

2019

Child Protection Policy



Implemented: June 2019

To be reviewed: June 2020

Review frequency: Annually

Consultation process:

Lead governor/ Headteacher

Governing Body

Signed (HT)

(COG)

“In everything we do today, we’re following Jesus and his way.”

Child Protection Policy

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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 optimising children's life chances.

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

Purpose of a Child Protection Policy

To inform staff, parents, volunteers and governors about St. George's responsibilities for safeguarding children. To enable everyone to have a clear understanding of how these responsibilities should be carried out. To ensure that the school staff maintain a philosophy of 'It could happen here' even if many of the issues in this policy have not been commonly witnessed here in the past. Please refer to 'Indicators of Harm' in Appendix 1.

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 and volunteers will receive regular safeguarding children training, 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. This training is refreshed every three years. 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.

Additionally, the school recognises that staff members may themselves have been victims of abuse. Support is available from NAPAC who can be contacted on 0808 801 0331.

Implementation, Monitoring and Review of the Safeguarding & Child Protection Policy

Our 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.

2. Statutory Framework

In order to safeguard and promote the welfare of children, St. George's will act in accordance with the following legislation and guidance:

The Children Act 1989

The Children Act 2004

Education Act 2002 (section 175)

Working Together to Safeguard Children (HM Government July 2018)

Keeping Children Safe in Education (DFE September 2018)

The Education (Pupil Information) (England) Regulations 2005

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

Working Together to Safeguard Children (HM Government July 2018) requires St. George's to follow the procedures for protecting children from abuse in line with government guidance.

St George's is also expected to ensure that there are 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.

Safeguarding Children and Safer Recruitment in Education (DfES 2011) places the following responsibilities on all schools:

Members of staff working in St George's must be aware of and follow all safeguarding procedures.

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 should have responsibility for co-ordinating action within the school and liaising with other agencies

Staff with designated responsibility for child protection should receive appropriate training.

Safeguarding Children and Safer Recruitment in Education (DfES 2011) also states:

“All parents need to understand that schools and FE colleges have a duty to safeguard and promote the welfare of children who are their pupils or students, that this responsibility necessitates a child protection policy and procedures, and that a school or FE college may need to share information and work in partnership with other agencies when there are concerns about a child's welfare.”

3. The Designated Senior Person

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

NAME: Mr P O' Rourke

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 S Hukowski

It is the role of the Designated Senior Person for Child Protection to:

Ensure that he/she receives refresher training at two yearly intervals to keep his or her knowledge and skills up to date. This is recorded on the Safeguarding Children Compliance Checklist.

Ensure that all staff who work with children undertake appropriate training to equip them to carry out their responsibilities for safeguarding children effectively, at least every three years. This is recorded on the Safeguarding Children Compliance Checklist.

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. This information is included in the staff handbook.

Ensure that the school operates within the legislative framework and recommended guidance

Ensure that all staff and volunteers are aware of the LBE Inter-agency Child Protection and Safeguarding Children Procedures

Ensure that the DSP is kept informed of all 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 Common Assessment Framework (CAF) or refer to Enfield SPOE who may refer to Children's, Schools and Families social care.

Work in partnership with Children's Services: Safeguarding and Specialist Services 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 and are passed securely should the child transfer to a new provision. Ensure that the school effectively monitors children about whom there are concerns, including notifying SPOE (Single Point of Entry) and Education Welfare Team, 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 (Designated Senior Person) and the role of safeguarding in the school. Make parents aware of the safeguarding procedures used and direct them to the Safeguarding & Child Protection Policy on the school website

4. The Governing Body

The Governing Body has overall responsibility for ensuring that there are sufficient measures in place to safeguard the children, staff and volunteers 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:

NAME: Michael Lacquiere.

In particular the Governing Body must ensure there are up to date:

- Child protection policy and procedures
- Safe recruitment procedures
- Single Central Record which covers all staff, governors and volunteers as alive document
- Appointment of a DSP who is a senior member of school leadership team
- Relevant safeguarding children training for school staff/volunteers
- 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 be responsible in the event of an allegation of abuse being made against the Head Teacher

A safeguarding audit is carried out termly by the Safeguarding Governor who will then report to the governing body. This is included in the governor's diary.

Safeguarding policies and procedures are reviewed annually and information provided to the local authority about them and about how the above duties have been discharged. This is included in the governing Body minutes.

5. School Procedures and Staff Responsibilities

All members of staff will read and have an understanding of Part 1 and Annex A of the statutory guidance 'Keeping children safe in education'. All staff will sign a declaration that they have read and understood this, with declarations to be kept in the Single Central Record.

All new members of staff will be given a copy of our child protection procedures and part 1 of 'Keeping children safe in education 2018' as part of their induction into the school.

Key codes: Only staff are permitted to know and use the code for the doors. Under no circumstances are they permitted to give the codes to anyone else. The Headteacher will provide the code to new members of staff on their first working day.

Visitors

Visitors must report to the school office and sign in using the electronic system. They will be issued with a visitor's badge and are not allowed past the second door unless this is done. They must wear their badge at all times whilst on the school premises. Visitors are buzzed in using the release button in the office. The badge may have the following coloured lanyards:

Blue: visitor has full DBS clearance, the office has taken a note of the number and they may work unaccompanied in the school

Red: the visitor does not have the relevant documentation and must be accompanied at all times.

Staff must challenge any person without a lanyard or wearing a red lanyard who is not accompanied by a member of the school staff.

If the individual is a weekly visitor such as peripatetic music they must wear their visitors badge at all times. They are allowed to carry out their work independently as long as they have provided the office with their cleared DBS and relevant details.

Visitors are requested to sign out and return their badge to the school office.

Governors are asked to swipe in their St George's governors badges electronically when entering and exiting, and wear their badges at all times when on the premises.

Concerns

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

This must then be handed to the DSP. The Designated Senior Person will decide whether the concerns should be referred to Social Services. If it is decided to make a referral to Children's Services: 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.

Intimate Care Procedures

If a young child needs the assistance of an adult to change their underwear or remove their underclothes due to wetting themselves or to investigate an injury, it must be done in the presence of another adult.

When in the medical room, if a child does not require assistance but needs to remove their trousers or underclothes due to injury (eg their tights to investigate a graze, cut or bruise) they must do this behind a screen with the adult on the other side. The door to the medical must remain open.

6. Mobile Phones

As stated in our ICT Policy and Online Safety Policy and in keeping with guidance in Keeping Children Safe in Education (DfE September 2018), mobile phones and personally-owned devices will not be used in any way during lessons or formal school time. They should be on silent and kept in a bag/cupboard at all times whilst in the presence of children. They should not be on view in school corridors.

Mobile Phones/Personal cameras must never be used to take pictures, images or video of pupils. Photos should be stored on secure devices (encrypted flash drives etc) or on the school server in the staff area. Photos/files should not be removed from the premises.

Parents are requested to sign a permissions slip allowing the school to take appropriate images of children and display them in the school and on the website.

Children in year 6 who have permission to bring a phone to school must not use it on the school premises, including the playground before or after school, and must give the phone to the class teacher in the morning for safekeeping until the end of the school day.

7. 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 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, carers, family members 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'

8. Dealing with a Disclosure

If a child discloses that he or she has been abused in some way, the member of staff / volunteer 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
- 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 (TED = **T**ell, **E**xplain, **D**escribe)
- Not criticise the alleged perpetrator
- Explain to the child what has to be done next and who has to be told
- Make a written record (see Record Keeping)
- Pass the information to the Designated Senior Person without delay

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.

9. Confidentiality

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

All staff at St. George's, both teaching and non-teaching, 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 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.

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.

10. Communication with Adults

St. George's 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 by directing them to the Safeguarding and Child Protection Policy on the school website.

11. Record Keeping

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

- Make brief notes as soon as possible after the conversation.
- Not destroy the original notes in case they are needed by a court
- Complete a 'Logging a Concern' document
- 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
- Submit the 'Logging a Concern' in person to the DSP as soon as possible

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

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

Single Central Record: The Single Central record must cover all staff who work at the school and those who work in regular contact with children in the school including volunteers and governors.

The information recorded on these individuals is whether the following checks have been carried out or certificates obtained and the date on which the checks were completed

- An identity check
- A barred list check
- An enhanced DBS (Disclosure and Barring Services) check
- A prohibition from teaching check
- Further checks on people living or working outside the UK

- A check of professional qualifications
- A check to establish the person's right to work in the UK

Prohibition: With effect 1 from April 2014 it has been a statutory requirement to check on appointment that a teacher is not prohibited from teaching. A prohibition order is separate and different to the barred list (old list 99) check. The requirement to check teachers relates to appointments taken up on or after the 1 April 2014 so there is no need to retrospectively check teachers who commenced their current employment prior to 1 April 2014.

DBS: Disclosure and Barring Service: Up until November 2012 - these were called Criminal Records Bureau checks.

The DBS is responsible for administering three types of checks:

- Standard: a check of the Police National Computer (PNC) records of convictions, cautions, reprimands and warnings;
- Enhanced: a check of the PNC records as above, plus other information held by the police that is considered relevant by the police; and
- Enhanced with barred list information: for people working in regulated activity with children.

This adds checks of the DBS Children's Barred List to the enhanced check.

When the DBS has completed its check of an applicant's PNC record and, if appropriate, whether or not they are on the barred list, the relevant information will be recorded on a certificate (the DBS certificate) that is sent to the applicant. The applicant must show the DBS certificate to the Headteacher before they take up the post or as soon as practicable afterwards. If the Headteacher allows an individual to start work in regulated activity before the DBS certificate is available then they should ensure that the individual never works alone and is appropriately supervised by a member of staff with who has the required clearance. The individual at this stage must have all the other checks listed above, including a completed separate barred list check

12. 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 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/volunteer has contact within their personal, professional or community life.

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 Headteacher. The Headteacher may then refer the concern to the Local Authority Designated Officer (LADO)

If the concerns are about the Headteacher, then the Chair of Governors, Mr M Blundell, should be contacted in writing via the school in a sealed envelope marked For the Chair of Governors CONFIDENTIAL. In the absence of the Chair the Vice Chair Mrs McCaffery should be contacted.

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 (LADO). 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 (LADO) without delay.

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

13. Safeguarding

Radicalisation

The current threat of radicalisation in the United Kingdom may include the exploitation of vulnerable people, to involve them in terrorism or in activity in support of terrorism. The school is clear that this exploitation and radicalisation should be viewed as a safeguarding concern.

All pupils and teachers have the right to speak freely and voice their opinions. However, free speech is not an unqualified privilege but is subject to laws and policies governing equality, human rights, community safety and community cohesion.

We seek to protect children against the messages of all violent extremism. When any member of staff has concerns that a pupil may be at risk of radicalisation or involvement in terrorism, they should speak to the designated teacher.

Specific Safeguarding Issues: Child Sexual Exploitation and Trafficking, Forced Marriage, Female Genital Mutilation

The school keeps itself up-to-date with the latest advice and guidance provided to assist in addressing specific vulnerabilities and forms of exploitation.

Our staff are supported to recognise warning signs and indicators in relation to specific issues, including such issues in an age-appropriate way in their curriculum.

The school works with and engages our families and communities to talk about such issues.

Our staff are supported to talk to families about sensitive concerns in relation to their children and to find ways to address them together wherever possible.

Our staff will seek and obtain specific advice and guidance as necessary.

The school will engage experts and uses specialist material to support the safeguarding preventative work we do.

Our policy through the school's values, ethos and behaviour policies provide the basic platform to ensure children are given the support to respect themselves and others, stand up for themselves and protect each other.

Peer on Peer Abuse

Staff dealing with an allegation of peer-on-peer abuse should follow this policy as specified in Keeping Children Safe in Education (DfE September 2018) and Sexual Violence and Sexual Harassment Between Children in Schools (DfE May 2018).

- Allegations will be recorded, investigated and dealt with in line with our Child Protection policy
- Victims, perpetrators and any other child affected by peer-on-peer abuse will be supported

- Peer on peer abuse should never be tolerated or passed off as "banter", "just having a laugh" or "part of growing up"
- All peer-on-peer abuse is unacceptable and will be taken seriously
- The different forms peer-on-peer abuse can take, such as:
 - Sexual violence and sexual harassment
 - Physical abuse
 - Sexting
 - Initiation/hazing type violence and rituals

All staff should understand that safeguarding issues can manifest themselves via peer-on-peer abuse. The response to reports of peer-on-peer sexual violence and sexual harassment will be decided on a case-by-case basis with the designated safeguarding lead (DSL) taking a lead role, supported by other agencies if required.

APPENDIX 1 - INDICATORS OF HARM

Some types of abuse have commonly been regarded as affecting other parts of the borough of Enfield. The demographic of the school is changing and partly because of that a wider range of child protection issues are presenting themselves. Staff must always think that 'it could happen here' and must be vigilant to the signs of all forms of abuse.

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 caused in major trauma such as in a road traffic accident, a severe shaking injury, a fall 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 out 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

Female Genital Mutilation (FGM)

Female genital mutilation comprises all procedures involving partial or total removal of the external female genitalia or any other injury to the female organs for non-medical reasons

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 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 in the family/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 caregivers);

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 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/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.