



Sherwood Pre-School
Community. Learning. Progress.

SAFEGUARDING POLICY

The Pre-School recognises that every child is entitled to be safe and protected from neglect, abuse and danger. In this way, all children will be better placed to enjoy life and fulfil their potential, making a positive contribution to their community and wider society, and achieve economic well-being. As an institution with responsibility for early years care and learning, the pre-school recognises its significant responsibility with regards to safeguarding. It needs to be vigilant and sensitive, responding promptly and appropriately to any concerns to ensure that, to the very best of its ability, every child and vulnerable person, for whom the pre-school has a responsibility of care is protected from harm. We know that children and vulnerable people are best protected in an environment all aspects of their welfare are taken into account and where there is proper planning for events and activities.

We welcome the inclusion of children from our wide and diverse community.

We aim to encourage children to respect and value people different from themselves and provide them with opportunities to do this in practical ways.

We are committed to taking positive action to instil 'British' values and encourage and develop attitudes that help combat bias.

Whilst the Local Authority has the lead responsibility for protecting children, safeguarding is everybody's business and there is a duty on public bodies to cooperate to safeguard children.

We therefore actively foster an environment of care and compassion so that any negative or harmful behaviours or conditions are more readily exposed and that those who need support will be encouraged to seek it.

PART A - SCOPE

CONTACTS

Trustee with responsibility for safeguarding: David Matthews
tel. 07912211830
Email

Sherwoodpreschool1@gmail.com

Safeguarding Lead: Lisa Wright & Jade Godden
tel. 07956065599 - 02084054193
Email

Sherwoodpreschool1@gmail.com

1.0 STATEMENT

- 1.1 The welfare of every child or vulnerable person is paramount.
- 1.2 All children, regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity, have the right to equal protection from all types of harm or abuse.
- 1.3 Working in partnership with children, young people, their parents and carers and other agencies is essential in promoting the welfare of children and vulnerable people.
- 1.4 Wraparound care, including breakfast club and after-school care is provided for children attending Howard primary school to support working parents.
- 1.5 A balanced diet is available, through a liaison with Howard Primary School, so that all children can be in receipt of a healthy lunch and snacks.
- 1.6 Outdoor play, encouraging exposure to fresh air, is always encouraged.

2.0 PURPOSE

The purpose of this policy is

- 2.1 to safeguard children, defined as any person who has not yet had their eighteenth birthday; Social Work Teams will also act to protect unborn children and offer on-going support, up to 25 years, to some young people who have been in care.
- 2.2 to safeguard vulnerable people, defined as anyone with a physical, mental or emotional disability (either permanent or temporary) which exposes them to harm. For a number of reasons, children with disabilities are more vulnerable to abuse than others. Children with disabilities may be more dependent on others for intimate care and may be less able to tell people about any abuse they experience. For these reasons, it is essential that rigorous procedures are in place, especially with regard to recruitment checks on both employees and volunteers, ensuring that clear guidelines set out acceptable behaviour by those working with children with disabilities.
- 2.3 to provide protection for the children and vulnerable people who engage with the pre-school, including the children of staff, parents, carers and other users.
- 2.4 to provide staff and volunteers with guidance on the procedures they should adopt if they suspect a child or vulnerable person may be experiencing, or be at risk of harm.
- 2.5 to ensure that all staff, including senior managers and trustees, paid employees, volunteers and session workers, agency and bank staff, students or anyone acting on behalf of the pre-school know how to act when there are causes for concern.
- 2.6 to ensure that practices follow statutory government guidance including *Working Together to Safeguard Children: 2010*; the *London Child Protection Procedures: 2010* and *What to do if you're worried a child is being abused: 2006*.

3.0 INVOLVEMENT WITH CHILDREN KNOWN TO SOCIAL SERVICES

3.1 The pre-school welcomes children with additional needs. This means that, on occasion, children will attend the pre-school who are the subject of child protection care orders and who are recognised as being children in need. The pre-school will aim, at all times, to provide these children with the additional support they may require so that their experience of early years is as stable and stimulating as that of other children.

4.0 DEFINITIONS OF ABUSE

The following definitions of abuse are set out in statutory government guidance and provide the framework for responding to risk to children. Refer to Appendix B for more detailed signs and symptoms of abuse.

- 4.1 **Abuse and neglect** are forms of maltreatment. A person may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children and vulnerable people may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by a stranger.
- 4.2 **Physical abuse** may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Chastisement which leaves a mark on the body would equate to physical abuse. Physical harm may also be caused when a parent fabricates the symptoms of, or deliberately induces, illness in a child.
- 4.3 **Emotional abuse** is the persistent emotional maltreatment of a child such as to cause severe and persistent effects on the child's emotional development. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone and may involve:
 - 4.3.1 conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person
 - 4.3.2 imposing age or developmentally inappropriate expectations 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
 - 4.3.3 seeing or hearing the ill-treatment of another
 - 4.3.4 serious bullying, causing children frequently to feel frightened or in danger
 - 4.3.5 the exploitation or corruption of children
- 4.4 **Sexual abuse** involves forcing or enticing a child or vulnerable person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape, buggery or oral sex) or non-penetrative acts.
 - 4.4.1 Sexual abuse includes abuse of children through sexual exploitation.
 - 4.4.2 Penetrative sex where one of the partners is under the age of 16 is illegal, although prosecution of similar age, consenting partners is not usual. However, where a child is under the age of

13 it is classified as rape under *S5 Sexual Offences Act 2003*.

4.4.3 Sexual abuse includes non-contact activities, such as involving children in looking at, or in the production of pornographic materials, watching sexual activities or encouraging children to behave in sexually inappropriate ways.

4.5 **Neglect** is the persistent failure to meet a child's basic physical or psychological needs, likely to result in the serious impairment of the child's health or development.

4.5.1 Neglect may occur during pregnancy as a result of maternal substance abuse.

4.5.2 Neglect may involve a parent failing to provide adequate food, clothing and shelter (including exclusion from home or abandonment), failing to protect a child from physical and emotional harm or danger; ensuring adequate supervision (including the use of inadequate care-givers); failing to ensure access to appropriate medical care or treatment.

4.5.3 It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Other types of maltreatment include the following.

4.5 **Domestic or Family Violence** adversely affects children, whether or not it is significant enough to warrant action under Child Protection Procedures. Therefore, if a member of staff becomes aware that a child may be living in a household where there is emotional, physical or sexual violence, they should attempt to find out whether the family is receiving help and should consider contacting the referral or advice lines below.

4.6 **Bullying** is not acceptable behaviour and should be addressed in accordance with the Croydon Anti-Bullying Strategy i.e. staff members witnessing a child being bullied or receiving complaints over bullying have a duty to do whatever is within their power to stop the situation, while avoiding putting themselves or the child in danger; staff should always discuss instances of bullying with a senior manager. This should occur immediately if the situation is beyond their ability to deal with it.

4.7 Weapons may be used to covertly or overtly to **threaten** or **intimidate**. All actual or threatened use of weapons or threats of physical force must be reported to the Police.

5.0 CHILDREN WHO GO MISSING FROM CARE AND HOME

The *London Child Protection Procedures* define a child as 'missing' if their whereabouts are unknown, whatever the circumstances of their disappearance. Children who go missing place themselves at risk of substance abuse, exploitation and addiction. There is a very high correlation (probably 98%) between children who go missing and those who are sexually exploited or trafficked.

5.1 **Sexual exploitation** is an increasingly common issue. It involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them

performing, or another or others performing on them, sexual activities. Child sexual exploitation can occur through the use of technology with or without the child's immediate recognition, for example, being persuaded to post sexual images on the internet/mobile phones without immediate payment or gain.

- 5.2 **Child trafficking** is the recruitment and movement of children for the purpose of exploitation; it is a form of child abuse. Children may be trafficked within the country, or from abroad. It overlaps with Sexual Exploitation and Private Fostering. Children may be trafficked for: sexual exploitation; labour exploitation; domestic servitude; cannabis cultivation; benefit fraud; forced marriage; moving drugs; other criminal activities.
- 5.3 In all cases, those exploiting or trafficking the child or vulnerable person have power over them by virtue of their age, gender, intellect, physical strength or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships is characterised in the main by the child or vulnerable person's limited availability of choice resulting from their social, economic or emotional vulnerability.

6.0 PRIVATE FOSTERING

A Private Fostering arrangement is one that is made privately between two parties without the involvement of the Local Authority for a child under the age of 16 (18 if disabled). This arrangement would be with someone who is not a parent or close relative, and lasts 28 days or more.

- 6.1 Private Fostering is used as a form of childcare by parents who are not able to take care of their child on a day to day basis, for whatever reason. However, unreported Private Fostering Arrangements can be used in order to exploit children.
- 6.2 The Law requires that the Local Authority should be informed at least six weeks in advance of a Private Fostering arrangement or 48 hours after the arrangement has been made, if in an emergency. Social Workers will then check the suitability of the Private Foster Carers; make regular visits to the child and monitor the standard of care; and ensure that Private Foster Carers and birth families have all the necessary information and advice they require.

7.0 FORCED MARRIAGES

No reputable Faith supports the idea of forcing someone to marry without his or her consent. This should not be confused with arranged marriages between consenting adults.

8.0 UNDER-AGE MARRIAGES

In England, a young person cannot legally marry or have a sexual relationship until they are 16 years old or more.

9.0 FEMALE GENITAL MUTILATION (FGM)

Although this is against the law, for some in our communities it is considered a religious act and a cultural requirement. It is also illegal for someone to arrange for a

child to go abroad with the intention of having her circumcised.

10.0 RITUALISTIC ABUSE

Some Faiths believe that spirits and demons can possess people (including children). However, the use of any physical violence to get rid of the 'possessing spirit' must never be condoned. This is physical abuse and prosecution may follow even if the original intention was to help the child.

PART B – ACTIONS

11.0 RESPONDING TO PHYSICAL OR BEHAVIOURAL SIGNS

Members of staff may detect physical or behavioural signs which could be symptoms of abuse. In an early years' setting physical signs on very young child may be more visible.

- 11.1 If a member of staff recognises possible signs of abuse, they must keep a written record of any physical or behavioural signs or symptoms.
- 11.2 If patterns emerge or signs become frequent, this must be reported to the pre-school's designated safeguarding lead.

12.0 RESPONDING TO A CHILD TELLING ABOUT ABUSE

Sometimes a child may disclose information which gives cause for concern. If that happens, members of staff must follow this guidance.

- 12.1 Stay calm and reassuring. Respond with tact and sensitivity and don't make judgements
- 12.2 Find a quiet place to talk and allow the child to speak in their own time (this should still be in the open but away from the crowd and someone else should be told where the staff member is going and with whom)
- 12.3 Believe what is being disclosed; take allegations or suspicion of abuse seriously. Even an untrue disclosure may be a symptom of an underlying issue which warrants further investigation.
- 12.4 Listen, possibly asking for details to be confirmed but never press for information or ask leading questions as this may render void any disclosure in a court case or investigation.
- 12.5 Make brief notes using the person's own words. Do not interpret what has been said or make assumptions.
- 12.6 Make it clear to the child that you are glad that they have talked to you.
- 12.7 Acknowledge that the child may have angry, sad or even guilty feelings about what happened, but stress that nothing is the child's fault. If it will help the child, say that the alleged abuser has a problem. Say that you Will do your best to protect and support the child.
- 12.8 If necessary, seek medical help and refer immediately to the safeguarding lead or contact the police or social services.
- 12.9 Ensure the safety of the child and that they are away from the alleged abuser.
- 12.10 Follow procedures for reporting allegations and suspicions to the designated child protection coordinator.
- 12.11 **Do not** promise confidentiality, but do discuss with the child whom you need to tell.
- 12.12 **Do not** investigate the allegation yourself and do not contact the parents/carers; that is the responsibility of the safeguarding lead.
- 12.13 Acknowledge that you may need help in dealing with your own feelings; the senior staff at the pre-school will provide additional support, including counselling and a chance to talk things through.

13.0 FOLLOW-UP

- 13.1 Everyone has a right to know that their concerns have been dealt with

appropriately. If a member of staff believes that insufficient action has been taken, they should contact the trustee with responsibility for safeguarding or, in the next instance, the LADO.

- 13.2 If the person with cause for concern and the safeguarding lead disagree about the need for a referral, they should seek advice. If the matter cannot be resolved, members of staff can make a referral in their capacity as a citizen.
- 13.3 The pre-school's safeguarding lead, once notified of a cause for concern, would usually then arrange to meet with parents or carers, as a priority, and hear their explanation for the signs or symptoms which have aroused concern. Where there is a conflict of interests between adults and a child, staff must work in a way which promotes the child's welfare.
- 13.4 A referral to Children's Social Services may subsequently need to be made if, following the parent's or carer's explanation ANY anxiety remains. Parents and carers should have this explained to them.
- 13.5 **However**, the safeguarding lead must not talk to the parents about concerns where it could jeopardise the child's safety, for example in cases of suspected sexual or physical abuse and where the child appears very frightened of possible reprisals.
- 13.6 **All referrals should be made within 24 hours. If circumstances arise preventing the pre-school's safeguarding lead or, in their absence, the trustee with responsibility for safeguarding from making a referral, then it is the responsibility of the person with serious concerns to make the referral.**
- 13.7 All telephoned referrals should be followed up in writing within 24 hours and an acknowledgement received.

14.0 RECORDING

- 14.1 When the safeguarding lead becomes aware of possible abuse or a safeguarding issue, they must make full written record as soon as possible and always within 24 hours of the situation arising. Ideally, this would be recorded directly onto a Referral Form; additional, supporting documentation may be attached.
- 14.2 The record should include as many of the following details as are known:
 - 14.2.1 Names, date of birth, address and gender of the child
 - 14.2.2 If known, details of their family, or carers, alleged offenders, witnesses, other involved children
 - 14.2.3 As much information as possible about the incident of concern i.e. what lead up to it, what was heard or witnessed, any staff members' responses, location of the event, date, time and details of anyone else present
 - 14.2.4 Any action taken by the member of staff as a result of the incident or disclosure
 - 14.2.5 Other relevant background information.
 - 14.2.6 It may be appropriate to use a body map (Appendix A) to indicate where visible marks are. **However, no additional clothing should ever be removed.**
- 14.3 A record should distinguish between fact and opinion. Accounts should

be detailed but succinct. Handwriting must be legible. The record must be dated and signed, with the writer's role in the pre-school made clear.

- 14.4 All records should be stored securely and separately from the children's normal records. They should never be removed from the pre-school unless officially requested.

15.0 EARLY HELP (INTERVENTION)

15.1 Sometimes a child may have additional needs, which require a co-ordinated approach from other specific agencies, without the need to involve Children's Social Services. In such instances, advice about Early Help and CAF processes can be obtained from:

Croydon Information and Support Service

Croydon Families and Workforce Information Service
Early Intervention and Family Support Service
10 Katharine Street
Croydon, CR9 1JU

Tel: 0845 1111 100

Tel: 020 8688 6383

Fax: 020 8686

Email: criss@croydon.gov.uk

16.0 EMERGENCIES

16.1 Anyone who believes a child is in immediate physical danger should call the Police on 999.

16.2 If a child is injured or showing signs of illness, staff should seek medical assistance and try to contact the child's parents or carers, who will normally be able to consent to treatment. Depending on the degree of concern staff may want to contact the London Ambulance Service immediately.

16.3 Dependent on age and understanding, the child may be able to consent to treatment, or medical staff may decide that the emergency is such that consent should be over-riden.

16.4 It is the responsibility of staff to access help and try to access the child's parent or carer, not to determine consent issues.

17.0 SUSPICIONS OR CONCERNS ABOUT MEMBERS OF STAFF

It is essential that any allegation of abuse made against a member of staff or volunteer is dealt with fairly, quickly, and consistently, in a way that provides effective protection for the child and at the same time supports the person who is the subject of the allegation.

17.1 This part of the guidance applies whether the child is someone with whom the member of staff is acquainted through their work, is a family member, friend, or stranger. As well as the safety and wellbeing of the subject child and other involved children, it is important to consider the staff member's long term attitude, access and level of risk to children.

17.2 This part of the guidance applies to all staff whether the member of staff is paid, a volunteer, a permanent, or an agency member of staff. It includes anyone who has access to children, or data about them.

- 17.3 Concern should be triggered if it is believed that a member of staff has:
- 17.3.1 behaved in a way that has harmed a child, or may have harmed a child
 - 17.3.2 possibly committed a criminal offence against or related to a child
 - 17.3.3 behaved towards a child or children in a way that indicates they are unsuitable to work with children.

17.4 Where there is reason to suspect that the individual in question may be unsuited to work with children, the matter must be reported to the Local Authority Designated Officer, who will decide where the threshold for investigation under Child Protection procedures is met, and will make arrangements to co-ordinate activity. Once it is clear that the individual should be referred, this should occur without delay so that an agreement can be made about immediate action and what information can and cannot be shared.

17.5 If anyone is concerned that a member of staff may have abused a child they must:

- 17.5.1 ensure that the child or young person is safe.
- 17.5.2 make a written note of the concerns ensuring names and times are clearly recorded. Do not speak to the child, young person or the member of staff in respect of the allegation.
- 17.5.3 talk immediately to the Safeguarding Lead and ensure that they are going to discuss the matter with the LADO.
- 17.5.4 if the concern relates to the Safeguarding Lead, inform the trustee with responsibility for safeguarding and then contact the LADO.
- 17.5.5 Where a member of staff has obviously assaulted a child or vulnerable person the police should be informed.

17.6 In deciding whether to take immediate action in respect of the member of staff against whom the allegation is made, it will be necessary to balance any on-going risks to children, against the risks of alerting the member of staff in such a way that they may silence children, or destroy evidence.

17.7 A member of staff may be suspended with immediate effect by their manager if there are substantial grounds for concern. However, **the LADO should be consulted before such action is taken.**

17.8 The trustees, managers and staff at the pre-school will co-operate fully with any investigation, formal supervisions or re-organisation following the upholding of a charge of abuse against a child related to a member of staff.

18.0 CONFIDENTIALITY and INFORMATION SHARING

Refer to the Confidentiality Policy

19.0 DESIGNATED CHILD PROTECTION OFFICER

The Safeguarding Lead is the pre-school's designated child protection officer.

- 19.1 The designated person (and their deputies) must have completed child protection awareness training and have a good understanding of the appropriate processes to follow. They will have an enhanced DBS check.
- 19.2 The Safeguarding Lead will:
 - 19.2.1 know about the signs and symptoms of abuse and know how abusers behave
 - 19.2.2 ensure the pre-school's safeguarding policy and procedures are followed and updated
 - 19.2.3 ensure information is shared appropriately
 - 19.2.4 receive and record information from anyone who has concerns and store information securely
 - 19.2.5 assess information promptly and carefully, clarifying or obtaining more information when they need to
 - 19.2.6 consult as necessary with a statutory child protection agency such as the local children's social care teams or the NSPCC's child protection helpline (0808 800 5000) to talk about any doubts or uncertainty
 - 19.2.7 make formal referrals as appropriate, ensuring that current contact details are always readily accessible.

20.0 STAFF CONDUCT

Refer to the Code of Practice for Staff Policy

- 20.1 The pre-school expects its staff to be mutually supportive. Inexperienced members of staff have a right to expect guidance and support from their colleagues. It is everyone's responsibility to foster and maintain a positive working environment.
- 20.2 The annual appraisal process will include specific reference to safeguarding to be raised and recorded at every formal meeting, no less than once a term, to ensure that every member of staff has an opportunity to address this key responsibility.
- 20.3 At the start of each academic year, or within a month of appointment, all members of staff and volunteers must read and sign a copy of the current safeguarding policy to acknowledge that they have fully understood it. These signed copies will be kept in each member of staff's file by the end of September or within a month of employment starting.

21.0 RECRUITMENT and TRAINING

Refer to the Recruitment Policy

- 21.1 No member of staff or volunteer will be employed without an enhanced DBS check and update.
- 21.2 No member of staff will be employed without the completion of the pre-school's application, ensuring that, to the best of the recruiting panel's

- ability, no aspect of the recruit's employment history can be hidden.
- 21.3 No member of staff will be employed without appropriate, full references being taken up and any areas of concern checked.
 - 21.4 Specific safeguarding questions will be asked at every formal interview and decisions on whether to appoint will reflect the candidate's answers.
 - 21.5 All members of staff and volunteers will receive in-house safeguarding awareness training within 6 weeks of being appointed. Safeguarding training updates will form part of the pre-school's routine maintenance of skills and awareness training programme.

22.0 SPECIAL CIRCUMSTANCES

On some occasions, special circumstances will call for additional procedures to be in place to ensure that adequate safeguarding is maintained

- 22.1 When activities take place away from the pre-school environment, reference must be made to the Outings Policy, in addition proper attention must be given to:
 - 22.1.1 Staff to children ratios, including the role of and responsibility level of any volunteers
 - 22.1.2 Communication and telephone contact
 - 22.1.3 Safe travel arrangements
 - 22.1.4 Health and Safety protocols and Risk Assessments at any venues to be visited
 - 22.1.5 Insurance
 - 23.1.6 Parental consent
 - 23.1.7 Dietary conditions
 - 24.1.8 Qualified First-Aid providers and access to First Aid facilities and Equipment
- 22.2 There may be some situations when, within the context of a pre-school event, parents and carers are looking after their own children. During such events, the pre-school and its trustees are still accountable. The principles of this policy remain but may be adapted for specific occasions into a code of conduct for parents and carers, explaining how they might deal with causes of concern. The duty of care therefore remains with the parent or carer whilst the pre-school holds the duty of care for the environment and overall moral duty of care.

23.0 USE OF PHOTOGRAPHS

Images of children can be used by predatory persons. There is therefore a risk that an image of a child in the public domain, especially when it can be linked to a specific setting and named, could present a danger.

- 23.1 The written consent of a parent or carer should be obtained when a child enrolls at the pre-school, giving blanket consent for the taking and publication of images during that child's time at the pre-school. If this consent is withheld or is modified from the blanket consent then the taking of photographs of that child must reflect parental wishes.

23.2 The consent form should specify the conditions under which photographs will be used, including:

23.2.1 Permission will be considered valid only whilst the child attends the pre-school.

23.2.2 All images of children who no longer attend the pre-school will be removed from public display within two months of their leaving.

23.2.3 Images will only be used for in-house newsletters and web-site publicity.

23.2.4 Names and personal details of children will never be published.

23.2.5 Only images of children suitably dressed will be used.

23.2.6 The option will be given for photographs only to be used as part of the evidence of development in that particular child's folder.

23.2.7 Every effort will be made to prevent the inadvertent capturing of an image of a child for whom permission has not been obtained.

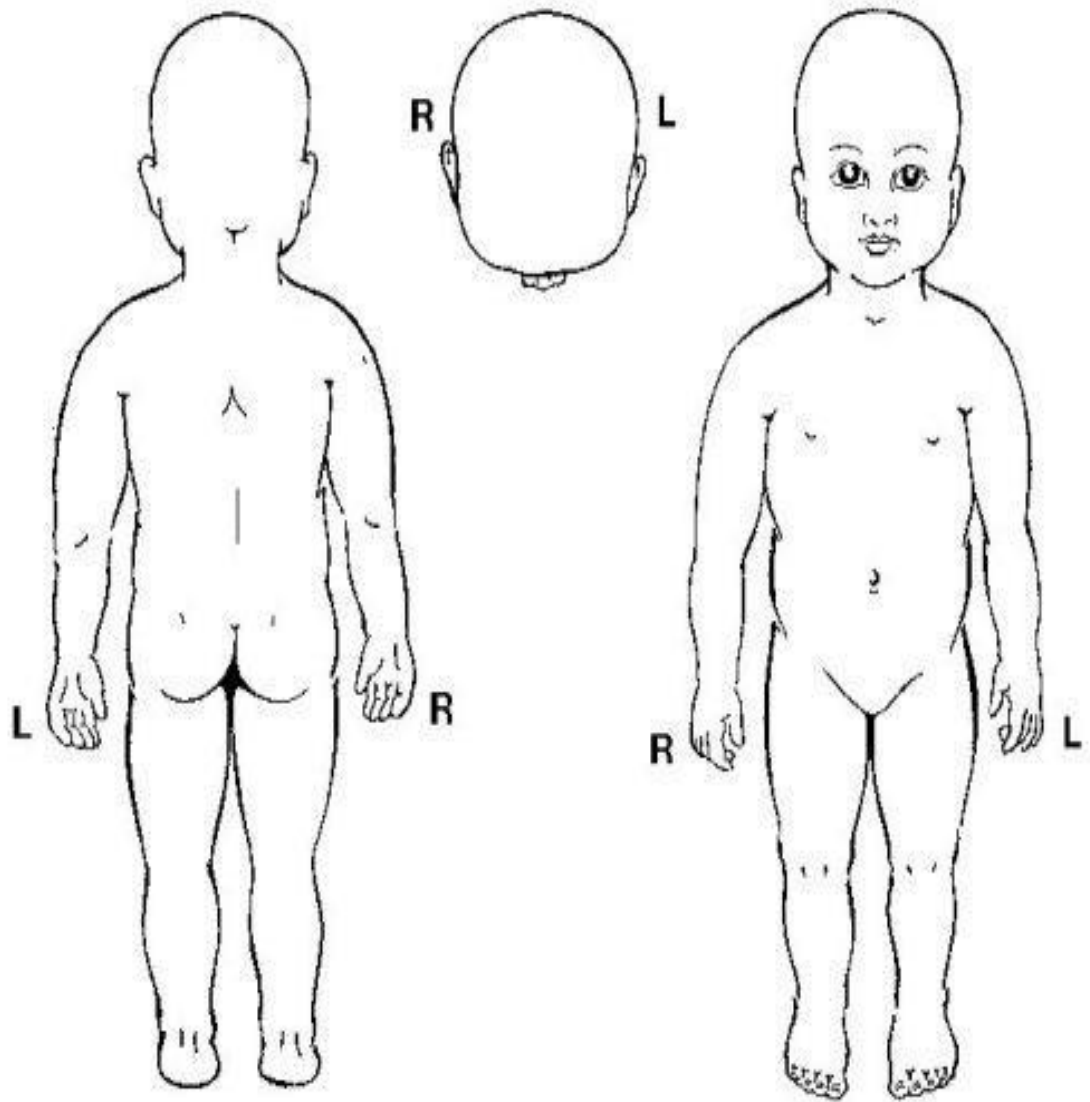
23.2.8 For invited events, when other parents may seek to take photographs of their own children, special arrangements will be in place including the possibility of event-specific permission forms. However, for public events, general consent would be assumed by attendance.

24.0 HEALTH AND SAFETY

Refer to the Health and Safety Policy

APPENDIX A

BODY MAP FOR BABY OR INFANT



APPENDIX B

Signs of Abuse

Recognising child abuse is not easy. It is not a member of staff's responsibility to decide whether or not child abuse has taken place or if a child is at significant risk of harm from someone. Staff do however, have both a responsibility and duty to act in order that the appropriate agencies can investigate and take any necessary action to protect a child.

The following information should help staff be more alert to the signs of possible abuse.

Physical Abuse

Most children will collect cuts and bruises as part of the rough-and-tumble of daily life. Injuries should always be interpreted in light of the child's medical and social history, developmental stage and the explanation given. Most accidental bruises are seen over bony parts of the body, e.g. elbows, knees, shins, and are often on the front of the body. Some children, however, will have bruising that is more than likely inflicted rather than accidental.

Important indicators of physical abuse are bruises or injuries that are either unexplained or inconsistent with the explanation given, or visible on the 'soft' parts of the body where accidental injuries are unlikely, e.g. cheeks, abdomen, back and buttocks. A delay in seeking medical treatment when it is obviously necessary is also a cause for concern, although this can be more complicated with burns, as these are often delayed in presentation due to blistering taking place sometime later.

Important indicators are:

- unexplained bruising, marks or injuries on any part of the body
- multiple bruises in clusters, often on the upper arm, outside of the thigh
- cigarette burns
- human bite marks
- broken bones
- scalds, with upward splash marks,
- multiple burns with a clearly demarcated edge.

Changes in behaviour can also indicate physical abuse. These changes in behaviour may be:

- fear of parents being approached for an explanation
- aggressive behaviour or severe temper outbursts
- flinching when approached or touched
- reluctance to get changed, for example in hot weather
- depression
- withdrawn behaviour
- running away from home.

Emotional Abuse

Emotional abuse can be difficult to measure, as there are often no outward physical signs. There may be a developmental delay due to a failure to thrive and grow,

although this will usually only be evident if the child puts on weight in other circumstances, for example when hospitalised or away from their parents' care. Even so, children who appear well-cared for may nevertheless be emotionally abused by being taunted, put down or belittled. They may receive little or no love, affection or attention from their parents or carers. Emotional abuse can also take the form of children not being allowed to mix or play with other children.

Changes in behaviour which can indicate emotional abuse include:

- neurotic behaviour e.g. sulking, hair twisting, rocking
- being unable to play
- fear of making mistakes
- sudden speech disorders
- self-harm
- fear of a parent being approached regarding their behaviour
- developmental delay in terms of emotional progress

Sexual Abuse

Adults who use children to meet their own sexual needs abuse both girls and boys of all ages, including infants and toddlers. Usually, in cases of sexual abuse it is the child's behaviour that may cause staff to become concerned, although physical signs can also be present. In all cases, children who tell about sexual abuse do so because they want it to stop. It is important, therefore, that they are listened to and taken seriously.

It is also important to remember that it not just adult men who sexually abuse children – there are increasing numbers of allegations of sexual abuse of children against women. Sexual abuse can also be perpetrated by other children or young people.

The physical signs of sexual abuse may include:

- pain or itching in the genital area
- bruising or bleeding near genital area
- sexually transmitted disease
- vaginal discharge or infection
- stomach pains
- discomfort when walking or sitting down
- pregnancy

Changes in behaviour which can also indicate sexual abuse include:

- sudden or unexplained changes in behaviour e.g. becoming aggressive or withdrawn
- fear of being left with a specific person or group of people
- having nightmares
- running away from home
- sexual knowledge which is beyond their age, or developmental level
- sexual drawings or language
- bed-wetting
- eating problems such as overeating or anorexia
- self-harm or mutilation, sometimes leading to suicide attempts
- saying they have secrets they cannot tell anyone about

- substance or drug abuse
- suddenly having unexplained sources of money
- not allowed to have friends (particularly in adolescence)
- acting in a sexually explicit way towards adults

Neglect

Neglect can be a difficult form of abuse to recognise, yet have some of the most lasting and damaging effects on children.

The physical signs of neglect may include:

- constant hunger, sometimes stealing food from other children
- frequently dirty or 'smelly'
- loss of weight, or being constantly underweight
- inappropriate clothing for the conditions.

Changes in behaviour which can also indicate neglect may include:

- complaining of being tired all the time
- not requesting medical assistance and/or failing to attend appointments
- having few friends
- mentioning being left alone or unsupervised.

Bullying

Bullying is not always easy to recognise as it can take a number of forms. A child may encounter bullying attacks that are:

- physical – pushing, kicking, hitting, pinching and other forms of violence or threats
- verbal – name-calling, sarcasm, spreading rumours, persistent teasing
- emotional – excluding (sending to Coventry), tormenting, ridiculing, humiliating.

Persistent bullying can result in:

- depression
- low self-esteem
- shyness
- poor academic achievement
- isolation
- threatened or attempted suicide

Signs that a child may be being bullied can be:

- coming home with cuts and bruises
- torn clothes
- asking for stolen possessions to be replaced
- losing dinner money
- falling out with previously good friends
- being moody and bad tempered
- wanting to avoid leaving their home
- aggression with younger brothers and sisters
- doing less well at school

- sleep problems
- anxiety
- becoming quiet and withdrawn

These definitions and indicators are not meant to be definitive, but they serve as a guide. It is important too, to remember that many children may exhibit some of these indicators at some time, and that the presence of one or more should not be taken as proof that abuse is occurring. There may well be other reasons for changes in behaviour such as a death or the birth of a new baby in the family or relationship problems between parents/carers. In assessing whether indicators are related to abuse or not, the authorities will always want to understand them in relation to the child's development and context.

APPENDIX C

GENERAL DEFINITIONS

Parental Responsibility (PR) is where an adult is responsible for the care and well-being of their child and can make important decisions about the child's life. Without parental responsibility, decisions cannot be made about a child's life, such as choice of school or religion, surname or guardian on your death.

A child's mother always has PR (it is only lost if a child is adopted). A father always has PR if married to the mother, or if not married, a Court has given him PR. Since 2005 an unmarried father can acquire PR if he registers the birth of the child with the mother. He has to attend at the Registry Office. Persons who have a Residence Order for a child normally exercise day to day full parental responsibility for children. Persons who have a Special Guardianship Order for a child or young person exercise full Parental Responsibility for that child, with limited exclusions. For example the person cannot consent to adoption or emigrate with the child.

A **Child who is looked after (CLA)** is one who is cared for by the Local Authority either under Section 20 or Section 31 of the Children Act 1989. If the Local Authority has an interim Care Order or a Care Order they share PR with those people who have it (i.e. parents). However parents in these circumstances cannot discharge PR to the detriment of the child. If a child is cared for under section 20 the Local Authority does not share PR – the parents retain full PR.

APPENDIX D

PHYSICAL TOUCHING AND HOLDING

It is always appropriate to make physical contact with children in the correct context. Children starved of physical contact will not develop normally. Physical contact can demonstrate affection and provide security.

Personal relationships between the staff and children may develop in the following appropriate ways:

- through physical contact such as holding hands
- holding children gently to reassure them
- cuddling children to express delight in their behaviour
- laughing with the children, to show enjoyment of situations
- smiling and make funny faces
- allow a child to sit on a lap to receive comfort or to achieve a goal
- talking with children about what makes children and adults sad/happy
- using touch to gain a child's attention when talking

Manual handling and restraint training is available to staff on request but the general principles are:

- that physical restraint should only be used to protect the child or others from harm or prevent serious destructive behaviour
- that physical restraint should be proportional
- that physical restraint should not cause pain
- that physical contact or restraint should never be seen as a punishment or means of chastisement
- that physical restraint should always be accompanied by 'talking down', delivered in a calm, measured way
- that physical restraint should be lifted at the earliest opportunity
- that, wherever possible, physical restraint should only be exercised in the presence of another adult
- that no one should risk incurring injury themselves when restraining another
- that all incidents when physical restraint is employed, are reported immediately and written up with such incidents communicated to parents at the first opportunity.

Staff should avoid carrying children around as this could cause damage to the back; it is therefore discouraged. Going down to the child's level to comfort them, perhaps by sitting next to them, or sitting on the floor, or holding their hand is more appropriate.

Children need to see staff interacting physically in a positive way with both children and other adults. In this way, they have an appropriate model for their own behaviour.

Drafted: April 2016

Ratified: June 2016

Amended: March 2023