



HOMELANDS PRIMARY SCHOOL

CHILD PROTECTION POLICY

ADOPTED BY THE FULL GOVERNING BODY ON.....15.07.14.....

REVIEWED.....08.12.15.....

REVIEWED.....08.03.16.....

REVIEWED.....

1	Introduction
2	Statutory Framework
3	The Designated Senior Person
4	The Governing Body
5	School Procedures
6	When to be Concerned
7	Dealing with a Disclosure
8	Confidentiality
9	Communication with Parents
10	Record Keeping
11	Allegations Involving School Staff/Volunteers
Appendix 1	Indicators of Harm

1. INTRODUCTION

Safeguarding is defined as protecting children from maltreatment, preventing impairment of health and/or development, ensuring that children grow up in the provision of safe and effective care and 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 Safeguarding Policy, Safer Recruitment Policy, Behaviour Policy, Physical Intervention Policy, Anti-Bullying Policy and Mobile Phone Usage Policy.

Purpose of a Child Protection Policy

To inform staff, parents, volunteers and governors about the school's responsibilities for safeguarding children.

To enable everyone to have a clear understanding of how these responsibilities should be carried out.

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

The school follows the procedures established by the Torbay Safeguarding Children Board; a guide to procedure and practice for all agencies in Torbay working with children and their families.

School Staff & Volunteers

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 will receive appropriate safeguarding children training (which is updated regularly), so that they are knowledgeable and aware of their role in the early recognition of the indicators of abuse or neglect and of the appropriate procedures to follow. It is good practice for the Designated Senior Person to deliver an annual update.

Temporary staff and volunteers will be made aware of the safeguarding policies and procedures by the Designated Senior Person.

Contribute to the five outcomes which are key to children's wellbeing:

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution
- achieve economic wellbeing

Homelands will use every available opportunity to educate children about keeping themselves safe. This will include PSHCE lessons, eSafety lessons, whole school assemblies, and individual conversations with children and their families.

Implementation, Monitoring and Review of the Child Protection Policy

The policy will be reviewed annually by the Governing Body through the Children and Families Committee. 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 DCPOs and through staff performance measures.

2. 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)
- Torbay Safeguarding Children Board Inter-agency Child Protection and Safeguarding Children Procedures
- 'Keeping Children Safe in Education' (DFE July 2016).
- The Education (Pupil Information) (England) Regulations 2005

Dealing with Allegations of Abuse Against Teachers and Other Staff (DfE 2011)

Working Together to Safeguard Children (DfE 2013) requires all schools to follow the procedures for protecting children from abuse which are established by the Torbay 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 are at risk of abuse - these procedures should also cover circumstances in which a member of staff is accused of, or suspected of, abuse.

Keeping Children Safe in Education (DfE April 2014) places the following responsibilities on all schools:

- Schools should be aware of and follow the procedures established by the Torbay 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, April 2014) 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.

Radicalisation and Extremism

The Government defines extremism as vocal or active opposition to fundamental British values including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs.

Some children are at risk of being radicalized: adopting beliefs and engaging in activities which are harmful, criminal or dangerous. Islamic extremism is the most widely publicized form and schools should also remain alert to the risk of radicalisation into white supremacy extremism.

School staff receives training to help identify signs of extremism. Opportunities are provided in the curriculum to enable pupils to discuss issues of religion, ethnicity and culture and the school follows the DfE advice Promoting fundamental British Values as part of SMSC (spiritual, moral, social and cultural education) in Schools (2014).

Further information on Preventing Radicalisation has been included in *Keeping Children Safe in Education* in line with:

Prevent Duty Guidance: for England & Wales published in March 2015 as part of the UK's Counter Terrorism strategy. (p. 10-15 for schools, registered childcare providers and further education).

The Prevent Duty Departmental advice for schools and childcare providers, published in June 2015. This non-strategy departmental advice is for governing bodies, Headteachers/Principals, Designated Safeguarding Leads and school staff. The document clarifies what the prevent duty means for schools and what actions are necessary to demonstrate compliance with the duty. It also provides sources of information, advice and support.

3. THE DESIGNATED CHILD PROTECTION OFFICER (referred to in 'Keeping Children Safe in Education (DFE, April 2014) as Designated Safeguarding Lead')

The Designated Child Protection Officer (DCPO) at Homelands is: Mrs Stephanie Colegate (Headteacher).

The Designated Deputy Child Protection Officer at Homelands is: Mrs Jackie Herrera (Pastoral Teaching Assistant).

It is the role of the DCPO to:

- Ensure that she receives refresher training at two yearly intervals to keep his or her knowledge and skills up to date
- Ensure that the headteacher and all staff members receive appropriate child protection training which is regularly updated.
- Ensure that new staff receive a safeguarding children induction within 7 working days of commencement of their contract
- Ensure that temporary staff and volunteers are made aware of the school's arrangements for safeguarding children within 7 working days of their commencement of work.
- Ensure that the school operates within the legislative framework and recommended guidance
- Ensure that all staff and volunteers are aware of the TSCB Inter-agency Child Protection and Safeguarding Children Procedures and any other relevant local guidance e.g. safe drop off/ collection of children guidance.
- Ensure that the Head Teacher is kept fully informed of any concerns
- Develop effective working relationships with other agencies and services Decide upon the appropriate level of response to specific concerns about a child e.g. discuss with parents, offer an assessment under the Safeguarding Hub Evaluation Form (SHED) or refer to Children, Schools and Families social care.
- Liaise and work with Children's Services: Torbay Safeguarding Hub over suspected cases of child abuse
- Ensure that accurate safeguarding records relating to individual children are kept separate from the academic file in a secure place, marked 'Strictly Confidential' and are passed securely should the child transfer to a new provision
- Submit reports to, ensure the school's attendance at child protection conferences and contribute to decision making and delivery of actions planned to safeguard the child
- Ensure that the school effectively monitors children about whom there are concerns, including notifying Children's Services: Safeguarding Hub when there is an unexplained absence of more than two days for a child who is the subject of a child protection plan
- Provide guidance to parents, children and staff about obtaining suitable support
- Discuss with new parents the role of the DSP and the role of safeguarding in the school. Make parents aware of the safeguarding procedures used and how to access the child protection policy.

4. THE GOVERNING BODY

The Governing Body has overall responsibility for ensuring that there are sufficient measures in place to safeguard the children in their establishment. It is recommended that a nominated governor for child protection is appointed to take lead responsibility.

The nominated Governor for Child Protection is: **Mr Maurice Codd**

The Headteacher and nominated Governor are aware of the PREVENT strategy and the Headteacher is regulated by the Home Office to deliver WRAP training

In particular the Governing Body must ensure:

- Child protection policy and procedures
- Safe recruitment procedures
- Appointment of a DSP who is a senior member of school leadership team
- Relevant safeguarding children training for school staff is attended
- Safe management of allegations
- Deficiencies or weaknesses in safeguarding arrangements are remedied without delay
- A member of the Governing Body (usually the Chair) is nominated to liaise with the local authority and/or partner agencies on issues of child protection and in the vent of allegations of abuse made against the Headteacher
- Safeguarding policies and procedures are reviewed annually

5. SCHOOL PROCEDURES - STAFF RESPONSIBILITIES

If any member of staff is concerned about a child he or she must inform one of the DCPOs.

The member of staff must record information regarding the concerns on the same day. The recording must be a clear, precise, factual account of the observations.

The DCPO will decide whether the concerns should be referred to Children's Services: Torbay Safeguarding Hub. If it is decided to make a referral to the Safeguarding Hub this will be discussed 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 is, or has been, the subject of 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 Designated Senior Person at the receiving school, in a secure manner, 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 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 DCPO in their school or contact Torbay Safeguarding Hub on 01803 208100 (out of hours number 0300 456 4876).

6. 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 child if they present 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'

Female Genital Mutilation

FGM is the collective name given to a range of procedures involving the partial or total removal of external female genitalia for non-medical reasons. It has no health benefits and harms girls and women in many ways. The practice, which is most commonly carried out without anaesthetic, can cause intense pain and distress and long-term health consequences, including difficulties in childbirth.

FGM is carried out on girls of any age, from young babies to older teenagers and adult women, so school staff are trained to be aware of risk factors. Many such procedures are carried out abroad and staff should be particularly alert to suspicions or concerns expressed by female pupils about going on a long holiday during the summer vacation period.

In England, Wales and Northern Ireland, the practice is illegal under the Female Genital Mutilation Act 2003. Any person found guilty of an offence under the Female Genital Mutilation Act 2003 is liable to a maximum penalty of 14 years imprisonment or a fine, or both.

TSCB guidance for further information.

Forced Marriage

A forced marriage is a marriage in which a female (and sometimes a male) does not consent to the marriage but is coerced into it. Coercion may include physical, psychological, financial, sexual and emotional pressure. It may also involve physical or sexual violence and abuse.

A forced marriage is not the same as an arranged marriage. In an arranged marriage, which is common in several cultures, the families of both spouses take a leading role in arranging the marriage but the choice of whether to accept or not to accept the arrangement remains with the prospective spouses.

Children may be married at a very young age and well below the age of consent in England. School staff receive training and should be particularly alert to suspicions or concerns raised by a pupil about being taken abroad and not being allowed to return to England.

Since June 2014 forcing someone to marry has become a criminal offence in England and Wales under the Anti-Social Behaviour, Crime and Policing Act 2014. See TSCB guidance for further information.

7. DEALING WITH A DISCLOSURE

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

- Listen to what is being said without displaying shock or disbelief

- Accept that 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 the Torbay Safeguarding Hub
- Reassure them 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 alleged perpetrator
- Explain what has to be done next and who has to be told
- Make a written record (see Record Keeping)
- Pass the information to a DCPO without delay

Support

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

8. 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 (Torbay Safeguarding Hub and the Police).

If a child confides in a member of staff or volunteer and requests that the information is kept secret, it is important that the member of staff or volunteer tell the child in a manner appropriate to the child's age or 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.

Staff or volunteers who receive information about children and their families in the course of their work should share that information only within appropriate professional contexts.

9. COMMUNICATION WITH PARENTS

Homelands will:

- Undertake appropriate discussion with parents prior to involvement of another agency unless to do so would place the child at further risk of harm.
- Ensure that parents have an understanding of the responsibilities placed on the school and staff for safeguarding children.

10. RECORD KEEPING

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

- Make brief notes as soon as possible after the conversation. Use the school record of concern sheet wherever possible. (Not destroy the original notes in case they are needed by a court)

- Record the date, time, place and any noticeable non-verbal behaviour and the words used by the child
- Draw a diagram to indicate the position of any injuries
- Record statements and observations rather than interpretations or assumptions

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

The DCPO will ensure that all safeguarding records are managed in accordance with the Education (Pupil Information) (England) Regulations 2005. At Shiphay we maintain electronic records to ensure that we have a clear historical record. These records are securely stored on our Learning Platform and backed up daily.

11. 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 have harmed a child
- Possibly committed a criminal offence against/related to a child
- Behaved towards a child or children in a way which indicates s/he would pose a risk of harm if they work regularly or closely with children
- This applies to any child the member of staff or volunteer has contact within their 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 our **Guidance for Staff on Contact with Pupils document** and the Government document '*Guidance for Safer Working Practice for Adults who work with Children and Young People in Education Settings*'.

<http://www.childrenengland.org.uk/upload/Guidance%20.pdf>

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

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

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

NAME: Mr Maurice Codd CONTACT NUMBER: Via the School Business Manager

In the absence of the Chair of Governors, the Vice Chair should be contacted.

NAME: Mrs Nicola Woodward CONTACT NUMBER: Via the School Business Manager

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

Children's Services – 01803 208102

Torbay Safeguarding Hub – 01803 208100 (Out of Hours Service) – 0300 456 4876

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 10 of the Torbay 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 Headteacher for consideration via the school's internal procedures.

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

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 or 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 or 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 and 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 or 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 or carer has convictions for violent crimes.

Indicators in the family or environment

- Marginalised or isolated by the community
- History of mental health, 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 and in the family and environment

- Lack of support from family or social network.
- Marginalised or isolated by the community.
- History of mental health, 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 socialisation

Emotional and 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 and environment

- History of neglect in the family

- Family marginalised or isolated by the community.
- Family has history of mental health, 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.

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 and environment

- Marginalised or isolated by the community.
- History of mental health, 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.