Panshanger Primary School

Child Protection and Safeguarding Policy

Principles

At Panshanger Primary School, we are committed to safeguarding and promoting the welfare of all our children. Safeguarding is defined as protecting children from maltreatment, preventing impairment of health and/or development, ensuring that children grow up in the provision of safe and effective care and taking action to enable all children to have the best life chances.

This Child Protection Policy forms part of a suite of documents and policies which relate to the safeguarding responsibilities of the school.

In particular this policy should be read in conjunction with the Safer Recruitment Policy, Behaviour Policy, Physical Intervention Policy, Anti-Bullying Policy, Code of Conduct/Staff Behaviour Policy and ICT Acceptable Usage Policy.

Mission Statement

We strive to maintain an ethos in which:-

- children feel secure, valued, are encouraged to talk, are listened to and are taken seriously in order to achieve the five outcomes listed in the reform programme 'Every Child Matters' in the Children's Act 2004 i.e. be healthy; stay safe; enjoy and achieve; make a positive contribution; and achieve economic wellbeing.
- school staff and volunteers feel safe, are encouraged to talk and are listened to when they have concerns about the safety and well being of a child.
- children know that there are adults in the school whom they can approach if they are worried.
- children who have been abused will be supported in line with a child protection plan, where deemed necessary.
- opportunities are provided in the PSHE curriculum for children to develop the skills they need to recognise and stay safe from abuse.
- Consider how children may be taught about safeguarding, including online, through teaching and learning opportunities, as part of providing a broad and balanced curriculum.
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- Staff members working with children are advised to maintain an attitude of 'it could happen here' where safeguarding is concerned. When concerned about the welfare of a child, staff members should always act in the interests of the child.

The purpose of this policy is to inform staff, parents, volunteers and governors about the school's responsibilities for safeguarding children and to enable everyone to have a clear understanding of how these responsibilities should be carried out. They should be aware of the important role the school has in the early recognition of the signs and symptoms of abuse or neglect and the appropriate referral process.

Hertfordshire Safeguarding Children Board Inter-agency Child Protection and Safeguarding Children Procedures

The school follows the procedures established by the Hertfordshire Area Child Protection Committee - a guide to procedure and practice for all professional staff in Hertfordshire who work with children and their families.

School Staff and Volunteers

All school and college staff have a responsibility to provide a safe environment in which children can learn.

School staff and volunteers are particularly well placed to observe outward signs of abuse, changes in behaviour and failure to develop because they have daily contact with children.

All school staff and volunteers will receive safeguarding children training, (which is updated regularly – Hertfordshire Safeguarding Children Board advises every 3 years), so that they are knowledgeable and aware of their role in the early recognition of the indicators of abuse or neglect and of the appropriate procedures to follow. It is good practice for the Designated Senior Person to deliver an annual update. Temporary staff will be made aware of the safeguarding policies and procedures by the Designated Senior Person

Implementation, Monitoring and Review

The policy will be reviewed annually by the governing body. It will be implemented through the school's induction and training programme, and as part of day to day practice. Compliance with the policy will be monitored by the Designated Senior Person and through staff performance measures.

Statutory framework

In order to safeguard and promote the welfare of children, the school will act in accordance with the following legislation and guidance:

- The Children Act 1989
- The Children Act 2004
- Education Act 2002 (section 175)
- Herts Safeguarding Children Board Inter-agency Child Protection and Safeguarding Children Procedures (Electronic)
- Keeping Children Safe in Education (DFE 2014)
- Keeping Children Safe in Education: information for all school and college staff (DFE 2015) – APPENDIX 2
- Working Together to Safeguard Children (DfE 2015)
- The Education (Pupil Information) (England) Regulations 2005
- Counter Terrorism and Security Act 2015 (Section 26)

Working Together to Safeguard Children (DfE 2015) requires all schools to follow the procedures for protecting children from abuse which are established by the Hertfordshire Safeguarding Children Board.

Schools are also expected to ensure that they have appropriate procedures in place for responding to situations in which they believe that a child has been abused or is at risk of abuse. These procedures should also cover circumstances in which a member of staff is accused or suspected of abuse.

The school will also follow guidance in relation the specific safeguarding issues outlined in Appendix 2. This will include the Prevent Duty Guidance 2015, in the exercise of their functions, to have due regard to the need to prevent people from being drawn into terrorism. Furthermore Section 5B of the Female Genital Mutilation Act 2003 (as inserted by section 74 of the Serious Crime Act 2015) will place a statutory duty upon **teachers11, along with social workers and healthcare professionals, to report to the police** where they discover (either through disclosure by the victim or visual evidence) that FGM appears to have been carried out on a girl under 18. It will be rare for teachers to see visual evidence, and they should not be examining pupils, but the same definition of what is meant by "to discover that an act of FGM appears to have been carried out" is used for all professionals to whom this mandatory reporting duty applies**.**

Furthermore, Keeping Children Safe in Education (DfE March 2015) places the following responsibilities on all schools:

- Schools should be aware of and follow the procedures established by the Hertfordshire Safeguarding Children Board

- Staff should be alert to signs of abuse and know to whom they should report any concerns or suspicions

- Schools should have procedures (of which all staff are aware) for handling suspected cases of abuse of pupils, including procedures to be followed if a member of staff is accused of abuse, or suspected of abuse

- A Designated Senior Person (referred to in 'Keeping Children Safe in Education (DFE, March 2015) as Designated Safeguarding Lead') should have responsibility for co-ordinating action within the school and liaising with other agencies

- Staff with the designated safeguarding lead should undergo updated child protection training every two years

Keeping Children Safe in Education (DfE April 2014) also states:

Governing bodies and proprietors should ensure there is an effective child protection policy in place together with a staff behaviour policy (code of conduct). Both should be provided to all staff – including temporary staff and volunteers – on induction. The child protection policy should describe procedures which are in accordance with government guidance and refer to locally agreed inter-agency procedures put in place by the LSCB, be updated annually, and be available publicly either via the school or college website or by other means.

The Designated Senior Person (referred to in 'Keeping Children Safe in Education (DFE, March 2015)as Designated Safeguarding Lead')

Governing bodies and proprietors should ensure that the school or college designates an appropriate senior member of staff to take lead responsibility for child protection. This person should have the status and authority within the school to carry out the duties of the post including committing resources and, where appropriate, supporting and directing other staff.

The Designated Senior Person for Child Protection in this school is:

NAME: Mrs. Amanda Reed, SENDCo

A Deputy DSP should be appointed to act in the absence/unavailability of the DSP.

The Deputy Designated Senior Person for Child Protection in this school is:

NAME: Mrs. Sarah Holt, Headteacher

The broad areas of responsibility for the designated safeguarding lead are:

Managing referrals

- Refer all cases of suspected abuse to the local authority children's social care and police (cases where a crime may have been committed).
- Liaise with the head teacher or principal to inform him or her of issues especially ongoing enquiries under section 47 of the Children Act 1989 and police investigations
- Act as a source of support, advice and expertise to staff on matters of safety and safeguarding and when deciding whether to make a referral by liaising with relevant agencies

Training
The designated safeguarding lead should receive appropriate training carried out every two years in order to:

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

Raising Awareness

- The designated safeguarding lead should ensure the school or college's policies are known and used appropriately:
- Ensure the school or college's child protection policy is reviewed annually and the procedures and implementation are updated and reviewed regularly, and work with governing bodies or proprietors regarding this
- Ensure the child protection policy is available publicly and parents are aware of the fact that referrals about suspected abuse or neglect may be made and the role of the school or college in this
- Link with the local LSCB to make sure staff are aware of training opportunities and the latest local policies on safeguarding
- Where children leave the school or college ensure their child protection file is copied for any new school or college as soon as possible but transferred separately from the main pupil file

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

The nominated governor for child protection is:

NAME: Mrs. Liz Davidson

In particular the Governing Body must ensure:

- The responsibilities placed on governing bodies and proprietors include:
- their contribution to inter-agency working, which includes providing a coordinated offer of early help when additional needs of children are identified
- ensuring that an effective child protection policy is in place, together with a staff behaviour policy
- appointing a designated safeguarding lead who should undergo child protection training every two years
- prioritising the welfare of children and young people and creating a culture where staff are confident to challenge senior leaders over any safeguarding concerns

- making sure that children are taught about how to keep themselves safe.

School procedures
If any member of staff is concerned about a child he or she must inform the Designated Senior Person.

- Information regarding the concerns must be recorded by the member of staff on the same day. The recording must be a clear, precise, factual account of the observations. A proforma for recordings is available on the Hertfordshire Grid for Learning
- The Designated Senior Person will decide whether the concerns should be referred to Children's Services: Safeguarding and Specialist Services. If it is decided to make a referral to Children's Services: Safeguarding and Specialist Services this will be done with prior discussion with the parents, unless to do so would place the child at further risk of harm.
- Particular attention will be paid to the attendance and development of any child about whom the school has concerns, or who has been identified as being the subject of a child protection plan and a written record will be kept.
- If a pupil who subject to a child protection plan changes school, the Designated Senior Person will inform the Social Worker responsible for the case and transfer the appropriate records to the receiving school, in a secure manner, to a named person, and separate from the child's academic file

The Designated Senior Person is responsible for making the senior leadership team aware of trends in behaviour that may affect pupil welfare. If necessary, training will be arranged.

As a person who works with children, staff have a duty to refer safeguarding concerns to the designated senior person for child protection. However if:

- concerns are not taken seriously by an organisation or
- action to safeguard the child is not taken by professionals and
- the child is considered to be at continuing risk of harm

then Staff should speak to a DSP in their school or contact Hertfordshire Children's Services (including out of hours) on 0300 123 4043.
If, at any point, there is a risk of immediate serious harm to a child a referral should be made to children's social care immediately. Anybody can make a referral. If the child's situation does not appear to be improving the staff member with concerns should press for re-consideration. Concerns should always lead to help for the child at some point.

If the allegations raised by the staff member are against other children the school should follow section 4.3 of the Hertfordshire Safeguarding Children Board Procedures Manual - Children Who Abuse Others

Mandatory Reporting Duty

Section 5B of the Female Genital Mutilation Act 2003 (as inserted by section 74 of the Serious Crime Act 2015) will place a statutory duty upon **teachers11, along with social workers and healthcare professionals, to report to the police** where they discover (either through disclosure by the victim or visual evidence) that FGM appears to have been carried out on a girl under 18. Those failing to report such cases will face disciplinary sanctions. It will be rare for teachers to see visual evidence, and they should not be examining pupils, but the same definition of what is meant by "to discover that an act of FGM appears to have been carried out" is used for all professionals to whom this mandatory reporting duty applies.

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

- Physical abuse
- Emotional abuse
- Sexual abuse
- Neglect

All staff and volunteers should be concerned about a pupil if he or she –

- has any injury which is not typical of the bumps and scrapes normally associated with children's activities
- regularly has unexplained injuries
- frequently has injuries (even when apparently reasonable explanations are given)
- gives confused or conflicting explanations on how injuries were sustained
- exhibits significant changes in behaviour, performance or attitude
- indulges in sexual behaviour which is unusually explicit and/or inappropriate to his or her age
- discloses an experience in which he or she may have been significantly harmed

All staff and volunteers should be concerned about a child if he/she presents with indicators of possible significant harm **(**See Appendix 1 for details)

Generally, in an abusive relationship the child may:

- Appear frightened of the parent/s or other household members e.g. siblings or others outside of the home
- Act in a way that is inappropriate to her/his age and development
  (full account needs to be taken of different patterns of development and different ethnic groups)
- Display insufficient sense of 'boundaries', lack stranger awareness
- Appear wary of adults and display 'frozen watchfulness'

Dealing with a disclosure

If a pupil discloses that he or she has been abused in some way, the member of staff should -

- listen to what is being said without displaying shock or disbelief
- accept what is being said
- allow the child to talk freely
- reassure the child but not make promises which it might not be possible to keep
- not promise confidentiality it might be necessary to refer to Children's Services: Safeguarding and Specialist Services
- reassure him or her that what has happened is not his or her fault,
- stress that it was the right thing to tell
- listen, only asking questions when necessary to clarify
- not criticise the perpetrator
- explain what has to be done next and who has to be told
- make a written record (see Record Keeping)
- pass information to the designated senior person as soon as possible

Support

Dealing with a disclosure from a child, and safeguarding issues can be stressful. The member of staff/volunteer should, therefore, consider seeking support for him/herself and discuss this with the Designated Senior Person.

Confidentiality

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

- All staff in schools, both teaching and non-teaching staff, have a responsibility to share relevant information about the protection of children with other professionals, particularly the investigative agencies Children's Services: Safeguarding and Specialist Services and the Police).
- If a child confides in a member of staff/volunteer and requests that the information is kept secret, it is important that the member of staff/volunteer tell the child sensitively in a manner appropriate to the child's age/stage of development that they cannot promise complete confidentiality – instead they must explain that they may need to pass information to other professionals to help keep the child or other children safe.. Within that context, the child should, however, be assured that the matter will be disclosed only to people who need to know about it.
- Staff/volunteers who receive information about children and their families in the course of their work should share that information only within appropriate professional contexts.

Communication with Parents

Panshanger School will ensure the child protection policy is available publicly either via the school or college website or by other means.

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

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

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

Record keeping

When a pupil has made a disclosure the member of staff / volunteer should:-

- Record as soon as possible after the conversation. Use the school record of concern sheet wherever possible. (pro-forma available on the Hertfordshire Grid for Learning)

- not destroy the original notes in case they are needed by a court
- record the date, time, place and any noticeable nonverbal behaviour and the words used by the child
- draw a diagram to indicate the position of any bruising or other injury
- record statements and observations, rather than interpretations or assumptions

All records need to be given to the Designated Senior Person promptly. No copies should be retained by the member of staff or volunteer (pro-forma available on the Hertfordshire Grid for Learning)

The Designated Senior Person will ensure that all safeguarding records are managed in accordance with the Education (Pupil Information) (England) Regulations 2005.

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

- Behaved in a way that has, or may have harmed a child
- Possibly committed a criminal offence against/related to a child
- Behaved toward a child in a way which indicates s/he is unsuitable to work with children

This applies to any child the member of staff/volunteer has contact with in the personal, professional or community life.

To reduce the risk of allegations, all staff should be aware of safer working practice and should be familiar with the guidance contained in the staff handbook, school code of conduct or Government document 'Guidance for Safer Working Practice for Adults who work with Children and Young People in Education Settings'.

The person to whom an allegation is first reported should take the matter seriously and keep an open mind. S/he should not investigate or ask leading questions if seeking clarification, it is important not to make assumptions. Confidentiality should not be promised and the person should be advised that the concern will be shared on a 'need to know' basis only.

Actions to be taken include making an immediate written record of the allegation using the informant's words - including time, date and place where the alleged incident took place, brief details of what happened, what was said and who was present. This record should be signed, dated and immediately passed on to the Head Teacher.

If the concerns are about the Head Teacher, then the Chair of Governors should be contacted. The Chair of Governors in this school is:

NAME: MikeLarkins CONTACT NUMBER: 01707 323371

In the absence of the Chair of Governors, the Vice Chair should be contacted. The Vice Chair in this school is:

NAME: Liz Davidson CONTACT NUMBER: 01707 328846.

The recipient of an allegation must **not** unilaterally determine its validity, and failure to report it in accordance with procedures is a potential disciplinary matter.

The Headteacher / DSP will not investigate the allegation itself, or take written or detailed statements, but will assess whether it is necessary to refer to Local Authority Designated Officer:

- Children's Services – 030 0123 4043
- SOOHS (Out of Hours Service-Children's Services) – 030 0123 4043

If the allegation meets any of the three criteria set out at the start of this section, contact should always be made with the Local Authority Designated Officer without delay.

If it is decided that the allegation meets the threshold for safeguarding, this will take place in accordance with section 4.1 of the Hertfordshire Safeguarding Children Board Inter-agency Child Protection and Safeguarding Children Procedures.

If it is decided that the allegation does not meet the threshold for safeguarding, it will be handed back to the employer for consideration via the school's internal procedures.

The Head Teacher / DSP should, as soon as possible, **following briefing** from the Local Authority Designated Officer inform the subject of the allegation.

For further information see:
HSCB Inter-agency Child Protection and Safeguarding Children Procedures (Electronic)
Section 4.1 Managing Allegations Against Adults who work with Children and Young People

For further information see: Hertfordshire Safeguarding Children Board Child Protection Procedures: Section 4.1.1 Managing Allegations Against Adults Working with Children and Young People.

Success of the policy

Safeguarding is defined as protecting children from maltreatment, preventing impairment of health and/or development, ensuring that children grow up in the provision of safe and effective care and optimising children's life chances.
Our policy will be successful if all members of staff are made aware of the procedures within the policy, any concerns are dealt with appropriately as outlined in the policy, with records kept accordingly and children are kept safe.

This Child Protection Policy forms part of a suite of documents and policies which relate to the safeguarding responsibilities of the school. In particular this policy should be read in conjunction with the Safer Recruitment Policy, Behaviour Policy, Physical Intervention Policy, Anti- Bullying Policy, Code of Conduct/Staff Behaviour Policy and ICT Acceptable Usage Policy.

Signature: Sarah Holt **Date:** 1st March 2017
Head Teacher

Signature: Mike Larkins **Date:** 1st March 2017
Chair of Governors

Reviewed and Updated in line with County Guidance: March 2015
Approved by Governing Body: 02.04.15
Next Review March 2018

Reviewed - March 2017

APPENDIX 1 - INDICATORS OF HARM

PHYSICAL ABUSE

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

Indicators in the child

Bruising

It is often possible to differentiate between accidental and inflicted bruises. The following must be considered as non accidental unless there is evidence or an adequate explanation provided:

- Bruising in or around the mouth
- Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive)
- Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally, for example the back, mouth, cheek, ear, stomach, chest, under the arm, neck, genital and rectal areas
- Variation in colour possibly indicating injuries caused at different times
- The outline of an object used e.g. belt marks, hand prints or a hair brush
- Linear bruising at any site, particularly on the buttocks, back or face
- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting
- Bruising around the face
- Grasp marks to the upper arms, forearms or leg
- Petechae haemorrhages (pinpoint blood spots under the skin.) Commonly associated with slapping, smothering/suffocation, strangling and squeezing

Fractures

Fractures may cause pain, swelling and discolouration over a bone or joint. It is unlikely that a child will have had a fracture without the carers being aware of the child's distress.

If the child is not using a limb, has pain on movement and/or swelling of the limb, there may be a fracture.

There are grounds for concern if:

- The history provided is vague, non-existent or inconsistent
- There are associated old fractures
- Medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement

Rib fractures are only caused in major trauma such as in a road traffic accident, a severe shaking injury or a direct injury such as a kick.

Skull fractures are uncommon in ordinary falls, i.e. from three feet or less. The injury is usually witnessed, the child will cry and if there is a fracture, there is likely to be swelling on the skull developing over 2 to 3 hours. All fractures of the skull should be taken seriously.

Mouth Injuries

Tears to the frenulum (tissue attaching upper lip to gum) often indicates force feeding of a baby or a child with a disability. There is often finger bruising to the cheeks and around the mouth. Rarely, there may also be grazing on the palate.

Poisoning

Ingestion of tablets or domestic poisoning in children under 5 is usually due to the carelessness of a parent or carer, but it may be self harm even in young children.

Fabricated or Induced Illness

Professionals may be concerned at the possibility of a child suffering significant harm as a result of having illness fabricated or induced by their carer. Possible concerns are:

- Discrepancies between reported and observed medical conditions, such as the incidence of fits
- Attendance at various hospitals, in different geographical areas
- Development of feeding / eating disorders, as a result of unpleasant feeding interactions
- The child developing abnormal attitudes to their own health
- Non organic failure to thrive - a child does not put on weight and grow and there is no underlying medical cause
- Speech, language or motor developmental delays
- Dislike of close physical contact
- Attachment disorders
- Low self esteem
- Poor quality or no relationships with peers because social interactions are restricted
- Poor attendance at school and under-achievement

Bite Marks

Bite marks can leave clear impressions of the teeth when seen shortly after the injury has been inflicted. The shape then becomes a more defused ring bruise or oval or crescent shaped. Those over 3cm in diameter are more likely to have been caused by an adult or older child.

A medical/dental opinion, preferably within the first 24 hours, should be sought where there is any doubt over the origin of the bite.

Burns and Scalds

It can be difficult to distinguish between accidental and non-accidental burns and scalds. Scalds are the most common intentional burn injury recorded.

Any burn with a clear outline may be suspicious e.g. circular burns from cigarettes, linear burns from hot metal rods or electrical fire elements, burns of uniform depth over a large area, scalds that have a line indicating immersion or poured liquid.

Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation. Scalds to the buttocks of a child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

The following points are also worth remembering:

- A responsible adult checks the temperature of the bath before the child gets in.
- A child is unlikely to sit down voluntarily in a hot bath and cannot accidentally scald its bottom without also scalding his or her feet.
- A child getting into too hot water of his or her own accord will struggle to get but and there will be splash marks

Scars

A large number of scars or scars of different sizes or ages, or on different parts of the body, or unusually shaped, may suggest abuse.

Emotional/behavioural presentation

Refusal to discuss injuries
Admission of punishment which appears excessive
Fear of parents being contacted and fear of returning home
Withdrawal from physical contact
Arms and legs kept covered in hot weather
Fear of medical help
Aggression towards others
Frequently absent from school
An explanation which is inconsistent with an injury
Several different explanations provided for an injury

Indicators in the parent

May have injuries themselves that suggest domestic violence
Not seeking medical help/unexplained delay in seeking treatment
Reluctant to give information or mention previous injuries
Absent without good reason when their child is presented for treatment
Disinterested or undisturbed by accident or injury
Aggressive towards child or others
Unauthorised attempts to administer medication
Tries to draw the child into their own illness.
Past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault
Parent/carer may be over involved in participating in medical tests, taking temperatures and measuring bodily fluids
Observed to be intensely involved with their children, never taking a much needed break nor allowing anyone else to undertake their child's care.
May appear unusually concerned about the results of investigations which may indicate physical illness in the child
Wider parenting difficulties may (or may not) be associated with this form of abuse.
Parent/carer has convictions for violent crimes.

Indicators in the family/environment

Marginalised or isolated by the community
History of mental heath, alcohol or drug misuse or domestic violence
History of unexplained death, illness or multiple surgery in parents and/or siblings of
the family
Past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

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.

Indicators in the child

Developmental delay
Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or no attachment
Aggressive behaviour towards others
Child scapegoated within the family
Frozen watchfulness, particularly in pre-school children
Low self esteem and lack of confidence
Withdrawn or seen as a 'loner' - difficulty relating to others
Over-reaction to mistakes
Fear of new situations
Inappropriate emotional responses to painful situations
Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)
Self harm
Fear of parents being contacted
Extremes of passivity or aggression
Drug/solvent abuse
Chronic running away
Compulsive stealing
Low self-esteem
Air of detachment – 'don't care' attitude
Social isolation – does not join in and has few friends
Depression, withdrawal
Behavioural problems e.g. aggression, attention seeking, hyperactivity, poor attention
Low self esteem, lack of confidence, fearful, distressed, anxious
Poor peer relationships including withdrawn or isolated behaviour

Indicators in the parent

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 disinterest in the child
Scapegoats one child in the family
Imposes inappropriate expectations on the child e.g. prevents the child's developmental exploration or learning, or normal social interaction through overprotection.
Wider parenting difficulties may (or may not) be associated with this form of abuse.

Indicators of in the family/environment

Lack of support from family or social network.
Marginalised or isolated by the community.
History of mental heath, alcohol or drug misuse or domestic violence.
History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
Past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

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.

Indicators in the child

Physical presentation

Failure to thrive or, in older children, short stature
Underweight
Frequent hunger
Dirty, unkempt condition
Inadequately clothed, clothing in a poor state of repair
Red/purple mottled skin, particularly on the hands and feet, seen in the winter due to cold
Swollen limbs with sores that are slow to heal, usually associated with cold injury
Abnormal voracious appetite
Dry, sparse hair
Recurrent / untreated infections or skin conditions e.g. severe nappy rash, eczema or persistent head lice / scabies/ diarrhoea
Unmanaged / untreated health / medical conditions including poor dental health
Frequent accidents or injuries

Development

General delay, especially speech and language delay
Inadequate social skills and poor socialization

Emotional/behavioural presentation

Attachment disorders
Absence of normal social responsiveness
Indiscriminate behaviour in relationships with adults

Emotionally needy
Compulsive stealing
Constant tiredness
Frequently absent or late at school
Poor self esteem
Destructive tendencies
Thrives away from home environment
Aggressive and impulsive behaviour
Disturbed peer relationships
Self harming behaviour

Indicators in the parent

Dirty, unkempt presentation
Inadequately clothed
Inadequate social skills and poor socialisation
Abnormal attachment to the child .e.g. anxious
Low self esteem and lack of confidence
Failure to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene
Failure to meet the child's health and medical needs e.g. poor dental health; failure to attend or keep appointments with health visitor, GP or hospital; lack of GP registration; failure to seek or comply with appropriate medical treatment; failure to address parental substance misuse during pregnancy
Child left with adults who are intoxicated or violent
Child abandoned or left alone for excessive periods
Wider parenting difficulties, may (or may not) be associated with this form of abuse

Indicators in the family/environment

History of neglect in the family
Family marginalised or isolated by the community.
Family has history of mental heath, alcohol or drug misuse or domestic violence.
History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
Family has a past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.
Dangerous or hazardous home environment including failure to use home safety equipment; risk from animals
Poor state of home environment e.g. unhygienic facilities, lack of appropriate sleeping arrangements, inadequate ventilation (including passive smoking) and lack of adequate heating
Lack of opportunities for child to play and learn

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.

Child Sexual Exploitation

Child sexual exploitation (CSE) involves exploitative situations, contexts and relationships where young people receive something (for example food, accommodation, drugs, alcohol, gifts, money or in some cases simply affection) as a result of engaging in sexual activities. Sexual exploitation can take many forms ranging from the seemingly 'consensual' relationship where sex is exchanged for affection or gifts, to serious organised crime by gangs and groups. What marks out exploitation is an imbalance of power in the relationship. The perpetrator always holds some kind of power over the victim which increases as the exploitative relationship develops. Sexual exploitation involves varying degrees of coercion, intimidation or enticement, including unwanted pressure from peers to have sex, sexual bullying including cyberbullying and grooming. However, it also important to recognise that some young people who are being sexually exploited do not exhibit any external signs of this abuse. **(Keeping Children Safe in Education – DfE, 2015)**

Indicators in the child

Physical presentation
Urinary infections, bleeding or soreness in the genital or anal areas
Recurrent pain on passing urine or faeces
Blood on underclothes
Sexually transmitted infections
Vaginal soreness or bleeding
Pregnancy in a younger girl where the identity of the father is not disclosed and/or there is secrecy or vagueness about the identity of the father
Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing

Emotional/behavioural presentation
Makes a disclosure.
Demonstrates sexual knowledge or behaviour inappropriate to age/stage of development, or that is unusually explicit
Inexplicable changes in behaviour, such as becoming aggressive or withdrawn
Self-harm - eating disorders, self mutilation and suicide attempts
Poor self-image, self-harm, self-hatred
Reluctant to undress for PE
Running away from home
Poor attention / concentration (world of their own)
Sudden changes in school work habits, become truant
Withdrawal, isolation or excessive worrying
Inappropriate sexualised conduct
Sexually exploited or indiscriminate choice of sexual partners
Wetting or other regressive behaviours e.g. thumb sucking
Draws sexually explicit pictures
Depression

Indicators in the parents

Comments made by the parent/carer about the child.

Lack of sexual boundaries

Wider parenting difficulties or vulnerabilities

Grooming behaviour

Parent is a sex offender

Indicators in the family/environment

Marginalised or isolated by the community.

History of mental heath, alcohol or drug misuse or domestic violence.

History of unexplained death, illness or multiple surgery in parents and/or siblings of the family

Past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

Family member is a sex offender