



Clarence
International School

Child Protection and Safeguarding Policy

V2024.2.0

Effective from:	5th February 2025
Approval date:	5th February 2025
Lead Reviewer:	Assistant Head of Pre-Prep (DSL)
Next review date:	August 2025*

**The DSL will regularly review the policy to be in line with global best practice regarding Child Protection & Safeguarding.*

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Section 1: Key School Contact Information

The following people hold responsibility for ensuring the procedures stated within this policy are being adhered to:

Role	Name	Position	Contact Details
Designated Safeguarding Lead (DSL - first point of contact)	Adam Platten	Assistant Head of Pre-Prep	adam.platten@clarenceschool.jp Tel: 03-6721-0990
Deputy Designated Safeguarding Lead (DSL - second point of contact)	Claire Fletcher	Head of School	head@phoenixhouseschool.org Tel: 03-5530-7406
Designated Safeguarding Focal Point (Japanese)	Mami Kawasaki	Operations Manager	mami.kawasaki@clarenceschool.jp Tel: 03-6721-0990
Board Member Responsible for Safeguarding	Ziver Ölmez	Chief Operating Officer	zo@clarenceducation.asia Tel: 03-6721-1448

Section 2: Key External Contact Information

Akasaka Police Station	4-18-19 Akasaka, Minato-ku, Tokyo Tel: 03-63475-0110
Akasaka Fire Station	2-16-9 Minami Aoyama, Minato-ku, Tokyo Tel: 03-3478-0119
Minato City Child Consultation Center	5-7-11 Minami-aoyama, Minato-ku, Tokyo 03-5962-6500

Section 3: Guidance and Advice Documents

This policy has been prepared with regard to the School's responsibilities under the following documents:

- [Keeping Children Safe in Education](#) (UK Department for Education, Sept 2024)
- [Early Years Statutory Framework](#) (UK Department for Education, Jan 2024)
- Nursery School Guidelines (Ministry of Health, Labour and Welfare March 31, 2017)
https://www.mhlw.go.jp/web/t_doc?dataId=00010450&dataType=0&pageNo=1
- Act on the Prevention of Child Abuse and Other Related Measures (Law No. 82 of 2000)
<https://www.mhlw.go.jp/bunya/kodomo/dv22/01.html>

Section 4: Policy Statement

The Safeguarding Policy, together with elements of other school policies, constitute the School's Safeguarding Framework. This policy is addressed to all members of staff, volunteers, partners, contractors, consultants, Board members, guests and visitors (including parents). The policy covers arrangements for all classes and buildings. It applies wherever staff or volunteers are working with children, even when this is away from school, for example on an educational visit.

4.1 Statement of Intent

Clarence International School (CIS) is committed to establishing and maintaining an environment where children feel secure, are able to talk, and are listened to. The school expects all teaching staff, non-teaching staff, volunteers and visitors to the School site to share and uphold this commitment. The School will ensure children know that there are adults in the school whom they can approach if they are worried and include opportunities in the curriculum for children to develop the skills they need to stay safe. All staff and visitors 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 must always act in the best interests of the child.

“Safeguarding children and protecting them from harm is everyone’s responsibility. Everyone who comes into contact with children has a role to play.”

The Safeguarding and welfare of children is of fundamental importance to the School. The School defines safeguarding as protecting children from maltreatment; preventing impairment of children's health or development; ensuring children grow up in circumstances consistent with the provision of safe and effective care; and taking action to enable all children to have the best outcomes.

Safeguarding and child protection are different; safeguarding is what we do to prevent harm, whereas child protection is how we respond when we believe a child is at risk of harm, or has been harmed.

4.2 Management of Safeguarding

The Designated Safeguarding Lead's responsibility, as named in this policy, is to maintain an overview of safeguarding within the School; open channels of communication with local statutory agencies; support staff in carrying out safeguarding duties; encourage a culture of listening to students; and monitor the effectiveness of policies and procedures in practice.

Any revision of this policy, and consequent amendments to safeguarding practices within the School, are subject to approval by the School's Board of Directors. The Designated Safeguarding Lead ensures that any changes in this policy are drawn to the attention of all staff.

4.3 Aims and Objectives

The aims of this policy are:

- To actively promote and safeguard the welfare of children, staff and others who come into contact with the School.
- To provide all staff with the necessary information to enable them to meet their responsibilities to promote and safeguard the emotional and physical well-being of children.
- To have clear procedures in place for dealing with and referring concerns about the welfare of any individual and/or allegations of abuse, and to ensure consistent good practice in the implementation of these across the School.

- To demonstrate the School's commitment with regard to safeguarding children.
- To ensure that reporting systems are well advertised, easily understood and easily accessible for children, families and staff to confidently report abuse, knowing their concerns will be treated seriously and that they can safely express their views.

The objectives of this policy are:

- To have clear guidelines for staff for identifying and reporting cases, or suspected cases, of abuse including neglect, physical abuse, emotional abuse and sexual abuse
- To provide a positive, supportive and secure environment where students know there are adults in school whom they can approach if they need help.

Section 5: Definitions

All school staff should be aware that abuse, neglect and safeguarding issues are rarely standalone events and cannot be covered by one definition or one label alone. In most cases, multiple issues will overlap with one another, therefore staff should always be vigilant and always raise any concerns with the Designated Safeguarding Lead.

5.1 Definition of the 'Child'

The UN defines a child as the following:

'Definition of the child (Article 1): The Convention defines a 'child' as a person below the age of 18, unless the laws of a particular country set the legal age for adulthood younger. The Committee on the Rights of the Child, the monitoring body for the Convention, has encouraged States to review the age of majority if it is set below 18 and to increase the level of protection for all children under 18.' (UNICEF)

5.2 Definition of Safeguarding

Safeguarding and promoting the welfare of children is defined in Keeping Children Safe in Education (2024) as:

- Protecting children from maltreatment;
- Preventing impairment of children's health or development;
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care;
- Taking action to enable all children to have the best outcomes.

5.3 Definition of Abuse and Neglect

Abuse is a form of maltreatment of a child. We recognise that child abuse can be categorised into, but not limited to, one of the four main areas:

- Physical abuse
- Sexual abuse
- Emotional abuse
- Neglect

Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Harm can include ill treatment that is not physical as well as the impact of witnessing ill treatment of others. This can be particularly relevant, for example, in relation to the impact on children of all forms of domestic abuse. Children may be abused in a family or in

an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults or by another child or children.

All staff should be aware of indicators of abuse and neglect, understanding that children can be at risk of harm inside and outside of the school, inside and outside of home and online. Exercising professional curiosity and knowing what to look for is vital for the early identification of abuse and neglect so that staff are able to identify cases of children who may be in need of help or protection.

If staff are unsure, they should always speak to the Designated Safeguarding Lead (DSL).

5.4 Peer-on-Peer Abuse

All staff should recognise that children are capable of abusing their peers. Peer-on-peer abuse is any form of physical, sexual, emotional or financial abuse, and coercive control exercised between children and within children's relationships, friendships and wider peer associations. Peer-on-peer abuse can take many forms, including (but not limited to) serious bullying; youth and serious youth violence and/or prejudice-based violence.

We take any incidents seriously. A serious peer-on-peer abuse case will be passed directly to the Head of School to investigate. Parents, including the victim's parents, will be informed about the incident.

Section 6: Implementation

6.1 Roles and Responsibilities

6.1.1 The CIS Board of Directors must ensure the School implements its policies on:

- Appointing a Designated Safeguarding Lead.
- A training strategy that ensures all staff receive 'Basic Safeguarding Training' with refresher training yearly. The DSL should receive 'Advanced Safeguarding Training' at least every two years.
- Safeguarding and child protection procedures that are consistent with UK and Japanese government best practices, reviewed annually and made available to parents on request.
- Dealing with allegations of abuse made against members of staff, including allegations made against the Head of School.
- Safer recruitment procedures that include the requirement for appropriate checks in line with national Japanese and UK guidance.
- Arrangements to ensure that all temporary staff and volunteers receive safeguarding induction.

6.1.2 The CIS Designated Safeguarding Lead will:

- Act as a source of support, advice and expertise to staff on matters of safety and safeguarding.
- Advise how safeguarding risks can be managed and addressed in the planning of events, activities and development of school facilities.
- Liaise with relevant outside agencies.
- Report to the Board of Directors on issues of safeguarding.
- Ensure each member of staff has access to and understands the school's safeguarding policy and procedures.

- Ensure that all staff know what to do if they have any concerns or suspicions.
- Ensure all staff have training covering child protection and are able to recognise and report any concerns immediately, should they arise.
- Keep detailed, accurate, secure written records of referrals or concerns.
- Monitor and evaluate the effectiveness of the School's Safeguarding Policy.
- Challenge poor safeguarding practices within the school.
- Lead an annual evaluation of the safeguarding provision at the School.
- Ensure this policy is reviewed annually.
- Ensure this policy is available publically.
- Ensure that all staff have read and understood this policy.
- Provide Safeguarding induction training to all new staff and ensure that all staff receive training every year.
- Complete 'Designated Safeguarding Lead Training (Level 3)', or equivalent, on an annual basis.
- Keep up to date with local child protection policies, regulations and contact details through continued discourse with the local CPA.
- Ensure that all members of the School Community know who the Designated Safeguarding Lead is.
- Ensure that parents are aware that referrals about suspected abuse or neglect may be made to the Child Consultation Agency and the School's role in this,
- Ensure that the child protection files of any child leaving the school are copied and passed onto their new school as soon as possible.

6.1.3 Designated Safeguarding Focal Points

- In addition to the DSL, staff may be identified as Designated Safeguarding Focal Points; this helps children to report their own concerns more easily and allows them to do so in their home language.
- This is a voluntary position.
- Designated Safeguarding Focal Points must report any referrals onto the DSL for further investigation.

6.1.4 All staff (Teaching, Non-teaching and Volunteers) are required to:

- Know the identity of the Designated Safeguarding Lead and any additional Safeguarding Focal Points.
- Read and understand the Safeguarding Policy and procedures.
- Read and understand the Staff Working Guidelines.
- Report any child protection issues to the DSL.
- Read the UK's Department for Education "Keeping Children Safe in Education" document, including yearly updates.
- Read and understand the Child Abuse Prevention Act listed on the website of the Cabinet Office, as well as the Nursery Care Guidelines formulated by the Ministry of Health, Labour and Welfare, Japan.
- To complete additional training as determined by the DSL.

Section 7: Procedures for dealing with safeguarding concerns

All members of staff may receive a disclosure. The advice in this situation is “**Listen, Believe, Support**” and then **Report**. Notes of the disclosure, using children’s words verbatim where possible, should be passed on to the DSL via a Child Concern Form. If the DSL is unavailable then staff can report a disclosure to any member of the wider safeguarding team as identified on Page 2 of the Child Protection and Safeguarding Policy.

7.1 Reporting safeguarding concerns about a child

If a member of staff suspects that a child is the victim of maltreatment, they have a duty of care to inform the DSL. The report should be made immediately to reduce any risk to the child, and to ensure information is accurate. Reports are made via the **Child Concern Form**, which should be stored in classrooms or can be obtained from the Designated Safeguarding Lead. In the case of an emergency, members of staff should report the concern verbally to the DSL and follow-up with a written report using the Child Concern Form. Once in receipt of a written or verbal report, the DSL will decide whether to make a referral to the relevant Child Consultation Agency. They will also decide on the appropriate course of action in order to support the child further. If staff are unsure whether they should make a report or not, they should always speak to the Designated Safeguarding Lead (DSL) and seek advice.

All staff must report any concerns they have about a child and not see these as insignificant. Staff should **not** assume a colleague or another professional will take action and share the concern.

Staff **must** immediately report any:

- Suspicion that a child is injured, marked, or bruised in a way which is not readily attributable to the normal knocks or scrapes received in play / everyday, normal activities of children;
- Explanation given for an injury or mark which appears inconsistent or suspicious;
- Behaviours which give rise to suspicions that a child may have suffered harm (e.g. worrying drawings, play, actions);
- Concerns that a child may be suffering from inadequate care, ill treatment or emotional maltreatment;
- Concerns that a child is presenting signs or symptoms of abuse or neglect;
- Significant changes in a child’s presentation, including non-attendance;
- Hint or disclosure of abuse from any person;
- Concerns regarding person(s) who may pose a risk to children (e.g. living in a household with children present);
- Has a mental health need;
- Is frequently missing/goes missing from care or from home;
- Is at risk of modern slavery, trafficking, sexual or criminal exploitation;
- Is at risk of being radicalised or otherwise exploited;
- Has a family member in prison, or is affected by parental offending;
- Is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse;
- Has returned home to their family from care;
- Is persistently absent from education, including persistent absences for part of the school day.

7.1.1 Children with Special Educational Needs and Disabilities (SEND) or Certain Health Issues

Children with Special Educational Needs or Disabilities (SEND) or certain health conditions can face additional safeguarding challenges. Children with SEND are three times more likely to be abused than their peers. Additional barriers can sometimes exist when recognising abuse in SEND children. These can include:

- Assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration.
- These children being more prone to peer group isolation or bullying (including prejudice-based bullying) than other children.
- The potential for children with SEND or certain medical conditions being disproportionately impacted by behaviours such as bullying and harassment, without outwardly showing any signs.
- Communication barriers and difficulties overcoming these barriers.

Staff will support these children in expressing any concerns that they may have and will be particularly vigilant to any signs or symptoms of abuse.

7.1.2 Responding to a disclosure

Disclosures or information may be received from children, parents or other members of the general public. School recognises that those who disclose such information may do so with difficulty, having chosen carefully to whom they will speak. Such information cannot remain confidential and staff will immediately communicate what they have been told to the DSL. Staff will not investigate but will, wherever possible, elicit enough information to pass on to the DSL in order that she/he can make an informed decision of what to do next.

Staff will:

- Be open and honest with the child and not make any promises to keep the disclosure a secret;
- Listen to and take seriously any disclosure or information that a child may be at risk of harm;
- Try to ensure that the person disclosing does not have to speak to another member of school staff;
- Clarify the information;
- Try to keep questions to a minimum and of an 'open' nature e.g. 'Can you tell me what happened?' rather than 'Did x hit you?';
- Try not to show signs of shock, horror or surprise;
- Not express feelings or judgments regarding any person alleged to have harmed the child;
- Explain sensitively to the person that they have a responsibility to refer the information to the DSL;
- Reassure the child that they will be taken seriously, supported and kept safe;
- Explain that only those who 'need to know' will be told;
- Externally contracted staff need to complete a cause for Child Concern Form and pass this directly to the DSL.

7.2 Reporting safeguarding concerns about a member of staff

If a member of staff has safeguarding concerns regarding another member of staff, she/he must inform the DSL immediately followed by a written statement. This can be done via email or the concern form. If a member of staff has safeguarding concerns regarding a member of the Senior Leadership Team, she/he must inform the Board of Directors immediately. Following this, the relevant member of staff will decide on the appropriate course of action.

7.3 Reporting concerns around safeguarding practices within the school

The school will maintain a safeguarding culture which encourages all staff and volunteers to feel able to raise concerns. Where staff have concerns about poor or unsafe practice and potential failures in the school's safeguarding systems, these should be raised following the school's whistleblowing procedures as outlined in the Staff Handbook.

7.4 Recording

All referrals are recorded at the point of disclosure by all staff involved using the Child Concern Form. The DSL will follow up on the report according to the safeguarding protocols. Please note that information will only be shared on a need to know basis.

7.5 Investigation

After the disclosure has been made, the DSL may conduct a short investigation in order to gain a full understanding of the situation should this be needed in order to make an informed decision regarding a possible referral. This investigation may involve speaking to the child and other parties. At the end of the investigation, a decision is made as to whether to refer or offer alternative support.

7.6 Referral

If the decision to refer is made by the DSL, it will be done by a translator who will phone the Child Consultation Agency. The Board of Directors is always informed of the intention to make a referral unless the time needed to do this puts the safety of the child at risk.

7.7 Cultural Context

We operate in an international setting and take care to understand the Japanese and other cultural aspects of our children's lives and how this impacts on their and our understanding and interpretation of abuse and neglect. That said, we also take care not to let it impact our decision making process as to whether or not we report abuse.

Section 8: Managing Safeguarding

8.1 Safer Recruitment

The School must operate recruitment in line with the Safer Recruitment Policy and Keeping Children Safe in Education Part Three. Safeguarding is an important part of the recruitment procedure. All staff will undergo a Background Check before beginning employment to ensure that they are suitable to work with children.

8.2 Partners

Clarence International School works with many partners including club providers, support teachers, lunch delivery services and cleaning operatives. This policy requires that the School expects the same commitment to Safeguarding from these partners and is willing to support partners in achieving these standards of practice. They must read and adhere to this Safeguarding Policy and the Staff Working Guidelines when in contact with students. Where support teachers are regularly attending lessons at CIS, the Operations Manager will request an approved copy of photo ID to keep on file, as well as an appropriate Background Check.

8.3 Curriculum

The CIS Early Years curriculum will provide activities and opportunities for students to develop the skills they need to identify risks and stay safe at an age-appropriate level. This is embedded into activities involving "Personal, Social and Emotional Development" as outlined in the EYFS Statutory Framework.

8.4 Risk Assessments

Risk assessments for all events and activities involving children and for programmes and projects that affect children are completed with safeguarding implications in mind. These are sent to the Senior Leadership Team for approval.

8.5 On-site Security

The school takes all practical steps to ensure that school premises are as secure as possible. All staff have a responsibility for ensuring entrances are locked and monitored during preschool and daycare hours. External visitors are required to ‘sign in’ on entrance and must always be accompanied by a member of school staff.

8.6 Confidentiality

Staff have the professional responsibility to share relevant information about the protection of children with the DSL. If a pupil confides in a member of staff and requests that the information is kept secret, the child will be reassured that the matter will be disclosed only to the people who need to know about it. Staff should only discuss concerns with the DSL or Safeguarding Focal Point. That person then decides who else needs to have the information and they will disseminate it on a need to know basis. All records relating to child protection incidents will be maintained by the DSL and only shared as is consistent with the protection of children. At CIS, the Child Protection records will be kept in a secure locked cupboard within the school premises.

In accordance with Article 7. (Early Detection of Child Abuse) Act on the Prevention of Child Abuse and Other Related Measures (Law No. 82 of 2000), the welfare office, or child consultation centre that receive any referrals from the School must not disclose any information that would identify the person who made the report, based on the information they have obtained in the course of their duties.

The School’s policy on confidentiality and information-sharing is available to families on request.

Section 9: Monitoring and Reviewing

The DSL and Board of Directors annually review this policy and the implementation of its procedures. Should deficiencies or weaknesses be recognised with regard to child protection arrangements at any point, they should be remedied immediately. The DSL may choose to review this policy more regularly than stated in response to best practice and guidance, as well as legislation updates.

Section 10: Appendices

Appendix 1 - Types and Signs of Abuse

Physical Abuse

Could include:

- Hitting, shaking, suffocating, poisoning, burning or scalding, drowning, throwing or otherwise causing physical harm to a child.
- Fabricating the symptoms, or deliberately inducing illness in a child.

Indicators of Physical Abuse

- Bruises (particularly indicative of abuse if observed in infants and immobile children)
- Broken or fractured bones, or evidence of old fractures
- Burns or scalds, particularly to the feet or the bottom
- Lacerations to the body or mouth
- Bite marks
- Scarring
- The effects of poisoning (e.g. vomiting, drowsiness, seizures)
- Breathing problems from drowning, suffocation, or poisoning
- Head injuries in babies and toddlers may be signalled by the following symptoms: swelling, bruising, fractures, being extremely sleepy, breathing problems, vomiting seizures, being irritable or not feeding properly
- Seeming frightened of parents, reluctant to return home after school
- Displays frozen watchfulness
- Constantly asking in words/actions what will happen next
- Shrinks away at the approach of adults.

Sexual Abuse

Could include:

- Forcing or enticing a child to take part in sexual act, not necessarily involving violence, whether or not the child is aware of what is happening
- Physical acts including penetration or non-penetrative acts such as masturbation, rubbing outside of clothing and kissing
- 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.

Sexual abuse is not always perpetrated by adult males, women can also perpetrate acts of sexual abuse, as can other children. Both boys and girls can be victims of sexual abuse but girls are more likely to be abused.

Indicators of Sexual Abuse

- Changes in behaviour – a child may start being aggressive, withdrawn, clingy, have difficulties sleeping, have regular nightmares or start wetting the bed.

- Avoiding the abuser – the child may dislike or seem afraid of a particular person and try to avoid spending time alone with them.
- Sexually inappropriate behaviour – children who have been abused may behave in sexually inappropriate ways or use sexually explicit language.
- Physical problems – the child may develop health problems, including soreness in the genital and anal areas or sexually transmitted infections, or they may become pregnant.
- Problems at school – an abused child may have difficulty concentrating and learning, and their grades may start to drop.
- Giving clues – children may also drop hints and clues that the abuse is happening without revealing it outright.

Children often do not talk about sexual abuse because they think it is their fault or they have been convinced by their abuser that it is normal or a "special secret". Children may also be bribed or threatened by their abuser, or told they will not be believed. A child who is being sexually abused may care for their abuser and worry about getting them into trouble.

Emotional Abuse

Could include:

- Persistent emotional maltreatment of a child
- Conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.
- Not giving the child opportunities to express their views, deliberately silencing them or ‘making fun’ of what they say or how they communicate.
- Interactions that are beyond a child’s developmental capability.
- Overprotection and limitation of exploration and learning or preventing the child from participating in normal social interaction.
- Serious bullying (including cyberbullying)
- Causing children frequently to feel frightened or in danger

Indicators of Emotional Abuse

- Lack of confidence and self-esteem
- Difficulties controlling emotions
- Extreme behaviour, like becoming overly demanding, aggressive, having outbursts, or becoming passive
- Difficulties making and maintaining relationships
- Behaviour that is inappropriately infantile or adult-like
- Persistent running away from home or being missing from school
- Anxiety, unhappiness or withdrawal
- Having few or no friends
- Seeming to be isolated from parents/family
- Lack social skills
- Self-harm or attempts at suicide
- Babies or toddlers might not have a close relationship or bond with their parent(s)

- Babies or toddlers might be overly affectionate with strangers

Neglect

Could include:

- 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.
- Occur during pregnancy, for example, as a result of maternal substance abuse.
- 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)
 - ensure access to appropriate medical care or treatment.
 - Neglect of, or unresponsiveness to, a child's basic emotional needs.

Indicators of Neglect

- Being frequently absent from school
- Inappropriate clothing (e.g. shoes too small, clothes are ill-fitted or unsuitable for the weather conditions)
- Clothes are consistently dirty or smelly
- Being hungry
- Hands are cold, red and swollen
- Unkempt appearance and poor hygiene; hair quality is poor or is messy, teeth are dirty, skin dirty
- Lacking necessary medical or dental care, including immunisations or glasses
- Missing medical appointments
- Health problems, including anaemia, body issues, poor muscle tone or prominent joints, regular illness or infections, repeated accidental injuries (often caused by lack of supervision), skin issues (e.g. sores, rashes, flea bites, scabies, ringworm), thin or swollen tummy, weight or growth issues, untreated injuries
- Developmental problems, including poor language or social skills
- Frequent and untreated nappy rash in infants
- Being constantly underweight or considerably losing weight
- The parent or carer has failed to keep the child protected from physical harm or danger
- Begging or stealing things like money or food
- Living in an unsuitable environment (e.g. no heating, messy)
- Being left home alone for long periods of time
- Taking on the role of a carer for other family members
- Changes in behaviour, such as becoming clingy, aggressive, withdrawn, depressed or anxious, displaying obsessive behaviour
- Changes in eating habits
- Using drugs or alcohol
- Self-harm or attempts at suicide

Appendix 2 - Child Concern Form

Child Concern Forms are printed on pink paper and are available in every classroom. It is the responsibility of the Lead Teacher in each classroom to select an appropriate location for the forms which is easily accessible and made known to all members of staff who work in that room. Forms are also available in the classroom and on the school bus. Any member of staff, including volunteers and service providers, may complete a form. It is the responsibility of everyone at CIS to promote the welfare of all children.

Child Concern Form

Name of Child	
Class	
Date	
Reported by	

<p>Concern</p> <p><i>Please be as factual as possible. When reporting what a child has said, if possible this should be word for word. Continue overleaf if necessary.</i></p>

<p>Action taken 行われた対策</p>

Date:.....