

CHILD PROTECTION POLICY

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General Principles

It is the duty of member of staff, teaching and non-teaching faculty, to ensure that every student is safe and secure at all times. The welfare and safety of our students is a key priority of all staff at all times. Staff need to know how to recognise signs of abuse and how to escalate concerns. They need to be aware of how to minimise the risks of allegations against themselves – particularly since Abu Dhabi does not have the range of external support mechanisms that are found in other developed countries. Students must feel that they are safe to report any concerns and those concerns will be dealt with efficiently and compassionately. Confidentiality cannot be promised.

This policy is written in compliance with the local requirements of ADEC, HAAD, the Ministry of Interior and the Community Police. The policy is guided by the Federal Penal Code (3) of 1987 which states 'a person who fails to report a criminal offense (neglect or child abuse) is liable to prosecution.'

Designated Person

The designated Child Protection Officer is:

Claire Leyshon (Head of Primary)

The role of the designated Child Protection Officer is to:

- Ensure that all staff who work with children have appropriate training to equip them with the necessary knowledge and skills to safeguard children's wellbeing.
- Ensure training takes place during induction for all new staff entering the school and that refresher courses are conducted annually on an identified needs basis. Staff must sign a register to prove their attendances at these training sessions, which must be filed by the Child Protection Officer. Ensure staff are aware of all procedures.
- Ensure part-time and volunteers are fully aware of the school's arrangements for safeguarding children.
- Decide upon the appropriate level of response to specific concerns about a child, including whether further action is required about concerns raised.
- Ensure accurate records are kept and stored in a secure place with 'Strictly Confidential' marked across it. Evidence and notes should also be kept.
- Provide guidance to parents, children and staff about obtaining suitable support.
- Ensure that the Principal is kept up to date.

Practice and Procedure

All staff should make themselves aware of the signs of abuse and neglect both at home and at school. They should then follow the procedure of reporting those concerns or suspicions to the designated contact in school. If a member of staff is concerned about a child they must inform the Child Protection Officer. The member of staff raising the concern must record information regarding the concerns on the same day. The recording must be a clear, precise and factual account – see Appendix A – record of concern.

1. The Child Protection Officer reports to the Principal if the case is determined to be of concern
2. The Principal makes a report to ADEC (who will inform the police) within 24 hours

In the event that a child is in immediate danger, the Principal should call the Police directly (999)

3. Police- Child Protection Officer will conduct an investigation and action will be decided upon
4. Social Support Centre – Social Worker may become involved to support the child and family

Note: No child can be released to the Police without ADEC letter of approval

Ministry of Interior (MoI) – Child Protection Centre 02 333 3999

The Ministry will provide answers to questions about child abuse and neglect, how to report and if a reporter wishes to make an anonymous report.

Ministry of Interior (Mol) – Social Support Centre 02 657 3666

For answers to questions about child abuse and neglect, how to report and accessing support for families.

Pre-requisites for the designated Child Protection Officer

- The designated person in school will have a knowledge and understanding in both recognising and acting upon child protection matters reported to them by staff, parents and / or students.
- Appropriate training by the Mol (or prior training) must be given or have been given to the designated contact in school.

School Procedures: Staff Responsibilities

- All staff must have a recent CRB police check from their home country or the UAE.
- All staff must sign that they will not inflict any form of corporal punishment.
- All staff must be aware of the school policy regarding bullying which can be found in the Teachers Handbook. They must also be fully conversant with the Child Protection Policy.

School Procedure: School Responsibilities

- RBS will only allow staff to work with children after they have presented a recent and valid CRB police check.
- RBS will only allow staff to work with children after they have signed to say they will not inflict any form of corporal punishment onto children.
- Out sourced bus drivers and catering staff will have to be checked by their company and evidence provided to the school. They must also provide evidence that their staff have had appropriate training for keeping children safe and out of danger.
- Similar checks will be expected to be made on all visitors who may from time to time visit school e.g. authors, theatre groups, university representatives and sporting celebrities. These will have to provide ADEC authorisation prior to visiting school.
- Where upon inspection or the intervention of ADEC finding any areas of weakness with our policy then the document will be amended as soon as possible taking into account the advice that has been given.

When to be Concerned: Recognising Abuse

All staff and volunteers should be aware that the main categories of abuse are:

- Physical Abuse
- Emotional Abuse
- Sexual Abuse
- Neglect – *this is the most prevalent form of abuse*

PHYSICAL ABUSE may involve hitting, shaking, throwing, poisoning, burning, scalding, drowning, suffocating or otherwise causing physical abuse to a child. Physical harm may also be caused when a parent or care feigns the symptoms of, or deliberately causes ill health to a child in their care.

EMOTIONAL ABUSE is the persistent emotional ill - treatment of a child such as to cause severe and persistent effects on the child's emotional development. It may mean conveying to a child that they are unloved, worthless, inadequate or valued only in so far as they meet the needs of another person. It may feature expectations which are age or developmentally inappropriate being imposed on a child. It may involve a child feeling frightened or in danger, or exploitation or corruption of a child or children. The child may be prevented from expressing their views, silenced or made fun of in what they say and how they say it. Special attention should be given towards excessive use of the internet as this is a source of emotional abuse – particularly cyber-bullying.

SEXUAL ABUSE involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is

aware of what is happening. This may include penetrative or non-penetrative acts. This may include non-contact activities such as looking at or watching pornographic material. It may also involve the encouragement of children to behave in sexual inappropriate ways.

NEGLECT is the persistent failure to meet a child's basic physical and/or physiological needs. The likely result is the serious impairment of the child's health and development. This may include the failure to provide adequate food, shelter and clothing, failing to protect the child from physical harm or danger, or failure to ensure access to proper medical care or treatment

All staff including volunteers should be alert and aware of all possible signs of outward signs of abuse. The NSPCC includes the following identifiers of abuse in the list below. Students may exhibit one or more of the following:

- Sudden changes in behaviour both in and out of class that may result in a poorer attitude or academic performance
- An air of 'detachment' or 'don't care' attitude. Overly compliant behaviour
- Anxiety and low esteem
- Depression and withdrawal
- Reverting to younger behaviour
- Running away from home and suicide attempts
- Relationships between child and adults which is secretive and excludes others
- Eating problems, including over-eating, loss of appetite

- An injury that cannot be explained or that is covered and kept secret. This will not be a typical bump or bruise associated with everyday activities. Teachers of PE, dance and swimming must be particularly vigilant
- Frequent (minor) injuries of similarity even if a reasonable explanation has been given
- Self-inflicted wounds
- Lingering illnesses, deterioration of school work, changes of behaviour or aggression
- Disturbed sleep, nightmares, bed wetting
- A child who is reluctant to go home or who is kept at home for no apparent reason
- Appear frightened of the parent /s or other household members e.g. siblings, drivers, nannies
- Act in a way that is inappropriate for his / her age and development e.g. a child having sexual knowledge beyond their age or sexual behaviour which is inappropriate for their age like playing aggressive or inappropriate games / sex play
- Display insufficient sense of 'boundaries' or lack stranger awareness
- Appear wary of adults and display 'frozen watchfulness' – not trusting of adults – particularly close ones
- Children who are dirty, smelly, poorly clothed or who appear underfed
- Tummy pains with no medical reason
- Pregnancy
- A student who wants to describe an experience in confidence where they have been significantly harmed

Staff should also be mindful of unexplained absence or a pattern to absence. For further information see Appendix C.

How to Deal with a Disclosure

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

- Listen to what is being said without any emotion or promises but reassure them that some action and follow up will be made
- Always accept what is being said in the first instance
- Try not to interrupt the student – let them talk freely
- Reassure the child, but do not make promises which might not be possible to keep
- Do not promise confidentiality
- Reassure the student that it is not their fault and state that they were correct in talking about the incident(s)
- Listen rather than ask questions, let the student use their own way and words to describe the incident
- When questions are used – ensure they are clarifying questions and use only where necessary
- Do not criticize the alleged perpetrator
- Explain what has to be done next and who has to be told, again reassure the student that they are going to be safe

Assessment and Recording

- Make notes as early as possible AFTER the conversation.
- Do not destroy any original notes or evidence that the student has given you as this may be needed in court, or by the Police.
- Record the date, time, place and any non-verbal behaviour. Write the words used by the student and not your interpretations.
- Record on a body map the site of any injuries and their description – where applicable
- Record statements and observations, not interpretations or assumptions
- Pass the information to the Child Protection Officer without delay – **NO COPIES SHOULD BE RETAINED** by the member of staff. See Appendix A & B.
- Do NOT tape-record or video record the child – this is not an interview.
- Do NOT take photographs – even if the intention is good – this is a violation of privacy. Marks to the body should be identified on a body map (kept in the nurse's room).

What will happen next?

- The Child Protection Officer will then discuss the matter with the Principal who will then report the matter to ADEC within 24 hours. Depending on the severity of the case, the school may then need to report it to the Higher Committee of Child Protection.

- There is a Family Protection Centre opened by HH Sheikh Fatema Bint Mubarak which provides advice and counselling, medical, and psychological checks as well as follow up. It provides accommodation for abused women and children.

Confidentiality

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

- All staff, including teaching and non-teaching, have a responsibility to share relevant information about the protection of children with other professionals where appropriate.
- If a child confides in a member of staff / volunteer and requests that the information be kept secret, it is important that the staff member / volunteer explains that this cannot be promised as they may need to pass on the information to other adults to help keep them safe.
- Staff / volunteers who receive information about children and their families in the course of their work should share the information only within appropriate professional contexts.

Allegations involving School Staff or Volunteers

An allegation is any information which indicates that a member of staff / volunteer may have:

- Behaved in a way that has, or may harm a child
 - Possibly committed a criminal offence against / related to the child
 - Behaved toward a child or children in a way which indicates he / she could pose a risk of harm if they work regularly or closely with children
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- Allegations against any member of the school staff should be reported to Child Protection Officer or Principal
 - Allegations against the Principal must be reported to the Child Protection Officer or vice versa
 - Any member of staff who has reason to suspect that a child may have been abused by another member of staff at school or elsewhere must report it immediately to the Principal. A record of the concern must be made along with any other witnesses. This should include the time, date and place where the alleged incident took place, brief details of what happened, what was said and who was present
 - The Principal may decide to report the case to ADEC if it is warranted. This must be done within 24 hours and the member of staff may be suspended pending an investigation
 - After an internal investigation the member of staff may be deemed unsuitable for the position that they hold and this may result in the dismissal of the member of staff. In the case of a

teacher it may result in the ADEC approval to teach within the UAE being terminated

Guidelines for Staff

These guidelines are intended to protect staff, volunteers and students. The following list suggests ways to minimise the risk of allegations against staff and volunteers.

- DO NOT let suspicion, disclosure or allegations of abuse go unreported.
- Do provide access for students to talk to you about concerns that they have.
- If it is necessary to talk or listen to a student with concerns then inform another member of staff and have them nearby - do not close the door of the room.
- Recognise caution is needed on matters of abuse, bullying and bereavement.
- On residential trips, students and staff MUST have separate sleeping arrangements. Students should be also be separated by gender.
- Avoid situations that may compromise your relationship with students.
- During sport or other contact teaching, recognise and be aware of the need for physical contact – it should only be used to develop skills or for safety.
- In FS – be mindful of helping children especially in the toilet – ensure the door is ajar and if possible ensure another member of staff is in close proximity.
- Staff are advised to avoid transporting a single student in a vehicle unless accompanied by a member of staff or in case of an emergency.

- Remember that someone else may misinterpret your intentions no matter how well intentioned.
- Do not jump to conclusions without checking the facts.
- Do not have inappropriate physical or verbal contact with students. Avoid suggestive remarks or gestures, even in fun.

Federal Legislation and Mandatory Reporting

Any incidents of child neglect, harm or abuse must be reported. It is a legal and moral obligation to do so.

The Federal Penal Code (3) 1987 has specific articles related to the different forms of abuse:

Physical Abuse: 336, 337, 338, 339, 341, 342, 343

Emotional Abuse: 351, 352, 372, 373, 374

Sexual Abuse: 354, 356, 358, 362, 363, 364,

Neglect: 348, 349, 350

Other Guidelines and Procedures intended to Keep Children Safe and Protected:

Lost Child Procedure

One of the most worrying aspects of a day in school is a 'lost child' both for the child and staff and this can be terrifying for parents. In order to minimise the possibility of losing a child ALL staff need to be vigilant in maintaining a check of children in their care. This means in addition to the statutory keeping of attendance registers, headcounts after break times and at the beginning of lessons should automatically take place. The practice will ensure that if a child should go missing then the loss will be quickly discovered and action can be taken.

In the event of a missing child, the loss should be immediately reported to the Principal or to a senior member of staff who will then direct the course of action.

This will include some or all of the following:

1. Alert other staff and deploy for a search keeping cover of remaining children.
2. Question children and then conduct a search of buildings and outdoor areas.
3. Parents should be informed if the child is not found within 15 minutes.
4. Keep searching with as many adults as possible and update using mobile phones.
5. As a last resort and with consent of parents, call the police.

Late Collection Procedure

If a child is not collected at the end of the normal working day, they remain OUR responsibility until alternative arrangements have been made.

Each situation will be different and staff need to act with initiative but the following procedure is likely to be best practice. SAFETY COMES FIRST.

1. Allow 15 minutes leeway for traffic delay or other lateness.
2. After 15 minutes (2 pm) take the child (ren) to the designated waiting area – canteens for primary and secondary students and a designated late room in FS - where an adult /s will be on duty.
3. At 2:15 pm primary and secondary students should be escorted to the main reception. Call the parents / collecting person. Keep trying until contact is made.
4. The child should not be left alone and should be reassured that a solution will be found.
5. Under no circumstances must a child be allowed to go with another person/parent without the consent from the child's own parent or from the Principal.
6. The secretary must make a record of who is collected late. This is important for tracking parents who are frequently late.

Late Collection from After-school Activities

Those in charge of after school classes or team sport at different venues are responsible for the care and safety of each child until they are dropped at home or collected from school. A register

should be taken at the start to account for student's presence. Under no circumstances may a child be left on their own.

In the event of a child not being collected then the teacher / activity leader must take the student to the main reception (primary and secondary) so a call can be made home. In FS, the child is taken to receptionist who calls home. A record of lateness must be kept.

Children Dropped Off Before School Opening Time

Although we will discourage parents from dropping their children early some will do this because of work commitments and other factors. We will place a teacher on duty for the safety of our students from 7.30 am in primary and secondary school and from 7:00 am in FS. Students can enter school at 7:00 am and they must stay in the playground where security staff can supervise them.

Intimate Care of Children

- Children do occasionally have accidents or injuries which necessitate some intimate care. It is important to give consideration to two factors when dealing with these situations.
- Respect the privacy of the child.
- Be aware of the vulnerability of the member of staff assisting the child.

The following takes both these factors into account:

1. The practitioner dealing with the incident should inform another adult.
2. Leave doors slightly ajar, but closed enough to give as much privacy as possible.
3. Try to arrange for other children to use an alternative toilet area.
4. Wear disposable gloves.
5. Ask the child to remove soiled garments, give help if necessary due to age.
6. Use sealed wipes, disposable flannel, antibacterial soap to wash child avoiding intimate contact.
7. Use a towel to dry the child, again avoiding any intimate contact, the towel must be sent to be laundered after use.
8. Rinse off soiled clothes then place them into a plastic bag ready for the parent or carer to collect.

If this situation happens frequently with the same child, it would be appropriate to discuss toilet training with the parents so routines can be the same at school as well as home. A few days at home may be needed to reinforce the regularity of this process.

Restraint of Students

What is physical restraint?

- Restraint occurs whenever a member of staff, using intentional force, physically restricts a child's movement against his or her will
- Physical restraint does not include gentle prompting or guidance where the child is happy to comply in order to enjoy an activity. Physical restraint may be appropriate in certain situations e.g. a gymnastic lesson, first aid, or offering comfort. Staff should still be aware of the child's perception of this action.
- Physical restraint is a procedure for dealing with an unsafe or crisis situation.
- It must not be used as a punishment nor when a lesser response would have been an effective response to the situation. Deliberate use of physical contact to punish a student, cause pain, injury, or humiliation is unlawful, regardless of the severity of the behaviour or provocation leading up to this action.

The use of physical restraint

- Restraint should only be used in circumstances where there are good reasons for believing that the student is placing him/herself or other people in danger or where there may be significant damage to property.
- If we are aware that a student is likely to behave in a way that he/she may need restraining then it will be sensible to plan how

we respond to that situation. This action should be shared with parents and all members of staff. A plan of action should be made so everyone is aware of how to behave during the process, who to contact and how to resolve the situation in the best possible way without causing injury or humiliation.

Types of Restraint

Restraint occurs whenever a member of staff, using intentional force, physically restricts a student's movement against the student's will. This may mean restraining a student or moving him/her by physical means.

Restraint can be:

Partial Restriction or Prevention of a Particular Movement. This may be applied in different degrees, it may mean moving a student from imminent risk in order to prevent injury and after a reasonable verbal request has been made. It may mean holding a pupil to restrict movement e.g. arms. It could also mean restricting their movement in a confined space e.g. an office.

Total Restriction in Cases of Complete Immobilisation. This is where a pupil is held in such a way which prevents movement. This could mean a pupil being held on the floor. This is an extreme form of restraint and must only be used in exceptional circumstances where they or others were at risk.

Staff should be aware that for some students, the use of physical restraint may act as positive reinforcement for their behaviour.

If staff use physical force to restrain a student then the incident must be recorded in writing and the Principal informed so he can inform the parents before the end of the school day.

School Contacts

Claire Leyshon (Designated First Person – Child Protection Officer)

Rob Taylor (Principal) 050 4156358

OUTSIDE CONTACT DETAILS

ADEC Regional Office 02 6903219 (Mrs Mariam Al Neyadi)

Policy creation: January, 2015

Review date: June, 2015

Next review date: June, 2016

APPENDIX A

<u>Concern Form</u>		
If you have any concerns about a child, please complete this form and hand it in to the Principal		
Name of Child:		
Date:		
Form completed by:		
Details of concern / record of conversation / disclosure		
<i>Include any response you gave to the child if appropriate</i>		
Siblings in School		
Name	Class	Age

<u>Follow Up Action</u>	
Name of Student:	Completed by:
Date:	Signature:

APPENDIX B

<u>Incident Form</u>		
If you have any concerns about a child, please complete this form and hand it in to the Principal		
Name of Child:		
Date:		
Form completed by:		
Details of concern / record of conversation / disclosure		
<i>Include any response you gave to the child if appropriate</i>		
Siblings in School		
Name	Class	Age

<u>Follow Up Action</u>	
Name of Student:	Completed by:
Date:	Signature:

APPENDIX C

Early Identification of Abuse

The following table is to be issued to all new and existing teaching and non-teaching staff as part of the training on the recognition of any possible forms of abuse:

Type of Abuse	Physical Evidence	Behavioural Indicators	Indicators in the Parent
Physical Abuse	<p><i>Unexplained bruises or welts:</i></p> <ul style="list-style-type: none"> • On face, lips, mouth • On torso, back, buttock, thighs • Injuries in various stages of healing • Bite marks <p><i>Unexplained burns:</i></p> <ul style="list-style-type: none"> • Cigar, cigarette burns • Immersion burns • Burns with patterns: irons and other electric burners • Rope burns on arms, legs, neck or torso <p><i>Unexplained fractures:</i></p> <ul style="list-style-type: none"> • To skull, nose, facial structure • Various stages of healing • Multiple or spiral fractures <p><i>Unexplained lacerations and abrasions:</i></p> <ul style="list-style-type: none"> • To mouth, lips, gums, eyes. • To external genitals. <p><i>Poisoning:</i></p> <ul style="list-style-type: none"> • Ingestion of tablets or domestic poisoning in children under 5 is usually due to the carelessness of the parent or carer, but it may be self-harm, even in such young children. 	<ul style="list-style-type: none"> • Wary of adult contacts • Apprehensive when other children cry • Behavioural extremes • Aggressiveness • Withdrawal • Overly compliant • Afraid to go home • Reports injuries from parents • Is anxious about normal activities, e.g. napping • Complaints of soreness and moves awkwardly. • Destructive to self and others • Early to school and lingers later after school • Accident prone • Wears clothing to cover body when inappropriate. • Chronic runaway (especially teens) • Shies from physical contact 	<ul style="list-style-type: none"> • May have injuries themselves suggesting possible domestic violence • Not seeking medical help / unexplained delay in seeking treatment • Reluctant to give information or mention previous injuries • Absent without good reason when their child is presented for treatment • Disinterested or undisturbed by accident or injury • Aggressive toward child or others • Unauthorised attempts to administer medication • Tries to draw the child into their own illnesses • Past history of child abuse, self-harm, somatising disorder or false allegations of physical or sexual assault • Parent may be over involved in participating in medical tests, taking temperatures, measuring bodily fluids • Overly / intensely involved with their children • May appear unusually concerned about the results of investigations which may indicate physical illness in the child • Convictions for violent crimes

<p>Sexual Abuse</p>	<ul style="list-style-type: none"> • Distended stomach or emaciation • Difficulty in walking and sitting. • Torn, stained or bloody clothing. • Pain or itching in genital area. • Bruises and bleeding in genital area. • Venereal diseases. • Frequent urinary or yeast infections 	<ul style="list-style-type: none"> • Constant absence from school • Unwilling to participate in certain activities • Reluctant to undress for PE • Sudden drop in school performance • Withdrawal, fantasy, or unusually infantile behaviour • Crying with no provocation • Bizarre, sophisticated, or unusual sexual behaviour or knowledge • Anorexia • Sexually provocative • Poor peer relationships • Reports sexual assault by caretaker • Poor self-image, self-hatred • Suicide attempts (especially adolescents) or self-harming • Chronic runaway 	<ul style="list-style-type: none"> • Comments made by the parents / carer about child • Lack of sexual boundaries • Wider parenting difficulties or vulnerabilities • Grooming behaviour • Parent is a sex offender
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<p>Emotional Abuse</p>	<ul style="list-style-type: none"> • Speech disorders • Lags in physical development • Failure to thrive (especially infants) • Asthma, severe allergies or ulcers • Substance abuse • Self-harm 	<ul style="list-style-type: none"> • Over-reaction to mistakes • Fear of new situations • Antisocial, destructive etc. • Neurotic traits – rocking, hair twisting, thumb sucking, biting (habit disorders) • Fear of parents being contacted • Behavioural extremes – passive / aggressive • Early adaptive behaviour (too adult or infantile) • Developmental lags • Delinquent behaviour e.g. compulsive stealing • Social isolation – has few friends and doesn't like to join in • Poor peer relationships including withdrawal 	<ul style="list-style-type: none"> • Domestic abuse, adult mental health problems and parental substance misuse may be features in families where children are exposed to abuse • Abnormal attachment to child e.g. overly anxious or disinterested • Scapegoats one child in family • Imposes inappropriate expectations on child – prevents developmental exploration or learning, or normal social interaction through overprotectiveness • Wider parenting difficulties may be associated with this form of abuse
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<p>Neglect</p>	<ul style="list-style-type: none"> • Consistent hunger, poor hygiene, inappropriate dress. • Consistent lack of supervision, especially in risky activities or long periods. • Unattended physical problems or medical needs. • Abandonment • Continual Lice infestation 	<ul style="list-style-type: none"> • Begging or stealing food • Constant fatigue, listlessness or falling asleep • States there is no caretaker at home • Frequent school absences or tardiness • Destructive 	<ul style="list-style-type: none"> • Dirty, unkempt presentation • Inadequately clothed • Inadequate social skills and poor socialization • Abnormal attachment to the child e.g. anxious • Low self-esteem and confidence • Failure to meet basic needs – food, shelter, warmth, hygiene, clothes • Failure to meet the child's health and medical needs e.g. poor dental health • Leaves child alone for excessive periods of time • Leaves child with adults who are harmful e.g. violent or potentially harmful e.g. intoxicated • Wider parenting difficulties
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(Adapted and adopted from Cynthia Crosson Tower, Child Abuse and Neglect; A Teachers Handbook for Detection, Reporting and Classroom Management.)