

Notton House School

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Working together to build a positive future

Safeguarding Policy

Member of staff responsible:	Headteacher
Adopted by GB:	February 2015
Date of Review by GB:	February 2016

NOTTON HOUSE SCHOOL SAFEGUARDING POLICY

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Rationale:

The Safeguarding Policy seeks to support the child's development in ways which will foster security, confidence and independence. It should be regarded as central to the well being of the individual and is, therefore, seen to be an intrinsic part of all aspects of the curriculum. The policy is underpinned by the fundamental principle of the Children Act 1989.

'The welfare of the child is paramount.'

Aims:

1. To establish and maintain an ethos where students feel secure and are encouraged to talk, and are listened to.
2. To provide a clear model of management in cases of suspected or disclosed abuse.
3. To keep the school staff well informed about Child Protection issues and best practice.
4. To provide a model for open and effective communication between children, teachers, parents, agencies and other adults working with children.
5. To help children to acquire skills and attitudes to both resist abuse in their own lives and to prepare them for responsibility including parenthood in their adults lives.

Objectives:

1. Through the implementation of specific procedures to ensure the exchange of appropriate information.
 - Within school & between schools
 - Between professionals/agencies
2. Ensuring all staff have up-to-date training in Safeguarding and Child Protection procedures. Including ensuring that appropriate levels of knowledge, skills and awareness by staff in the recognition of potential or actual abuse and the handling of a 'direct disclosure.' Including the opportunity to allow pupils the option of talking to any member of staff of either gender, who they feel comfortable sharing personal, academic or welfare concerns.
3. Ensuring a clear system of communication for channeling concerns. Including a whole school system of monitoring, recording and sharing child protection concerns.
4. Ensure that child abuse records, which are strictly confidential are kept separately from school records, but that teachers and staff most directly concerned with that child should have access to these records.
5. Ensuring that all staff know who is the Designated Safeguarding Lead on the staff at any given time, and who is the Designated Safeguarding Governor..
6. Ensure that the Governing Body have a clear understanding and awareness of the School's policy and procedures regarding Safeguarding and are able to challenge and question procedure with the result of ensuring best practice is established and maintained.

PART A

BASIC INFORMATION

1. The Designated Safeguarding Lead Person in School is the Head Teacher, in their absence the Deputy Head (during school day) or the Head of Care (during Care time).
2. The South West Child Protection Procedures and the Bristol Safeguarding Policy are accessible on line.
3. Every child has a Child Protection Record which details all individual concerns and follow up action kept in the school main office in a separate file to their School File.
4. If you have a concern about a child please record your comments on a pink form available in the Staff room and/or from the main office, titled ' Child Protection Concern' and pass on the completed form to the Designated

Safeguarding Lead Person immediately.

5. When an injury has been sustained please use the body plan (appendix 1 'CP report form' and in the Child Protection Record).
6. Notton House School uses 'Team Teach' as an approved behavior support programme which includes some aspects of physical intervention as a last resort. The staff are all trained in the approach, many to an advanced level. If physical intervention is deemed necessary it will be recorded formally using the 'Sleuth' system, which is monitored regularly by an advanced trainer and the Designated Lead for Safeguarding. Parents/Carers will be informed of the need to use such intervention by the person leading. This will include a description of the intervention used, by who, for what time and the outcomes of this action. The Designated Lead (Head Teacher or in their absence the Deputy Head or Head of Care) will contact and inform the Social Worker for a Child in Care as soon as they can pass on all the necessary information.

PART B

ALLEGATIONS AGAINST STAFF

All staff should be aware of their duty to raise concerns about the attitude or actions of colleagues.

If a student makes an allegation against a member of staff the Head Teacher should be immediately informed.

The Head teacher will discuss the allegation with the Local Authority Designated Officer (LADO) from Wiltshire at the earliest opportunity and before any actions are taken. They will also inform Bristol's LADO. Reports to LADO must be confirmed in writing or by receipted email.

If the allegation concerns the behaviour of the Head Teacher the Chair of Governors should be immediately informed and it is their responsibility to contact LADO (Wiltshire and Bristol).

PART C

School Procedures on Aspects of Child Abuse/Protection

Introduction

All adults have a responsibility to protect every child from abuse; this means that if you have concern about a child, you should talk to the designated safeguarding lead for child protection.

The Welfare of the Child is Paramount. Referral should be made without delay.

Every member of staff (teaching or non-teaching) has a responsibility to be alert to the possibility that a pupil may have been, or may be, at risk of being abused.

Please respect a child's right to confidentiality so that only the people who need to know are a party to details of any abuse to that child. Pupils are given the opportunity to talk to any member of staff of either gender with personal, academic or welfare concerns at all times.

Every member of staff should know (and the information will be posted in the staff room):

- the identity of the Designated Lead Person.
- that the Designated Lead is the person with whom all staff should make direct contact as soon as they have a concern about a child
- the place where the South West Child Protection Procedures, Bristol Safeguarding Children Policy are on line

Induction of new staff and regular workers at the School:

A Single Central Record is kept by the School managed by the Administrator. This ensures all new staff and regular workers have an up-to-date enhanced Disclosure and Barring Service (DBS), two relevant references, examples of up-to-date ID (such as Driving License, Passport) and required qualifications.

The Designated Lead Person

The role of the Designated Lead was defined by the DfEE in 1988 as follows:

'Responsibility for liaising with the Local Education Authority and with the local Social Services department and other agencies on individual cases of suspected or identified child abuse, acting as the contact point within the school, should be responsible for co-coordinating action within the school child abuse, including liaising with other staff who have designated responsibilities for pastoral care; and where appropriate, for overseeing the planning of any curricular provision'

The Designated Lead (Head Teacher or Deputy/Head of Care in their absence) for child protection should:

- raise awareness about aspects and recognition of child abuse;
- have detailed knowledge of the LA's procedures for dealing with individual cases;
- identify those officers within the statutory agencies with whom they may need to liaise;
- maintain up to date training on a multi-professional level (Advanced).

Procedures to Remember

If you have any reason to suspect that a child has been abused you should listen and ask only the minimum of questions. It is the role of all of us to clarify issues and relay them as said or shown to you by a child. See **Appendix (i)**.

It is the role of Police and Social Services to investigate.

We must take care not to ask questions which are not relevant to our role and responsibility for the child and which may also prejudice any action the Police or others may wish to take about any offence someone may have committed.

Reassure the child that it is not their fault.

Tell the child you need to talk and get advice from someone else.

Make a written note of the details as soon as possible - this is likely to ensure accuracy in recalling events later if this should be necessary. Use a 'Child Protection Concern' referral form (PINK SHEET) to record your concerns, completing all initial sections.

Use a body plan to illustrate location and size of injuries (Available from main office.)

Pass on the 'PINK SHEET' immediately to the Designated Lead (Head Teacher), a red file is accessible in their Office to put these forms for their urgent attention.

The Designated Lead (Head Teacher or Deputy/Head of Care in their absence) will make all initial referrals to 'First Response' or Social Care Duty Desk. The outcomes and agreed actions from the phone-call will be written on the PINK SHEET and when and with whom the call was made. It is sometimes necessary to follow these referrals up if feedback is not forthcoming.

For ongoing cases in which the young person already has an allocated Social Worker, the Designated Lead will delegate sharing of information to the Learning Mentor (KS3/4) or Learning Mentor (KS2) as part of their role in liaising with other professionals and following up on LA processes and agreed actions.

Once Notton House School has knowledge and awareness of subsequent actions the Delegated Lead will ensure this is written on the PINK SHEET and sign off the referral. This sheet is then filed and kept in the individual child's 'Child Protection folder' in the Main Office. This is useful information to look back on if further concerns involving that child arise.

Staff referring concerns will receive feedback on the referral from the Designated Lead and/or Learning Mentor at the next appropriate pupil focus meeting (Monday mornings).

If you are contacted directly by someone from outside the school, please ensure that the Designated Person (Head Teacher) for child protection is aware that you have been contacted and seek his/her guidance before you give any information or take any action in relation to a child at the School.

Take details of the caller and arrange for the appropriate person to phone them back.

You may be contacted:

- to give information about a possible child abuser or victim of child abuse;
- to prepare a report about a child involved in a CP case;
- to attend a Child Protection Case Conference;
- to give evidence at Court about child abuse;
- to advise someone who is coming into school to interview a child about possible abuse.

When reports are prepared it is good practice to share the content with the people who share parental responsibility and with the child. Discuss how and when to do this with the Designated Lead. The Designated Lead will manage these procedures of communication and only delegate such responsibilities when and where they feel right and necessary to do so.

If problems arise because of, or during, or after a child abuse referral or investigation, this should be discussed with the Designated Lead, who will consider talking to the

Local Area Designated Officer (LADO) Bristol
Local Area Designated Officer (LADO) Wiltshire

Some adults in all social classes do abuse children of all ages. It happens elsewhere, but it also does and has happened here in Bristol.

Child abuse is distressing for everyone concerned. The Designated Lead will ensure supervision is provided for any member of staff dealing with Child Protection issues on a regular basis or a serious case, through the Educational Psychologist for Notton House School.

Escalation. In cases in which the Notton House Designated Lead does not feel the agencies at 'first response' and/or Social Care have dealt with a referral or an ongoing concern swiftly enough or appropriately. They may decide to follow BCC procedures for 'Escalating concern' and communicate directly with Team Leaders and Area Managers in the relevant Social Care Offices. Such action will always be copied into BCC Safeguarding Officer for monitoring and evaluation purposes.

PART D

Monitoring and review.

The Notton House Policy (inc. School Procedures) will be reviewed every year at the Full Governors meeting.

Internal procedures and monitoring our referral process and effective working with other agencies will be managed through termly review meetings of the Designated Lead (Head Teacher) and Designated Lead Governor. This meeting will include sharing information on the number of referrals made and effective outcomes on a systems analysis basis NOT looking at individual cases.

The School will submit annual review information requested by BCC to help the LA have a clear awareness of Notton House School in regards to how effectively it manages Safeguarding, Child Protection concerns and Multi-agency working.

APPENDIX (i)

HANDLING A DIRECT DISCLOSURE - NEED FOR ACCURATE CONTEMPORANEOUS RECORDING

MEMORANDUM OF GOOD PRACTICE (HOME OFFICE/DOH 1992)

Give strict guidance on the video interviewing of children which may be used in criminal proceedings. These 'Good Practice' standards may also be applied to evidence in civil proceedings where appropriate. Video interviewing will be planned and undertaken by police and social services.

BURDEN OF PROOF

In Criminal Proceedings – BEYOND REASONABLE DOUBT.

Hearsay Evidence - i.e. what the child said to you is not admissible.

Except 3.57 (a) Where a child has voluntarily given details of an alleged sexual offence soon after that offence took place (i.e. same or next day)

3.57 (b) Where a child has made a previous positive identification of the accused it may be referred to in the video recorded interview.

Civil Proceedings – BALANCE OF PROBABILITIES

HEARSAY EVIDENCE - May be admissible as follows:

(a) CONTEMPORANEOUS NOTE OF WHAT THE CHILD SAID TO YOU AND MUST INCLUDE WHAT QUESTIONS YOU ASKED AND CONTEXT OF DISCLOSURE, NON-VERBAL COMMUNICATION e.g POINTING TO BODY PARTS MAY BE ADMISSIBLE.

(b) A WRITTEN RECORD MADE AT THE TIME IS ESSENTIAL AND MAY INCLUDE:

1. **FACT** - What the child said, questions you asked, context, relevant non-verbal communication.
2. **OPINION** - Interpretation may be challenged but comparison with a >similar child= may be appropriate
3. **JUDGEMENT** - MAY OR MAY NOT BE ACCEPTED, AS THE TRUTHFULNESS OF STATEMENTS MADE, e.g. SEXUAL KNOWLEDGE BEYOND YEARS etc.

WHEN A CHILD WANTS TO CONFIDE IN YOU

Never promise to keep it a secret.

Be accessible and receptive

Listen carefully and ask open questions to clarify e.g. who, what, when, where, how.

Take it seriously (e.g. This is very serious, I'm, sad that has happened to you)

Reassure the child they are right to tell (e.g. I'm glad you told me that was the right thing to do)

Reassure the child it was not their fault (e.g. the big person/grown up knew it was very wrong to involve you in adult/this stuff/things)

Negotiate getting help - Tell the child you're going to get help for them and their family - prepare them for the fact that you must involve others, they will be interviewed by police and social worker and may need a medical examination to check they're OK.

Explain - That you cannot personally protect them - but will support them in telling the right people to make sure it does not happen again.

Report - All suspicions or disclosures immediately.

Make careful records of what was said - immediately using the child's own words and including questions you asked.

KEEP YOUR HANDWRITTEN NOTES.

As soon as possible after the disclosure complete a 'PINK SHEET' for Notton House Child Protection Concerns and pass this onto the Designated Lead. You should now ensure any notes made are enclosed with this 'PINK SHEET'.

DO NOT

Jump to conclusions

Try to get the child to disclose - let the child talk and ask only the questions you need to know to clarify immediate safety. The child should not be repeatedly interviewed and the police/social services interview will form the basis of evidence needed to protect the child.

Speculate or accuse ANYBODY

Ask any leading questions whatsoever e.g. was it daddy/mummy etc or any questions requiring a YES/NO answer.

MAKE PROMISES YOU CANNOT KEEP

In order to bring about change for the child and his/her situation, it is ESSENTIAL THAT THE **above guidance is followed.**

GUIDANCE ON OBSERVATION MONITORING RECORDING

GUT FEELING OR PROFESSIONAL JUDGMENT?

General: Research has shown that when things go wrong in the management of child protection case work, it is not usually due to professionals, families or neighbours being unaware of 'issues of concerns'; it is usually due to failure to or a delay in communicating those concerns.

REMEMBER: The safety of the child over-rides confidentiality.

WHEN IN DOUBT: Communicate and share your concerns.

NOTE: The Designated Lead can always contact the Social Services Department Duty Team Manager to discuss their concerns. This does not always lead to a formal referral being made.

THE SCHOOL HAS A DUTY TO RECORD THEIR CONCERNS

- Schools are a front line agency.
- Teachers often know the child exceptionally well (and sometimes also parents).
- Teachers' training skills and experience mean that they are well placed to make observations and professional judgments regarding a child's welfare.

HOW THIS SHOULD BE DONE:

Points to keep in mind when monitoring and recording

1 OBSERVATION

- (a) Differentiate between a 'one-off' incident- that requires immediate action, and
- (b) Initially lower level concerns that build up to form a picture of concern.

For (b) remember observation can take place

- Over time;
- In different school settings (structured/unstructured);
- Should be shared between colleagues (e.g. class teacher/general assistant e.g. form tutor/subject staff;
- Balanced.

2 RECORDING

Reasons why some people may not report abuse

- Child asks you to keep silent – keep a secret;
- Fear of breaking up the family;
- Fear of exposing the child to further abuse;
- Fear of breaking a trusting relationship with child/family;

- Fear of presenting evidence in court;
- Afraid of misrepresenting or overreacting to the situation;
- Assuming another agency is dealing with the problem;
- The 'rule of optimism' – everything will work out OK;
- Assuming one parent/carer will protect;
- Believing the child is fantasizing/lying;
- Being persuaded by the child's retraction;
- Allowing a temporary improvement in the child's situation to distract you from the reality of continuing abuse;
- Being unable to comprehend the unbelievable nature of the disclosure;
- Not understanding procedure

Helping a child who wants to communicate about their abuse

- React calmly;
- Be aware of your non-verbal messages;
- Keep responses short, simple, slow, quiet and gentle
- Don't stop a child who is freely recalling events;
- Don't interrogate the child; observe and listen but don't probe; use active listening techniques;
- Offer a child the opportunity to talk to a member of staff of a different gender if they so wish/prefer;
- If you have difficulty in understanding the child's communication method, reassure him/her that you will find someone who can help;
- Tell the child they are not to blame and have done the right thing by telling you;
- Avoid criticising the alleged perpetrator
- Don't end the conversation abruptly
- Tell the child what will happen next; be honest about what you can do;
- Make a written note of:
 - What was said;
 - Who is present;
 - Sequence of events

Possible reasons for not telling

The abused child may;

- Not fully understand what is happening to them and even feel it is normal;
- Not be able to fully explain in descriptive words or actions what is happening to them;
- Not trust adults;
- Love their abuser and do not want to cause any problems for them;

- Feel no-one will believe them, “they have tried to tell someone before”;
- Worry that if they tell they will be sent away;
- Be too embarrassed;
- Feel that it is their fault and they deserve it;
- Have tried to explain but not felt listened to;
- Like the rewards being offered

APPENDIX (ii)

The definitions and signs of child abuse:

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child either directly by inflicting harm, or indirectly, by 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.

Definitions.

There are four types of child abuse:

- **Physical abuse**
- **Emotional abuse**
- **Sexual abuse**
- **Neglect**

Bullying is not defined as a form of abuse but there is clear evidence that it is abusive and will include at least one, if not two, three or all four, of the defined categories of abuse.

These definitions and indicators are not meant to be definitive, but only serve as a guide to assist you. It is important too, to remember that many children may exhibit

some of these indicators at some time, and that the presence of one or more should not be taken as proof that abuse is occurring. There may well be other reasons for changes in behaviour such as a death or the birth of a new baby in the family or relationship problems between parents/carers. In assessing whether indicators are related to abuse or not, the authorities will always want to understand them in relation to the child's development and context.

Physical abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Emotional Abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Sexual Abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Neglect

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

- provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- protect a child from physical and emotional harm or danger;

- ensure adequate supervision (including the use of inadequate care-givers); or
- ensure access to appropriate medical care or treatment.

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

Bullying

Bullying may be defined as deliberately hurtful behaviour, usually repeated over a period of time, where it is difficult for those bullied to defend themselves. It can take many forms, but the three main types are physical (e.g. hitting, kicking, theft), verbal (e.g. racist or homophobic remarks, threats, name calling) and emotional (e.g. isolating an individual from the activities and social acceptance of their peer group). The damage inflicted by bullying can frequently be underestimated. It can cause considerable distress to children to the extent that it affects their health and development or, at the extreme, cause them significant harm (including self-harm). All settings in which children are provided with services or are living away from home should have in place rigorously enforced anti-bullying strategies.

Signs of abuse

Recognising child abuse is not easy. It is not your responsibility to decide whether or not child abuse has taken place or if a child is at significant risk of harm from someone. You do however, have both a responsibility and duty, as set out in your organisation's child protection procedures, to act in order that the appropriate agencies can investigate and take any necessary action to protect a child.

Physical Abuse

Most children will collect cuts and bruises as part of the rough-and-tumble of daily life. Injuries should always be interpreted in light of the child's medical and social history, developmental stage and 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 than 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 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 some time 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
- cigarette 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
- depression
- withdrawn behaviour
- running away from home.

Emotional Abuse

Emotional abuse can be difficult to measure, as there are often no outward physical signs. There may be a developmental delay due to a failure to thrive and grow, although this will usually only be evident if the child puts on weight in other circumstances, for example when hospitalised or away from their parents' care. Even so, children who appear well-cared for may nevertheless 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. Emotional abuse can also take the form of children not being allowed to mix or play with other children.

Changes in behaviour which can indicate emotional abuse include:

- neurotic behaviour e.g. sulking, hair twisting, rocking
- being unable to play
- fear of making mistakes
- sudden speech disorders
- self-harm
- fear of parent being approached regarding their behaviour
- developmental delay in terms of emotional progress

Sexual Abuse

Adults who use children to meet their own sexual needs abuse both girls and boys of all ages, including infants and toddlers. Usually, in cases of sexual abuse it is the child's behaviour that may cause you to become concerned, although physical signs can also be present. In all cases, children who tell about sexual abuse do so because they want it to stop. It is important, therefore, that they are listened to and taken seriously.

It is also important to remember that it not just adult men who sexually abuse children – there are increasing numbers of allegations of sexual abuse of children against women and sexual abuse can also be perpetrated by other children or young people.

The physical signs of sexual abuse may include:

- pain or itching in the genital area
- bruising or bleeding near 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 beyond their age, or developmental level
- sexual drawings or language
- bedwetting
- eating problems such as overeating or anorexia
- self-harm or mutilation, sometimes leading to suicide attempts
- saying they have secrets they cannot tell anyone about
- substance or drug abuse
- suddenly having unexplained sources of money
- not allowed to have friends (particularly 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.

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 can also indicate neglect may include:
- complaining of being tired all the time
- not requesting medical assistance and/or failing to attend appointments
- having few friends
- mentioning being left alone or unsupervised.

Bullying

Bullying is not always easy to recognise as it can take a number of forms. A child may encounter bullying attacks that are:

physical: pushing, kicking, hitting, pinching and other forms of violence or threats

verbal: name-calling, sarcasm, spreading rumours, persistent teasing

emotional: excluding (sending to Coventry), tormenting, ridiculing, humiliating.

Persistent bullying can result in:

- Depression
- low self-esteem
- shyness
- poor academic achievement
- isolation
- threatened or attempted suicide

- Signs that a child may be being bullied can be:
- coming home with cuts and bruises
- torn clothes
- asking for stolen possessions to be replaced
- losing dinner money
- falling out with previously good friends
- being moody and bad tempered
- wanting to avoid leaving their home
- aggression with younger brothers and sisters
- doing less well at school
- sleep problems
- anxiety
- becoming quiet and withdrawn