

Ignite School		
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Child Protection Policy 2022-2023

Last Revised: August 2022
This plan will be revised on an annual basis

Vision
Our vision is for all young people to experience that learning has lasting value beyond their life at school.
Mission
Our mission is to know the needs of every student, collaboratively creating a student-centered, sustainable 21st century learning environment that fosters leadership, social cohesion, creativity, responsibility and ambition providing a catalyst for abilities of lasting relevance to emerge.

Ignite School Child Protection policy

Policy Review

This policy will be reviewed annually.

The policy was last reviewed August 18, 2022.

This policy is subject to changes in accordance with Federal and Local Government laws, and KHDA guidelines and protocols.

Signature Date

Wedad Saada

Director

Signature Date

Stephen Appea

School Principal

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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 acting to enable all children to have the best life chances.

This Child Protection (Safeguarding) Policy forms part of a suite of documents and policies which relates to the safeguarding responsibilities of the school.

Purpose of Child Protection

- To provide staff, volunteers and governors with the guidance they need in order to keep children safe and secure in our school and to inform parents and guardians how we will safeguard their children while they are in our care.
- To enable everyone to have a clear understanding of how these responsibilities should be carried out.
- All school staff have a responsibility to provide a safe environment in which children can learn.
- School staff are particularly well placed to observe outward signs of abuse, changes in behavior and failure to develop because they have daily contact with children.
- All school staff will receive appropriate safeguarding children training on an annual basis, which is updated regularly – 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. In addition, all staff members should receive safeguarding and child protection updates (for example, via email, e-bulletins and staff meetings), as required, but at least annually, to provide them with relevant skills and knowledge to safeguard children effectively.
- Temporary staff and volunteers will be made aware of the safeguarding policies and procedures by the Designated Safeguarding Lead, including Child Protection Policy and Employee Procedures and Policies Manual.

Policy Mission Statement

- 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 recognize that children have this right and cannot learn effectively unless they feel secure.
- 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 well-being of a child.
- Ensure children know that there are adults in the school whom they can approach if they are worried.

- Ensure that children, who have additional/unmet needs are supported appropriately. This could include referral to early help services or specialist services if they are a child in need or have been / are at risk of being abused and neglected.
- Consider how children may be taught about safeguarding, including online, through teaching and learning opportunities, as part of providing a broad and balanced curriculum.
- Staff members working with children are advised to maintain an attitude of ‘it could happen here’ where safeguarding is concerned.
- When concerned about the welfare of a child, staff members should always act in the interests of the child.
- Ensure that allegations or concerns against staff are dealt with in accordance with Ministry of Education and The Community Development Authority (CDA) policies and procedures.
- Establish the practice of safe recruitment in checking and recording of staff and volunteers to work with children.

Implementation, Monitoring, & Review of Safeguarding

The policy will be reviewed annually by the governing body. It will be implemented through the school’s induction and training program, and as part of day to day practice. Compliance with the policy will be monitored by the Designated Safeguarding Lead and through staff performance measures. The policy is subject to change in accordance with Federal and Local Government laws, policies and procedures.

Statutory Framework

In order to safeguard and promote the welfare of children, the school will follow UAE law:

The law and guidance set within the UAE is as follows:

- UAE Federal Law No. 3 of 2016 on children’s rights (Wadeema’s Law).
- UAE Department for Health, School Health Guidelines for Private Schools 2011.
- UAE School Inspection Framework 2016, Section 5 The protection, care, guidance and support of students . Keeping Children Safe in Education, DfE (September 2016)

The schools will also ensure that we have appropriate procedures in place for responding to situations in which:

- (a) a child may have been abused or neglected or is at risk of abuse or neglect
- (b) a member of staff has behaved in a way that has, or may have harmed a child or that indicates they would pose a risk of harm.

Building Awareness

Ignite School will also use a range of programs to raise awareness and implement strategies that will ensure child protection and safeguarding:

- The Second Step suite for elementary and middle school (through Grade 8) enables Ignite School to create and maintain safe and supportive environments that are conducive to learning. The integrated framework combines social-emotional [well-being] learning with bullying prevention and child protection to form a foundation for whole school success. Second step aligns to the New York State Common Core learning standards, and CASEL Core Competencies for SEL (Social Emotional Learning).

Social-emotional [well-being] learning develops happiness skills, such as:

- Recognizing emotions in oneself and others.
- Managing strong emotions.
- Having empathy for others.
- Controlling impulses.
- Communicating clearly and assertively.
- Maintaining cooperative relationships.
- Making responsible decisions.
- Solving problems effectively.

Social-emotional [well-being] skills help deliver a professional employee with sought-after attributes. From solving problems on the job to communicating with the world, students gain skills that can help prepare them for the future.

- Staff are encouraged to broaden their professional learning to integrate the science of happiness.
- Discover what mindfulness is and its real-world applications.
- Ignite School will participate in the WestED/KHDA School of Hearts, Healthy & Happy School Award, the KHDA Festival of Positive Education along with the 100 Days of Positivity and encourage staff to use resources provided by the Action for Happiness website as well as the International Positive Education Network.

Roles and Responsibilities on Child Protection and Safeguarding

Ignite School has identified appropriate members of staff to take lead responsibility for child protection. This person should have the status and authority within the school to carry out the duties of the post including committing resources and, where appropriate, supporting and directing other staff.

During term time the Designated Safeguarding Lead and/or a Deputy will always be available (during school hours) for staff in the school to discuss any safeguarding concerns and individual arrangement for out of hours/out of term activities will be:

The DSL (Designated Safeguarding Lead) for Child Protection in this school is:

NAME: Wedad Saada, Ignite School Director

The Deputy Designated Safeguarding Lead for Child Protection in this school is:

NAME: Dr. Stephen Appea, School Principal

Responsibilities of the DSL are:

Managing referrals and cases to the MoE's Child Protection Unit

- o Refer all cases of suspected abuse or neglect to the Local Authority Children's Services (Safeguarding and Specialist Services). Police (cases where a crime may have been committed)
- o Liaise with the School Director to inform of issues who will refer to the Child Protection Center.
- o Act as a source of support, advice and expertise to staff on matters of safety and safeguarding and when deciding whether to make a referral by liaising with relevant agencies
- o Support staff who make referrals
- o

Training

The DSL (Designated Safeguarding Lead) should undergo formal training every two years. The DSL should also undertake safeguarding awareness training. In addition, to this training, their knowledge and skills should be refreshed (for example via e-bulletins, meeting other DSLs, or taking time to read and digest safeguarding developments) at least annually to:

1. Understand the assessment process for providing early help and intervention, for example through locally agreed common and shared assessment processes such as early help assessments.
2. Have a working knowledge of how local authorities in Dubai conduct a child protection case conference and a child protection review conference and be able to attend and contribute to these effectively when required to do so.
3. Ensure each member of staff has access to and understands the school's safeguarding and child protection policy and procedures, especially new and part time staff.
4. Be alert to the specific needs of children in need, those with special educational needs and young carers.
5. Be able to keep detailed, accurate, secure written records of concerns and referrals.
6. Obtain access to resources and attend any relevant or refresher training courses.
7. Encourage a culture of listening to children and taking account of their wishes and feelings, among all staff, in any measures the school or college may put in place to protect them.

EDUCATION

- The Designated Safeguarding Lead should ensure the school's policies are known, understood and used appropriately.
- Ensure the school's safeguarding and child protection policy is reviewed once each semester and the procedures and implementation are updated and reviewed regularly, and work with governing bodies or proprietors regarding this.
- Ensure the safeguarding and child protection policy is available publicly and parents are aware of the fact that referrals about suspected abuse or neglect may be made and the role of the school or college in this.
- Link with the Local Safeguarding Children's Authority to make sure staff are aware of training opportunities and the latest local policies on safeguarding.
- Wherever children leave the school or college, ensure the file for safeguarding and any child protection information is sent to any new school as soon as possible but transferred separately from the main student file. (Subject to KHDA rules)

- Schools should obtain proof that the school/education setting has received the safeguarding file for any child transferring and then destroy any information held on the child in line with data protection guidelines.
- **Data Collection:** What information does the school already have available? What else does the school need (internal and external sources)?
- **Data Analysis:** How can the school use this information to identify what it needs to do?
- **Problem-Solving:** Based on the data, can the school identify what it needs to do?
- **Implementation:** Based on the research, what strategies are available that would be useful to the school community and address the identified needs?
- **Evaluation:** How does the school know its strategies have made a difference

Governing Body

Governing bodies and proprietors must ensure that they comply with their duties under legislation. They must also have regard to this guidance to ensure that the policies, procedures and training in their schools or colleges are effective and comply with the law at all times.

The nominated Governor(s) for child protection is:

- Brittnay Chess, School Counselor
- Eunice Payne, Inclusion Teacher

The responsibilities of governing bodies include:

- Their contribution to inter-agency working, which includes providing a coordinated offer of early help when additional needs of children are identified
- Ensuring that an effective safeguarding policy is in place, together with a staff behavior policy
- Ensuring staff are provided with Part One of Keeping Children Safe in Education (DfE 2016) Appendix 1 and are aware of specific safeguarding issues
- Ensuring that staff induction is in place with regards to child protection and safeguarding

- Appointing an appropriate senior member of staff to act as the Lead Designated Senior Person. It is a matter for individual schools as to whether they choose to have one or more Deputy Designated Safeguarding Leads.
- Ensuring that all of the Designated Safeguarding Leads (including deputies) should undergo formal child protection training every two years and receive regular (annual) safeguarding refreshers (for example via e-bulletins, meeting other DSLs, or taking time to read and digest safeguarding developments)
- Prioritizing the welfare of children and young people and creating a culture where staff are confident to challenge senior leaders over any safeguarding concerns
- Ensuring that children are taught about safeguarding in an age appropriate way
- Ensuring appropriate filters and appropriate monitoring systems are in place to safeguard children from potentially harmful and inappropriate online material.
- Having a Senior Board Level Lead to take leadership responsibility for the organization's safeguarding arrangements

A child centered and coordinated approach to safeguarding:

Safeguarding and promoting the welfare of children is **everyone's responsibility**. In order to fulfill this responsibility effectively, all professionals should make sure their approach is **child centered**. This means that they should consider, at all times, what is in the best interests of the child. Schools and their staff form part of the wider safeguarding system for children. This system is based on the principle of providing help for families to stay together where it is safe for the children to do so, and looking at alternatives where it is not, whilst acting in the **best interests** of the child at all times.

Early Help

All staff should be aware of the **early help process**, and understand their role in identifying emerging problems, sharing information with other professionals to support early identification and assessment of a child's needs. It is important for children to receive the right help at the right time to address risks and prevent issues escalating. This also includes staff monitoring the situation and feeding back to the Designated Safeguarding Lead any ongoing/escalating concerns so that consideration can be given to a referral to Children's Services (Safeguarding and Specialist Services) if the child's situation doesn't appear to be improving. (KHDA as first point of contact) Staff and volunteers working within the School will be expected to be alert to the potential need for early help for children also who are more vulnerable. For example:

- **Children with a disability and/or specific additional needs.**
- **Children with special educational needs.**
- **Children who are acting as a young carer.**
- **Children who are showing signs of engaging in antisocial or criminal behavior.**
- **Children whose family circumstances present challenges, such as substance abuse, adult mental health or learning disability, domestic violence**
- **Children who are showing early signs of abuse and/or neglect.**

The school's staff members are expected to be aware of the main categories of maltreatment: **physical abuse, emotional abuse, immoral abuse and neglect**. They will also be aware of the indicators of maltreatment and **specific safeguarding issues** so that they are able to identify cases of children who may be in need of help or protection.

SoD (Students of Determination):

Additional barriers can exist when recognizing abuse and neglect in this group of children.

This can include:

- ❖ Assumptions that indicators of possible abuse such as behavior, mood and injury relate to the child's impairment without further exploration;
- ❖ Assumptions that children with SEN and disabilities can be disproportionately impacted by things like bullying- without outwardly showing any signs;
- ❖ Communication barriers and difficulties
- ❖ Reluctance to challenge caregivers, (professionals may over empathize with caregivers because of the perceived stress of caring for a disabled child)
- ❖ Disabled children often rely on a wide network of care givers to meet their basic needs and therefore the potential risk of exposure to abusive behavior can be increased.
- ❖ A disabled child's understanding of abuse.
- ❖ Lack of choice/participation
- ❖ Isolation

Peer on peer abuse

Education settings are an important part of the policy not only in terms of evaluating and referring concerns to the relevant services and the Police, but also in the assessment and management of risk that the child or young person may pose to themselves and others in the education setting.

If one child or young person causes harm to another, this should not necessarily be dealt with as abuse. When considering whether behavior is abusive, it is important to consider:

- Whether there is a large difference in power (for example age, size, ability, development) between the young people concerned; or
- Whether the perpetrator has repeatedly tried to harm one or more other children; or
- Whether there are concerns about the intention of the alleged perpetrator.

Peer on peer abuse can manifest itself in many ways and different gender issues can be prevalent. Severe harm may be caused to children by abusive and bullying behavior of other children, which may be physical, immoral or emotional and can include gender-based violence/ assaults, teenage relationship abuse, cyber-bullying, peer-on-peer exploitation, serious youth violence, bullying or harmful behavior.

Staff should recognize that children are capable of abusing their peers and should not be tolerated or passed off as "banter" or "part of growing up".

In order to minimize the risk of peer on peer abuse the school will:

- Provide a developmentally appropriate curriculum which develops students' understanding of acceptable behavior and keeping themselves safe.
- Have systems in place for any student to raise concerns with staff, knowing that they will be listened to, believed and valued.
- Develop robust risk assessments where appropriate (e.g. Using the Risk Assessment Management Plan and Safety and Support Plan tools).
- Have relevant policies in place (e.g. behavior policy).

Dealing With A Disclosure

Protocol for responding to a disclosure

- 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
- Never promise a child that they will not tell anyone - as this may ultimately not be in the best interests of the child.
- 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 criticize the alleged perpetrator
- Explain what has to be done next and who has to be told
- Make a written record (see below)
- Pass the information to the Designated Safeguarding Lead without delay

Safe Guarding Team- Child Protection Center Report Form

Knowledge and Human Development Authority (KHDA)

Tel: +971 4 433 8455

Ayesha Suroor Ayesha.suroor@khda.gov.ae

Sumayah Al Dubaili sumayah.aldubaili@khda.gov.ae

Student's Information:

Full name:

Nationality:

Date of Birth:

Both Parents' name:

Both Parents' mobile:

Home Address:

Reporter's information:

Full Name: Crystal Dixon

Mobile Number: 0507224780

Nationality: American

Name of School (if applicable): Ignite School

Position in School (if applicable): School Counselor

Address of School (if applicable): Street No. 414 Al Warqa'a 3 - Dubai

Include a summary of abuse/neglect concerns and attach any reports if applicable (medical, counseling notes, etc.)

Regarding the student, The Child Protection Center advises the following:

- Dealing with suicidal or harmful behavior: Keep parents in the loop regarding the concerns and if the condition worsens advise the parents to seek medical professionals. If the parents do not seek medical help for the student, you may then report to the Child Protection Center and the issue will be considered medical neglect, which is a crime.
- Dealing with bullying: Increase student monitoring, in general, to decrease bullying and teasing.

Reporting Child Abuse

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 Safeguarding Lead

If a staff member receives a disclosure about potential harm caused by another staff member, they should see section 11 of this policy– *Allegations involving school staff/volunteers*.

Record Keeping

All concerns, discussions and decisions made and the reasons for those decisions should be recorded in writing. If in doubt about recording requirements staff should discuss with the designated safeguarding lead.

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

- Record as soon as possible after the conversation. Use the school cause for concern sheet wherever possible.
- Do not destroy the original notes in case they are needed by the regulating authority
- Record the date, time, place and any noticeable non-verbal behavior and the words used by the child
- Draw a diagram to indicate the position of any injuries
- Record statements and observations rather than interpretations or assumptions

All records need to be given to the Designated Safeguarding Lead promptly. No copies should be retained by the member of staff or volunteer.

The Designated Safeguarding lead will ensure that all safeguarding records are managed in accordance with the Safeguarding Policy.

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. This may ultimately not be in the best interests of the child.
- 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.

School Procedures

If any member of staff is concerned about a child he or she must inform the Designated Senior Person. The Designated Senior Person will decide whether the concerns should be referred to Children's Services: Safeguarding and Specialist Services. If it is decided to make a referral to Children's Services: Safeguarding and Specialist Services this will be discussed with the parents, unless to do so would place the child at further risk of harm.

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.

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 student who is/or has been the subject of a child protection plan changes school, the DSL will inform the designee responsible for the case and transfer the appropriate records to the Designated Safeguarding Lead at the receiving school, in a secure manner, and separate from the child's academic file.

The DSL and/or Designee is responsible for making the SLT (Senior Leadership Team) aware of trends in behavior that may affect student welfare. If necessary, training will be arranged.

Communicating with Parents

Ignite School will ensure the Child Protection Policy is available publicly either via SMS or by other means.

Parents should be informed prior to referral, unless it is considered to do so might place the child at increased risk of significant harm by:

- The behavioral response it prompts e.g. a child being subjected to abuse, maltreatment or threats / forced to remain silent if alleged abuser informed;
- Leading to an unreasonable delay;
- Leading to the risk of loss of evidential material;

The school may also consider not informing parent(s) where it would place a member of staff at risk.

Ensure that parents have an understanding of the responsibilities placed on the school and staff for safeguarding children.

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 offense 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.

What school staff should do if they have concerns about safeguarding practices within the school:

- All staff and volunteers should feel able to raise concerns about poor or unsafe practice and potential failures in the school or education setting's safeguarding arrangements.
- Appropriate whistleblowing procedures, which are suitably reflected in staff training and staff behavior policies, should be in place for such concerns to be raised with the school or college's senior leadership team.
- If staff members have concerns about another staff member then this should be referred to the Principal.
- Where there are concerns about the Principal, this should be referred to the School Director as appropriate.
- Where there are concerns about the Director, this should be referred to the School Principal as appropriate.

The Director in this school is: Wedad Saada, DSL

The Principal in this school is: Dr. Stephen Appea, Deputy DSL

In the event of allegations of abuse being made against a staff member of a private school, or where a staff member feels unable to raise an issue with their employer, or feels that their genuine concerns are not being addressed, allegations should first be reported to the Ignite School Director or a School Principal. Human Resources may become involved.

Staff may consider discussing any concerns with the DSL if appropriate make any referral via them. The person to whom an allegation is first reported should take the matter seriously and keep an open mind. They 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 Director.

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 Director or Principal 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 Authority Designated Officer (KHDA):

If the allegation meets any of the three criteria set out at the start of this section, contact should always be made with the DSL or Deputy DSL without delay. The Director should, as soon as possible, following briefing from the Authority Designated Officer inform the subject of the allegation.

Definitions

Harm means ill-treatment or impairment of health and development, including, for example, impairment suffered from seeing or hearing the ill-treatment of another; **Development** means physical, intellectual, emotional, social or behavioral development; **Health** includes physical and mental health; **Ill-treatment** includes immoral abuse and other forms of ill-treatment which are not physical.

Abuse and Neglect are forms of maltreatment. Somebody may abuse or neglect a child by inflicting harm or failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting; by those known to them, or, more rarely, by a stranger. They may be abused by an adult or adults or another child or children.

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.

Immoral abuse involves forcing or enticing a child or young person to take part in immoral activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. They may also include non-contact activities, such as involving children in looking at, or in the production of, explicit images, watching immoral activities, encouraging children to behave in inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Immoral abuse is not solely perpetrated by adult males. Women can also commit acts of immoral abuse, as can other children.

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 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

Neglect is the persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of the child’s health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food and clothing, shelter (including exclusion from home or abandonment)
- protect a child from physical and emotional harm or danger
- ensure adequate supervision (including the use of inadequate caretakers)
- ensure access to appropriate medical care or treatment.

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

(Working Together to Safeguard Children 2010)

Signs of Abuse/Neglect

Physical abuse	
<i>Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child.</i>	
Child	
Bruises – shape, grouping, site, repeat or multiple	Withdrawal from physical contact
Bite-marks – site and size Burns and Scalds – shape, definition, size, depth, scars	Aggression towards others, emotional and behavior problems
Improbable, conflicting explanations for injuries or unexplained injuries	Frequently absent from school
Untreated injuries	Admission of punishment which appears excessive
Injuries on parts of body where accidental injury is unlikely	Fractures
Repeated or multiple injuries	Fabricated or induced illness -
Parent	Family/environment
Parent with injuries	History of mental health, alcohol or drug misuse or domestic violence.
Evasive or aggressive towards child or others	Past history in the family of childhood abuse, self-harm, disorder or false allegations of physical or immoral assault

Explanation inconsistent with injury	Marginalized or isolated by the community.
Fear of medical help / parents not seeking medical help	Physical or immoral assault or a culture of physical chastisement.
Over chastisement of child	

Emotional abuse	
<i>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, not giving the child opportunities to express their views, 'making fun' of what they say or how they communicate - hearing the ill-treatment of another and serious bullying (including cyber bullying).</i>	
Child	
Self-harm	Over-reaction to mistakes / Inappropriate emotional responses
Chronic running away	Abnormal or indiscriminate attachment
Drug/solvent abuse	Low self-esteem
Compulsive stealing	Extremes of passivity or aggression
Makes a disclosure	Social isolation – withdrawn, a 'loner' Frozen watchfulness particularly pre school
Developmental delay	Depression
Neurotic behavior (e.g. rocking, hair twisting, thumb sucking)	Desperate attention-seeking behavior
Parent	Family/environment
Observed to be aggressive towards child or others	Marginalized or isolated by the community.
Intensely involved with their children, never allowing anyone else to undertake their child's care.	History of mental health, alcohol or drug misuse or domestic violence.
Previous domestic violence	History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
History of abuse or mental health problems	Past history in the care of childhood abuse, self harm, disorder or false allegations of physical or immoral assault
Mental health, drug or alcohol difficulties	Wider parenting difficulties
Cold and unresponsive to the child's emotional needs	Physical or immoral assault or a culture of physical chastisement.
Overly critical of the child	Lack of support from family or social network.

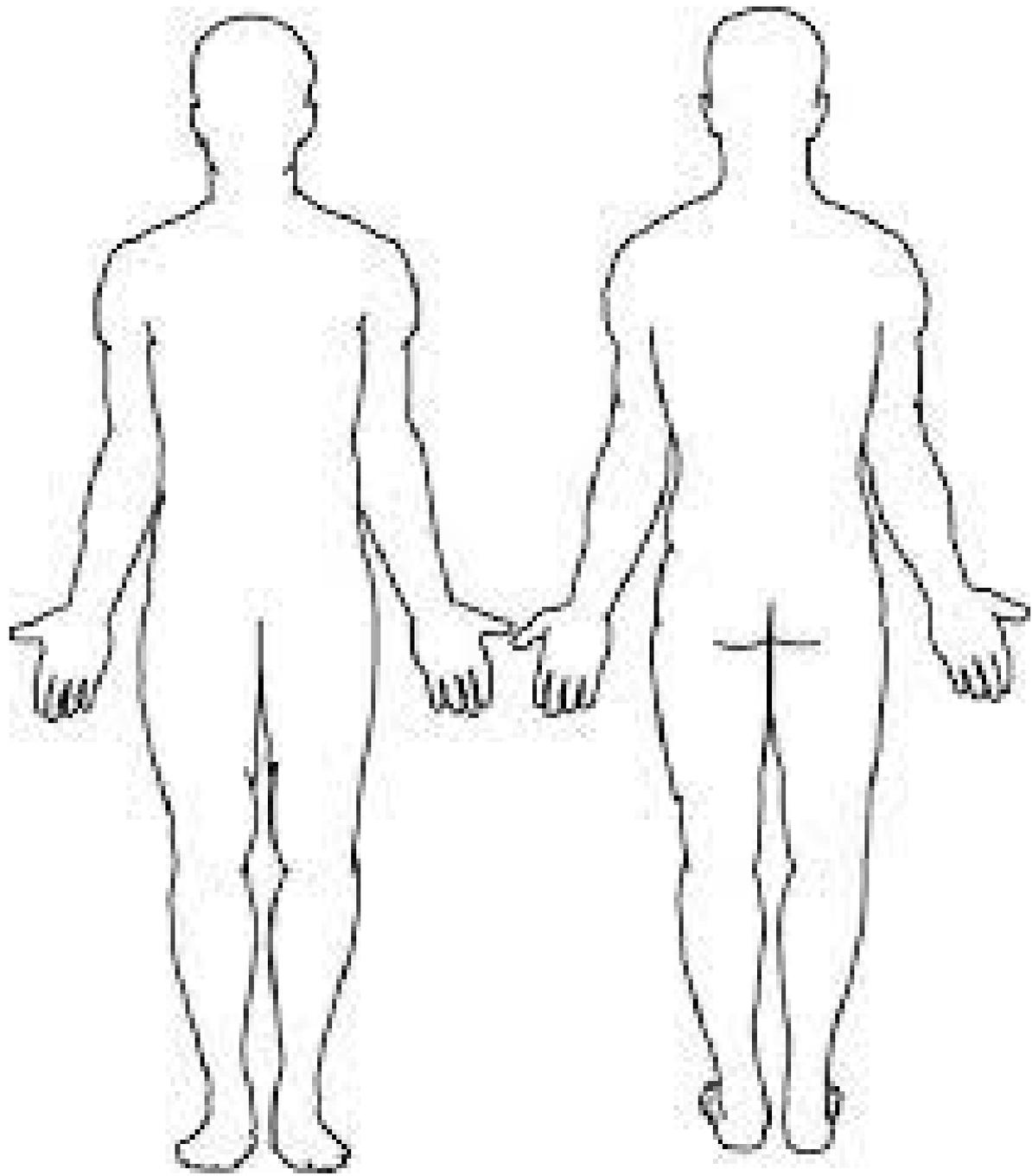
Neglect
<i>Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development.</i>

Child	
Failure to thrive - underweight, small stature	Low self-esteem
Dirty and unkempt condition	Inadequate social skills and poor socialization
Inadequately clothed	Frequent lateness or non-attendance at school
Dry sparse hair	Abnormal voracious appetite at school or nursery
Untreated medical problems	Self-harming behavior
Red/purple mottled skin, particularly on the hands and feet, seen in the winter due to cold	Constant tiredness
Swollen limbs with sores that are slow to heal, usually associated with cold injury	Disturbed peer relationships
Parent	Family/environment
Failure to meet the child's basic essential needs including health needs	Marginalized or isolated by the community.
Leaving a child alone	History of mental health, alcohol or drug misuse or domestic violence.
Failure to provide adequate caretakers	History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
Keeping an unhygienic dangerous or hazardous home environment	Past history in the family of childhood abuse, self harm, disorder or false allegations of physical or immoral assault
Unkempt presentation	Lack of opportunities for child to play and learn
Unable to meet child's emotional needs	Dangerous or hazardous home environment including failure to use home safety equipment; risk from animals
Mental health, alcohol or drug difficulties	

Immoral abuse	
<i>Immoral abuse involves forcing or enticing a child or young person to take part in immoral 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 or non-contact activities, such as involving children in looking at immoral images or being groomed on line / child exploitation.</i>	
Child	
Self-harm - eating disorders, self-mutilation and suicide attempts	Poor self-image, self-harm, self-hatred

Running away from home	Inappropriate immortalized conduct
Reluctant to undress for PE	Withdrawal, isolation or excessive worrying
Pregnancy	Immoral knowledge or behavior inappropriate to age/stage of development, or that is unusually explicit
Inexplicable changes in behavior, such as becoming aggressive or withdrawn	Poor attention / concentration (world of their own)
Pain, bleeding, bruising or itching in genital and /or anal area	Sudden changes in school work habits, become truant
Immorally exploited or indiscriminate choice of immoral partners	
Parent	Family/environment
History of immoral abuse	Marginalized or isolated by the community.
Excessively interested in the child.	History of mental health, alcohol or drug misuse or domestic violence.
Parent displays inappropriate behavior towards the child or other children	History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
Conviction for immoral offenses	Past history in the care of childhood abuse, self-harm, disorder or false allegations of physical or immoral assault
Comments made by the parent/carer about the child.	Grooming behavior
Lack of physical boundaries and personal space.	Physical or assault or a culture of physical chastisement.

Body Marking Form



Ignite School Declaration of Child Protection Policy

Ignite School Academic Year

Please sign and return to (DSL) by<insert date>.....

I, _____ have read and am familiar with the contents of the following documents and understand my role and responsibilities as set out in the Ignite School Child Protection Policy.

I am aware that the DSL and Deputy DSL are:

- Wedad Saada, DSL
- Dr. Stephen Appea, Deputy DSL

I am aware that the Governing Board are:

- Britney Chess
- Eunice Payne

I am able to discuss any concerns that I may have with them.

I know that further guidance, together with copies of the policies mentioned above, are available in the Director's Office.

Signed _____ Date _____