Child Protection Policy

1. Purpose:

At The Reach Free School, the safety and wellbeing of children are paramount.

"Safeguarding and protecting children from harm is everyone's responsibility. Everyone who comes into contact with children and families has a role to play." 'Working Together to Safeguard Children' DfE April 2018

Safeguarding is defined as protecting children from maltreatment, preventing impairment of children's health and/or development, ensuring that children grow up in circumstances consistent with the provision of safe and effective care and taking action to enable all children to have the best outcomes.

This policy is designed to:

- Inform staff, parents, guardians and carers, volunteers and governors about The Reach Free School's responsibilities for safeguarding children.
- Enable everyone to have a clear understanding of how these responsibilities should be carried out.
- Ensure that all staff consider, at all times, what is in the best interests of the child.

2. Principles

The Reach Free School:

2.1 Follows the procedures established by the Hertfordshire Safeguarding Children Board; a guide to procedure and practice for all agencies in Hertfordshire working with children and their families.

2.2 Recognises that 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.

2.3 Maintains an environment where children feel secure, are encouraged to talk, and are listened to when they have a worry or concern.

2.4 Maintains an environment where school staff and volunteers feel safe, are encouraged to talk and are listened to when they have concerns about the safety and wellbeing of a child.

2.5 Ensures children know that there are adults in the school whom they can approach if they are worried.

2.6 Ensures that children who have a Child Protection Plan or a Child in Need Plan are supported in line with that plan.

2.7 Includes opportunities in the REACH Time curriculum and through House assemblies for children to develop the skills they need to recognise and stay safe from abuse of all kinds.

3. Training and Continuing Professional Development

3.1 All new school staff will receive 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 annually. As good practice, the Designated Safeguarding Lead for The Reach Free School will deliver interim updates.

3.2 Temporary staff and volunteers will be made aware of the safeguarding policies and procedures by the Designated Safeguarding Lead.

3.3 The Designated Safeguarding Lead attends the NSPCC Designated Safeguarding Lead Training every two years and the LSCB training in Hertfordshire.

4. Statutory Framework

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

- The Children Act 1989
- The Children Act 2004
- Education Act 2002 (section 157 and 175)
- Hertfordshire Safeguarding Children Board Inter-agency Child Protection and Safeguarding Children Procedures
- Working Together to Safeguard Children 2018
- Keeping Children Safe in Education 2018
- The Education (Pupil Information) (England) Regulations 2005
- Counter Terrorism and Security Act 2015 (section 26)
- Prevent Duty Guidance 2015
- Female Genital Mutilation Act 2003
- The Anti-social Behaviour, Crime and Policing Act 2014 (Forced Marriage, Bullying including cyberbullying, peer on peer abuse)
- Children Missing in Education
- Dealing with Allegations of Abuse Against Teachers and Other Staff (DfE 2011)
- Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers 2015

Working Together to Safeguard Children 2018 requires all schools to follow the procedures for protecting children from abuse, which are published by the Local (Hertfordshire) Safeguarding Partners.

5. Roles and Responsibilities

At The Reach Free School, every member of staff has a role to play in safeguarding our pupils and a responsibility to report any concerns to the Designated Safeguarding Lead. The Reach Free School has appropriate procedures in place for responding to situations in which we believe that a child has been abused or is at risk of abuse - these procedures also cover circumstances in which a member of staff is accused of, or suspected of, abuse.

5.1 Keeping Children Safe in Education (DfE 2018) places the following responsibilities on all schools:

- All staff members should be aware of systems within their school or college which support safeguarding and these should be explained to them as part of staff induction.
- All staff should be aware of the early help process, and understand their role in it. Early

help means providing support as soon as a problem emerges at any point in a child's life, from the foundation years through to the teenage years.

- All staff should be aware of the process for making referrals to children's social care and for statutory assessments under the Children Act 1989, especially section 17 (children in need) and section 47 (a child suffering, or likely to suffer, significant harm) that may follow a referral, along with the role they might be expected to play in such assessments.
- All staff should know what to do if a child tells them he/she is being abused or neglected. Staff should know how to manage the requirement to maintain an appropriate level of confidentiality whilst at the same time liaising with relevant professionals such as the designated safeguarding lead and children's social care. Staff should never promise a child that they will not tell anyone about an allegation, as this may ultimately not be in the best interests of the child.
- All staff should be alert to signs of abuse and neglect and know to whom they should report any concerns or suspicions
- Staff should maintain an attitude of 'it could happen here' where safeguarding is concerned
- Schools should be aware of and follow the procedures established by their Local Safeguarding Partners
- 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 Safeguarding Lead should have responsibility for coordinating action within the school and liaising with other agencies
- Staff with designated responsibility for child protection should receive appropriate training

5.2 The Designated Safeguarding Lead (DSL)

The Designated Safeguarding Lead for Child Protection at The Reach Free School is: Anthony Smith, Deputy Headteacher - Inclusion.

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

The Deputy Designated Safeguarding Lead for Child Protection in this school are: Natalie Simpson, Assistant Headteacher and Sarah Hobson-Riley, Assistant Headteacher.

5.2.1 It is the role of the Designated Safeguarding Lead for Child Protection to decide upon the appropriate level of response to specific concerns about a child e.g. discuss with parents, offer an assessment under the Early Help Module (EHM) Families First Assessment, offer family support or refer to Children's Services and to ensure that the school operates within the legislative framework and recommended guidance for Child Protection.

i) Manage Referrals:
The DSL must refer all cases of suspected abuse to Hertfordshire Children's Services and:

- Make contact with the police in cases where a crime may have been committed
- Make the Headteacher aware of referrals made and/or the status of ongoing referrals or police investigations
- Act as a source of support, advice and expertise to staff on matters of safety and safeguarding.
- Liaise and work with Children's Services: Safeguarding and Specialist Services over suspected or ongoing cases of child abuse
- Develop effective working relationships with other agencies and services

ii) Training and Raising Awareness:
The DSL must:

- Attend refresher DSL training every two years and update training on child protection

related matters at least annually
- Deliver whole staff training on Child Protection at least annually and update staff on emerging issues regularly
- 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 all staff and volunteers are aware of the Local Safeguarding Partners, Inter-agency Child Protection and Safeguarding Children Procedures and any other relevant local guidance
- Provide guidance to parents, children and staff about obtaining suitable support
- Discuss with new parents the role of the DSL and the role of safeguarding in the school. Make parents aware of the safeguarding procedures used and how to access the child protection policy.

iii) Reports and Record Keeping:
The DSL must:
- 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 and 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 and Specialist Services when there is an unexplained absence of more than two days for a child who is the subject of a child protection plan
- Ensure that the destination school for any leavers is recorded and that contact is made.

5.3 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.

The nominated governors for child protection are: Carolyn Venn and Eyal Hartal

In particular the Governing Body must ensure:

i) Safeguarding policies and procedures are in place and monitored and reviewed at least annually.

ii) The school operates Safer Recruitment procedures

iii) The appointment of a DSL who is a senior member of school leadership team

iv) Relevant safeguarding children training for school staff/volunteers is attended

v) Safe management of allegations

vi) Deficiencies or weaknesses in safeguarding arrangements are remedied without delay

vii) The nominated governor for child protection (Carolyn Venn) is responsible in the event of an allegation of abuse being made against the Headteacher

6. Procedures

6.1 If any member of staff is concerned about a child he or she must inform the Designated Safeguarding Lead using their logon to The Reach Free School CPOMS module.

6.2 The member of staff must record information using The Reach Free School CPOMS module regarding the concerns on the same day. The recording must be a clear, precise, factual account of the observations.

6.3 The Designated Safeguarding Lead will decide whether the concerns should be referred to Children's Services. If it is decided that a referral to Children's Services should be made, this will be discussed with the parents, unless to do so would place the child at further risk of harm or is not in the best interests of the child.

6.4 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.

6.5 If a pupil who is/or has been the subject of a child protection plan changes school, the Designated Safeguarding Lead will inform the social worker responsible for the case and transfer the appropriate records to the Designated Safeguarding Lead at the receiving school, in a secure manner, and separate from the child's academic file.

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

6. When to be concerned

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

- Physical abuse
- Emotional abuse
- Sexual abuse
- Neglect

6.2 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**.

6.3 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
- Display insufficient sense of 'boundaries', lack stranger awareness
- Appear wary of adults and display 'frozen watchfulness'

6.4 The Reach Free School recognises that children may be abused by other young people this is referred to in 6.5 as peer on peer abuse and such concerns will be referred in accordance with the procedures outlined in section 5.

6.5 Peer on peer abuse
Unfortunately **c**hildren can abuse other children. This is generally referred to as peer on peer abuse and can take many forms. This can include (but is not limited to) bullying (including cyberbullying); sexual violence and sexual harassment; physical abuse such as hitting,

kicking, shaking, biting, hair pulling, or otherwise causing physical harm; sexting and initiating/hazing type violence and rituals.

At The Reach Free school we have the following procedures in place to minimise the risk of peer on peer abuse:

- REACH Time curriculum including topics such as Sex and Relationships education regarding healthy relationships and consent, Anti-Bullying including cyber-bullying and online safety (this is not an exhaustive list).
- House assemblies on Keeping Safe take place fortnightly, they cover a range of topics which are revisited periodically and include:
- different types of abuse, which explicitly informs pupils that abuse is abuse and should never be tolerated or passed off as "banter", "just having a laugh" or "part of growing up". recognition of the gendered nature of peer on peer abuse (i.e. that it is more likely that girls will be victims and boys perpetrators), but that all peer on peer abuse is unacceptable and will be taken seriously;
- different forms peer on peer abuse can take, such as: sexual violence and sexual harassment, physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm, sexting (also known as youth produced sexual imagery) and initiation/hazing type violence and rituals.
- DFE Guidance for Searching Screening and Confiscation and The UK Council for Child Internet Safety (UKCCIS) Advice for Schools and Colleges on Responding to Sexting Incidents are used when tackling incidents of an online safety nature;
- Any allegations of peer on peer abuse will be recorded as outlined in section 5, investigated and dealt with;
- Victims, perpetrators and any other child affected by peer on peer abuse will be supported in line with DFE Guidance published as Part 5 of Keeping Children Safe in Education 2018;

6.6 If there is a serious or immediate threat to a child, contact the DSL (or emergency services if appropriate) at once.

7. Dealing with a disclosure

7.1 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: 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 alleged perpetrator
- Explain what has to be done next and who has to be told
- Make a written record (see Record Keeping below)
- Pass the information to the Designated Safeguarding Lead without delay

7.2 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 Safeguarding Lead.

8. Confidentiality

Safeguarding children raises issues of confidentiality that must be clearly understood by all staff/volunteers at The Reach Free School.

8.1 All staff at The Reach Free School, 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).

8.2 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 the Designated Safeguarding Lead to help keep the child or other children safe.

8.3 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.

9. Communication with Parents, Guardians and Carers

The Reach Free School will:

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

10. 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. Use The Reach Free School CPOMS module wherever possible.
- Not destroy the original notes in case they are needed by a court, these should be submitted to the DSL for secure storage on the written file.
- 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 and use the Body Map on CPOMS
- Record statements and observations rather than interpretations or assumptions

10.1 All records need to be given to the Designated Safeguarding Lead promptly. The member of staff or volunteer should retain no copies.

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

11. Allegations involving The Reach Free School staff or volunteers

11.1 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

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

11.3 To reduce the risk of allegations, all staff should be aware of the document '*Working together to Safeguard Children 2018*' and *Guidance for Safer Working Practice for Adults who work with Children and Young People in Education Settings 2015*' published by the Safer Recruitment Consortium made up of NSPCC, Lucy Faithfull Foundation, National Association of Special Schools and Child Protection in Education Foundation.

11.4 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.

11.5 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.

11.6 If the concerns are about the Headteacher, then the Chair of Governors should be contacted. The Chair of Governors of The Reach Free School is: Carolyn Venn

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

11.7 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.

11.8 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 in **11.1**, contact will always be made with the LADO without delay.

11.9 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.

11.10 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 Reach Free School's internal procedures.

11.11 The Headteacher should, as soon as possible, following briefing from the LADO inform the subject of the allegation. Support for the subject of the allegation can be found in the Managing Allegations against staff policy.

11.12 Any concerns regarding the Designated Safeguarding Lead should be referred to the Headteacher who will then follow the procedures outlined above.

12. In Year Admissions

The Reach Free School contacts the most recent school attended by any potential in-year admissions to ascertain school history, number of schools attended and any concerns previous schools have raised. This is in order to best support any pupil joining the school and to ensure that

any safeguarding issues are not left unaddressed.

13. Contacts

13.1 Initial Screening of Referrals Tel: 0300 123 4043

13.2 Consultation Hub Tel: 01438 737511

13.3 Hertfordshire Safeguarding Children's Board
www.hertssafeguarding.org.uk
HSCB Office
Room 127
County Hall
Hertford
Hertfordshire
SG13 8DF
01992 588 757

13.4 LADOs:
Frazer Smith (Team manager LADO and CPSLO)
01992 588168

Marrie Moat (Support Officer and first point of contact)
01992 556586
marrie.moat@hertfordshire.gov.uk

Tony Purvis
01992 556979
tony.purvis@hertfordshire.gov.uk

Andrea Garcia-Sangil
01992 556372
andrea.garcia-sangil@hertfordshire.gov.uk

14. Links with other policies

Safer Recruitment Policy
Confidential Reporting (Whistleblowing) Policy
Managing Allegations Against Staff Policy
Staff Disciplinary Code
Staff Disciplinary Procedures
E-Safety Policy
Preventing and Tackling Extremism Policy

15. Monitoring and Review
The Reach Free School Governing Body will monitor and review this policy annually.

Created: March 2013
Revised: November 2018
Ratified by the Governing Body: October 2013
Date of Last Review: November 2018
Date of Next Review: June 2019

Change History	Change(s) Made	Change Author
V1.0	Policy created	NSI
V1.1	Policy revised to include updated DfE guidance	RBO
V1.2	Policy revised to include latest procedures following updated DfE guidance	NSI
V1.3	Policy revised to include procedures relating to CPOMS and updated contact information	RBO/ ASM
V1.4	Revised to include Keeping Children Safe in Education Sept 2018 and Working Together to Safeguard Children April 2018. Updated details regarding the Designated Safeguarding Lead (DSL) and Deputy DSLs	RBO/ ASM
V1.5	Section 6.5 on peer-on-peer abuse added	ASM

Appendix 1
Indicators of Abuse

1. 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, guardian or carer fabricates the symptoms of, or deliberately induces, illness in a child.

1.2 Indicators in the child

1.2.1 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
- Petechiae haemorrhages (pinpoint blood spots under the skin.) Commonly associated with slapping, smothering/suffocation, strangling and squeezing

1.2.2 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.

1.2.3 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.

1.2.4 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.

1.2.5 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

1.2.6 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.

1.2.7 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 and there will be splash marks

1.2.8 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.

1.3 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

1.4 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.

1.5 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.

2. Emotional Abuse

2.1 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.

2.2 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 behavior

2.3 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.

2.4 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.

3. Neglect

3.1 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.

3.2 Indicators in the child

3.2.1 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 old 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

3.2.2 Development

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

3.2.3 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

3.3 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

3.4 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

4. Sexual Abuse

4.1 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.

4.2 Indicators in the child

4.2.1 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

4.2.2 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

4.2.3 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

4.2.4 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.

Appendix 2
'Extract from Working Together 2015'

Children have said that they need:

• **Vigilance:** to have adults notice when things are troubling them

• **Understanding and action:** to understand what is happening; to be heard and understood; and to have that understanding acted upon

• **Stability:** to be able to develop an on-going stable relationship of trust with those helping them

• **Respect:** to be treated with the expectation that they are competent rather than not

• **Information and engagement:** to be informed about and involved in procedures, decisions, concerns and plans

• **Explanation:** to be informed of the outcome of assessments and decisions and reasons when their views have not met with a positive response

• **Support:** to be provided with support in their own right as well as a member of their family

• **Advocacy:** to be provided with advocacy to assist them in putting forward their views