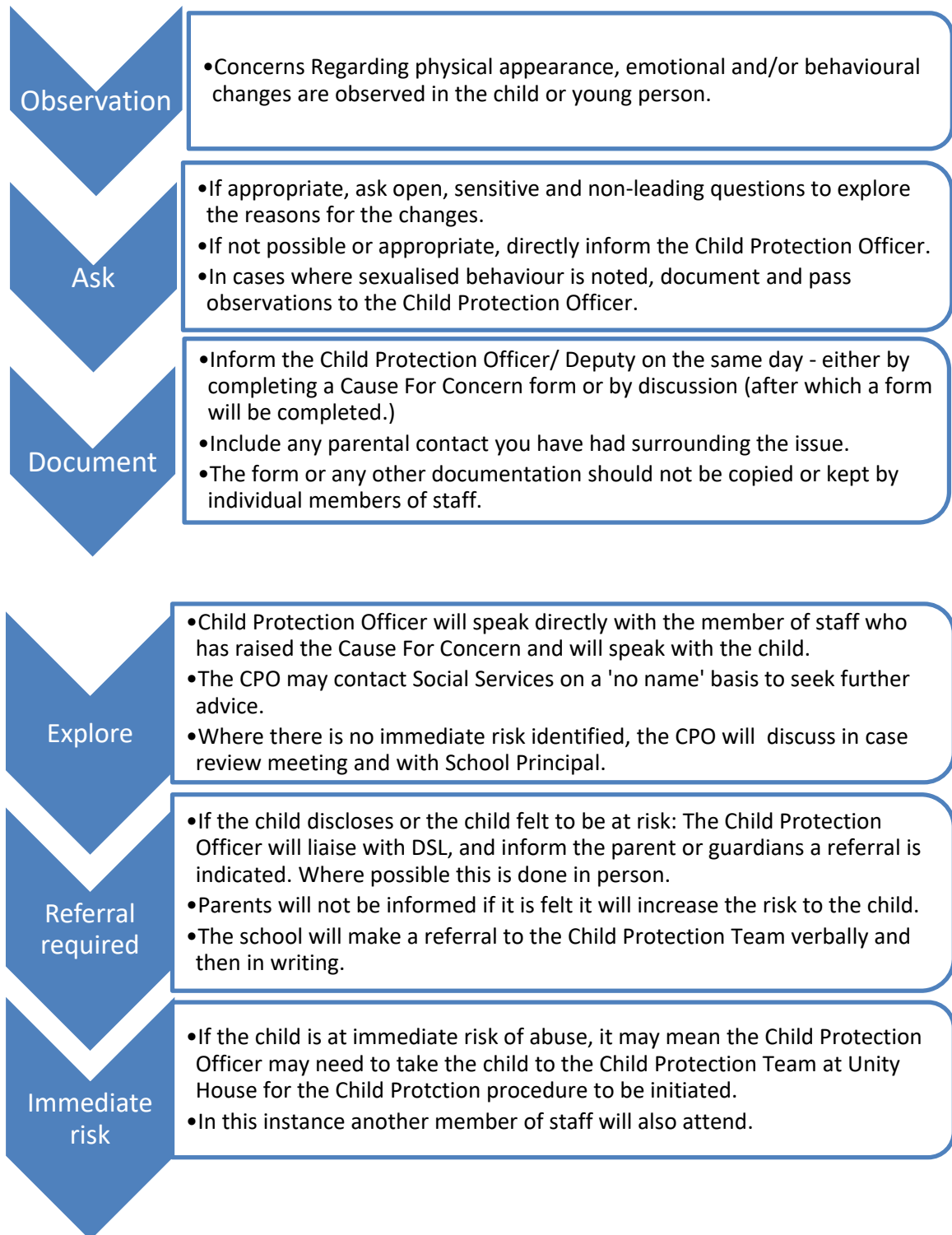
Potential Emotional/Behavioural presentation:

- Attachment disorders
- Absence of normal social responsiveness, difficulty with peer relationships
- Indiscriminate behaviour in relationships with adults
- Emotionally needy
- Compulsive stealing particularly food
- 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

Potential Indicators in the Parent/Guardians:

- Dirty, unkempt presentation and/ or inadequately clothed
- Inadequate social skills and poor socialisation
- Abnormal attachment to the child .e.g. anxious
- Low self-esteem and lack of confidence generally or as a parent
- Failure to meet the basic essential needs e.g. adequate and healthy food, clothes, hygiene
- Failure to meet the child's health and medical needs e.g. poor dental health; failure to attend health appointments; 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 unsupervised by a responsible adult for excessive periods
- Wider parenting difficulties

APPENDIX 3: Child Protection Referral Process



APPENDIX 4: Cause For Concern Form

To be completed by staff members and given to the Child Protection Officer.

| | | |
|---|--------|----------------|
| Full name of child: | Class: | Date of Birth: |
| <p>Concerns noted: (Clearly state exactly what the child has said or done – avoid diagnosing the problem yourself, interpreting what the child has said or using leading questions. Where possible, use the child’s own words. Use quotation marks to indicate if it is a direct quote. Note any/all observed injuries - including where on the body you observed them)</p> | | |

Name, signature and role may be withheld at the request of the referrer:

| | | |
|-----------------------------------|------------|------------------|
| Name of referrer (print clearly): | Signature: | Role within ISS: |
| Where reporting happened: | Date: | Time: |

To be completed by the Child Protection Officer:

| | | |
|----------------|----------------|--------------|
| Date received: | Time received: | Received by: |
|----------------|----------------|--------------|



Policy Title: **Pastoral Care**
School Section: **Whole School**
Key area (s) of School: **Pastoral**
Audience: **Students**

Last review: **March 2021**
Reviewer: **Senior Leadership Team**
Approval by Board of Governors: **August 2021**
Date of next review: **June 2022**

APPENDIX 5: Child Protection Form

| | | | |
|---|-----------------------------------|---|------------------------|
| Surname: | First name: | Age: | Date of Birth |
| NIN: | Sex: | Nationality: | Home language: |
| Name of referrer: | Relationship to the child: | | Contact number: |
| Who does the child live with? | Address: | | Phone number: |
| Mother's name and address and contact: | | Father's name and address and contact: | |
| Reason for referral: | | | |
| Outcome of referral and designated Child Protection Social Worker: | | | |
| Follow up notes: | | | |