



Pauntley C of E Primary School Child Protection Policy

COVER SHEET

KEY CONTACTS WITHIN THE SCHOOL September 2016

DESIGNATED SAFEGUARDING LEAD

NAME: Mrs Branwen Tyler

DEPUTY DESIGNATED SAFEGUARDING LEAD

NAME: Mr Chris Ward

NOMINATED GOVERNOR FOR CHILD PROTECTION

NAME: Mrs Cathy Goodway

KEY CONTACTS WITHIN THE LOCAL AUTHORITY

The **CHILDREN'S HELP DESK** should be contacted for advice or to make an **URGENT** referral.

CONTACT NUMBER: 01452 426565

To make **URGENT** referrals **OUT OF OFFICE HOURS** telephone **01452 614194**

Pauntley Church of England Primary School fully recognises its responsibilities for safeguarding children (child protection).

Our policy applies to all staff, governors and volunteers working in the school. There are five main elements to our policy:

- Ensuring we practice safe recruitment in line with Government guidance by using at least one NCSL accredited recruiter on all interview panels and by checking the suitability of staff and volunteers to work with children and ensuring any unsuitable behaviour is reported and managed using the Allegations Management procedures.
- Mr Chris Ward (Headteacher) and Mrs Karen Boydell (Governor) are the accredited recruiters.
- Raising awareness of child protection issues and equipping children with the skills needed to keep them safe.
- Developing and then implementing procedures for identifying and reporting cases, or suspected cases, of abuse by logging welfare concerns and referring to the Children's Helpdesk.
- Supporting pupils who have been abused in accordance with his/her agreed child protection plan.
- Establishing a safe environment in which children can learn and develop.

We recognise that because of the day to day contact with children, school staff are well placed to observe the outward signs of abuse. The school will therefore:

- Establish and maintain an environment where children feel secure, are encouraged to talk, and are listened to.
- Ensure children know that there are adults in the school whom they can approach if they are worried.
- Include opportunities in the PSHE curriculum for children to develop the skills they need to recognise and stay safe from abuse.

Early Help

If the school are concerned about the needs of any children and families in school, we can offer early help to reduce or prevent concerns from growing or becoming entrenched. Support can be provided by the school or beyond the school from external agencies.

There is a wide range of information, self-help, support and services available for all aspects of family life ranging from free universal support options or services, which everyone can access, to targeted support for times when specialist advice is needed.

If the school feel a child or family may need access to early help using external agencies, a referral form will be completed and sent to the local Families First Plus Team.

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

Dealing with a disclosure

If a 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
- 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

- Pass the information to the Designated Child Protection Officer 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.

Procedure where abuse is suspected/alleged

Making a referral

The DSL will usually make referrals. However it is the responsibility of the Head teacher/setting and the DSL to ensure all staff know the procedure and have the confidence to use it.

1. **Professional has concerns:** If a Professional has a concern about the well being of a child (or unborn baby), then that professional should:-
2. **Consultation with supervisor:** share their concerns with their supervisor/line manager/designated teacher or named professional to help clarify the nature of their concerns
3. **Contact social workers for advice:** in those cases where you have a concern but are unsure about how to proceed contact the Children's Help Desk Tel: 01452 426 565 and ask to speak to a social work practitioner.

ENSURE YOU HAVE IMMEDIATE RELEVANT DETAILS TO HAND

4. **Contact the children's helpdesk:** In those cases where you are clear a social work assessment is required make a referral to the: Children's Help Desk Tel: 01452 426 565 within 24 hours (immediately if the concerns are about physical injury or sexual abuse). The CYPD social care section will then take responsibility for managing any subsequent enquiries. The referrer should confirm the details of the concern to CYPD, in writing, within 48 hours
5. **Completion of written record:** Complete a written record of the nature and circumstances surrounding the concern including any previous concerns held
6. **Resolving professional Difference (escalation policy)** Remember to use the 'resolution of professional difficulties (escalation) procedures if you are left feeling that the response from social care has not addressed your concerns for the child. Advice about procedural issues including using the resolving professional differences procedures can be obtained through the Safeguarding Children Service on 01452 58 3629 For out of hours social work advice please contact the Emergency Duty Team on 01452 614 194

We will follow the procedures set out by the Gloucestershire Safeguarding Children Board and take account of guidance issued by the Department for Children, Schools and Families to:

- Ensure we have a designated senior person for safeguarding (child protection) who has received appropriate training and support for this role.
- The deputy Headteacher, Mrs Branwen Tyler is the designated safeguarding lead. In the absence of the deputy Headteacher, the Headteacher, Mr Chris Ward will become the designated safeguarding lead.
- Ensure we have a nominated governor responsible for child protection who has received appropriate training.
- Mrs Cathy Goodway is the nominated Governor for child protection.
- Ensure every member of staff (including temporary and supply staff and volunteers) and governing body knows the name of the designated senior person responsible for child protection and their role and have received a safeguarding induction within their first 7 days of employment.
- Ensure all staff and volunteers understand their responsibilities in being alert to the signs of abuse and responsibility for referring any concerns to the designated safeguarding lead.
- Ensure that parents have an understanding of the responsibility placed on the school and staff for child protection.
- Notify the relevant social worker if there is an unexplained absence of more than two days of a pupil who has a Child protection Plan (previously known as being on the child protection register.)
- Develop effective links with relevant agencies and co-operate as required with their enquiries regarding child protection matters including attendance at child protection conferences and core groups.
- Keep written records of concerns about children, even where there is no need to refer the matter immediately.
- Ensure all records are kept securely; separate from the main pupil file, and in locked locations.
- Develop and then follow procedures where an allegation is made against a member of staff or volunteer including supply or agency workers, contractors or governors.
- Ensure safe recruitment practices are always followed.
- Ensure that all staff have read part 1 of Keeping Children Safe in Education (September 2016).

Procedure covering alleged child abuse by members of staff – including supply or agency workers, contractors, governors or volunteers.

If the complaint has been made against a member of staff, the Government's Allegations Management Procedures (from Working Together March 2015) must be implemented. The designated person should immediately contact the most senior person not implicated in the allegation, who must in turn contact the Local Authority Designated Officer for Allegations (LADO)

on 01452 426994 for an Initial Discussion. If necessary, the Head teacher, Local Authority Designated Officer, Social Worker representatives of the Safeguarding Children Service, HR and Police will then convene a Strategy Meeting urgently to plan any further appropriate action. The school should not carry out an investigation until this meeting has taken place in case the allegation meets the criminal threshold.

Procedure covering alleged abuse by the Headteacher

If the complaint has been made against the Headteacher, responsibility for following the Allegations Management procedures will depend on the organisation of the educational setting. At Pauntley, Mrs Branwen Tyler the Senior Teacher, or in her absence Mrs Rachel Greaves should contact the Governor with Child Protection responsibilities or the Chair of Governors who in turn should immediately contact the Local Authority Designated Officer for Allegations (LADO) on 01452 426994. Care should be taken to ensure that other staff and governors are only informed if necessary as it is important to ensure enough governors are able to participate in a disciplinary process should this be required.

Procedure where the Headteacher is the designated person for child protection.

The member of staff receiving a complaint against the Headteacher who is the DSL should report it immediately to the Senior teacher, or to the Governor with child protection responsibilities or Chair of Governors who should in turn immediately contact the LADO on 01452 426994.

We recognise that children who are abused or witness violence may find it difficult to develop a sense of self worth. They may feel helplessness, humiliation and some sense of blame. The school may be the only stable, secure and predictable element in the lives of children at risk. When at school their behaviour may be challenging and defiant or they may be withdrawn. The school will endeavour to support the pupil through:

- The content of the curriculum.
- The school ethos which promotes a positive, supportive and secure environment and gives pupils a sense of being valued.
- The school behaviour policy which is aimed at supporting vulnerable pupils in the school. The school will ensure that the pupil knows that some behaviour is unacceptable but they are valued and not to be blamed for any abuse which has occurred.
- Liaison with other agencies that support the pupil such as social care, Child and Adult Mental Health Service, education welfare service and educational psychology service.
- Ensuring that, where a pupil who has a child protection plan leaves, their information is transferred to the new school immediately and that the child's social worker is informed.

Whistleblowing

Pauntley has a separate whistleblowing policy.

Pauntley Primary School is committed to the highest possible standards of openness, probity and accountability and we encourage employees, and others working with us, to raise any concerns about any aspect of our work and to come forward and voice those concerns. In some instances, concerns may need to be expressed on a confidential basis.

This procedure encourages employees to raise serious concerns, without fear of reprisal or victimisation. It applies to all employees, agency workers and those contractors working on school premises.

Extended services and child protection

All those working in educational settings can contribute to the safeguarding of children and young people and to the child protection process. All educational settings and providers have a pastoral responsibility towards their pupils and students. They can play a part in the prevention of abuse and neglect through their own policies and procedures for safeguarding children, and through the curriculum. All educational settings, including Extended Service activities, should create and maintain a safe environment for children and young people, and should be able to manage situations where there are child welfare concerns.

Everyone in educational settings should share an objective to keep children and young people safe by contributing to:

- providing a safe environment for children and young people to learn in education settings; and
- identifying children and young people who may be in need of extra help or who are suffering or likely to suffer significant harm, and taking appropriate action, working with other services as needed.

Achieving these aims requires systems designed to:

- prevent unsuitable people working with children and young people;
- promote safe practice and challenge poor and unsafe practice;
- identify instances in which there are grounds for concern about a child's welfare, and initiate/take appropriate action to keep them safe;
- contribute to effective partnership working between all those involved with providing services for children and young people.

Governor Responsibilities:

Responsibility for Child Protection and wider Safeguarding of children in Extended Services falls with the Governing Body. In broad terms, responsibility covers 3 areas:

- Safeguarding of children - ensuring that all staff are aware of the signs and symptoms of abuse and know the referrals process for children they suspect are being abused.
- Safer recruitment - ensuring necessary accredited staff within the setting and that all necessary DBS checks have been carried out and staff working with children on Extended Service activities are safe to do so and that staff are included on the setting's Single Central Register (SCR)

- Allegations against staff (including volunteers) – ensuring that allegations against staff (including supply or agency worker, contractors, governors or volunteers) are reported to the LADO quickly, fairly and in line with procedures.

Due to the different arrangements for each Extended Service activity, the level of Governor involvement in each of the above areas will vary. For example:

Governor run extended services activities

These activities include things like after school clubs managed by the school. Here the Governing body has the same safeguarding and child protection responsibilities as for all other employed staff and volunteers. They must ensure that all staff have undertaken relevant training on child protection, know the signs and symptoms of abuse and the referrals procedure. The Head Teacher or equivalent (or Designated Safeguarding Lead) has the same responsibilities in relation to dealing with allegations and referrals and the Governing body is responsible for DBS checks on all staff and volunteers involved in the Extended Service activity (depending on whether their role falls into a regulated activity).

Governing bodies need to ensure their school or setting:

- has a child protection policy and procedures in place that are in accordance with LA guidance and Gloucestershire's Child Protection Procedures, and the policy is made available to parents at all times;
- operates safer recruitment procedures in accordance with the LSCB and the Employment Handbook and ensures all new staff and volunteers working with children undergo DBS checks, depending on their role (see definition of regulated activity)
- Follows the procedures for dealing with allegations of abuse against members of staff (including supply or agency worker, contractors, governors or volunteers) that complies with Gloucestershire's Child Protection Procedures;
- has a senior staff member of the setting's leadership team designated as the person for dealing with child protection concerns, providing support and advice to other staff. In addition to basic training the Designated Person should undertake training in inter-agency working, provided by, or to a standard agreed by, the Gloucestershire Safeguarding Children Board and refresher training at 2 yearly intervals;
- makes training available in Child Protection for Head Teachers and all other staff who have direct contact with children (including non-teaching staff). They should undertake appropriate child protection training and this should be kept up to date by refresher training at 3 yearly intervals;

The Governing Body should:

- remedy any deficiencies with regard to safeguarding (child protection) arrangements brought to its attention without delay;
- nominate a member of the Governing Body to be responsible for liaising with the LA's Local Authority Designated Officer (LADO) in the event of allegations of abuse being made against the Head teacher. Mrs. Cathy Goodway (governor) is nominated to be responsible for liaising with the LA and /or partner agencies.
- annually review its policies and procedures and provide information to the LA about them and about how the above duties have been discharged.
- Ensure the school complies with completing the Section 157/175 annual safeguarding audit

School Trips

The School's child protection policy and procedures will apply during School trips and visits. Any incident amounting to an allegation or suspicion of abuse which occurs whilst on the trip or visit must be reported to the DSL or Deputy DSL immediately.

Peer to peer abuse/ Anti Bullying

Our policy on the prevention and management of bullying is set out in a separate policy. To allow or condone bullying may lead to consideration under child protection procedures.

Domestic Abuse

If staff become aware that a child is witnessing domestic abuse they should follow the school's procedures for child protection. There is a specific referral process for domestic abuse. The definition of harm (Children Act 1989) was amended by the Adoption and Children Act 2002 to include impairment suffered from seeing or hearing the ill-treatment of another. Domestic abuse falls into this category.

Teenage Relationship Abuse

Teenage relationship abuse consists of the same patterns of coercive and controlling behaviour as domestic abuse. These patterns might include some or all of the following: sexual abuse, physical abuse, financial abuse, emotional abuse and psychological abuse.

There is a lack of recognition of the seriousness of teenage relationships because they are more likely to be shortlived. This does not mean that they cannot be as abusive as adult relationships.

Multi Agency Risk Assessment Conference - MARAC

MARAC meetings are held to discuss high level incidences of domestic abuse.

The purpose of MARACs are 'to share information to increase the safety, health and well-being of victims - adults and their children, to construct jointly and implement a risk management'

The School adheres to the Gloucestershire Child Protection Procedures. The Manual is available online and the live version should be used.

Honour Based Violence

HBV is a collection of practices used to control behaviour within families to protect perceived cultural or religious beliefs and honour. Violence can occur when offenders perceive that a relative has shamed the family or community by breaking their 'code of honour.' HBV cuts across all cultures

and communities: Turkish, Kurdish, Afghani, South Asian, African, Middle Eastern, South and Eastern European for example.

Forced Marriage

A **FM** is a marriage in which one or both spouses do not consent to the marriage and duress is involved. Duress can include physical, psychological, financial, sexual and emotional pressure.

Female Genital Mutilation

FGM is the partial or complete removal, or modification of, the female genitalia for cultural or religious reasons. FGM can be seen as an attempt to prevent female infidelity and sexual independence by reducing a woman's sex drive.

If you suspect or it is alleged that any of the above has happened or there is an immediate risk to a child, please follow the same procedure under 'Procedure where abuse is suspected/alleged'.

Child sexual exploitation (CSE)

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

Gender Identity and Sexuality

Pauntley C of E Primary School believes that Relationship and Sex Education should meet the needs of all pupils regardless of their developing sexuality and gender identity and be able to deal honestly and sensitively with sexual orientation, answer appropriate questions and offer support. The school liaises with parents on this issue to reassure them of the content and context.

Violence against Women and Girls (VAWG)

If professionals become aware that a child is being subjected to violence, they should always follow their child protection process. Professionals should note that male victims will receive the same access to protection.

Radicalisation

Radicalisation is defined as the act or process of making a person more radical or favouring of extreme or fundamental changes in political, economic or social conditions, institutions or habits of the mind.

Extremism is defined as the holding of extreme political or religious views.

Although serious incidents involving radicalisation have not occurred at Pauntley Primary School to date, it is important for us to be constantly vigilant and remain fully informed about the issues which affect the wider community. Staff are reminded to suspend any professional disbelief that instances of radicalisation 'could not happen here' and to refer any concerns to the DSL.

Private Fostering

Private fostering is when a child or young person aged under 16 (or under 18 if they are disabled), is cared for and provided with accommodation for 28 days or more by an adult who is not a close relative. A close relative is an aunt, uncle, step-parent, grandparent or sibling, but not a cousin, grand aunt/uncle or a family friend.

What situations can be classed as private fostering?

Private fostering covers a diverse range of situations. Here are some of the most common:

- Children sent to this country for education or health care by birth parents living overseas.
- Children living with a friend's family as a result of parental separation, divorce or arguments at home.
- Teenagers living with a family of a boyfriend or girlfriend.
- Children whose parents' study or work involves unsociable hours, which make it difficult for them to use ordinary day care or after school care.

Children's Social Care is not involved in making private fostering arrangements but is responsible for checking that the arrangements are suitable for the child. As professionals it is important for us to notify Children's Social Care if we are in contact with a child or young person who is being privately fostered. This will help protect the child against abuse or neglect and provide some

reassurance that the child is being looked after properly. Staff should refer any concerns to the DSL.

Sexting

'Sexting' is the exchange of self-generated sexually explicit images, through mobile picture messages or webcams over the internet.

Young people may also call it:

- Cybersex
- Sending a nudie, picture or selfie

'Sexting' is often seen as flirting by children and young people who feel that it's a part of normal life.'

NSPCC online information 2015

Where staff have concerns regarding a child accessing or sending images, they should contact the DSL immediately for further advice.

Trafficking

Article 3 of the Palermo Protocol To Prevent, Suppress And Punish Trafficking In Persons, Especially Women And Children, Supplementing the United Nations Convention Against Transnational Organised Crime to the UN Convention (2000) (ratified by the UK on 6 February 2006) defines trafficking as:

"Trafficking of persons" shall mean the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat of or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs.

The two most common terms for the illegal movement of people - 'trafficking' and 'smuggling', are very different. In human smuggling, immigrants and asylum seekers pay people to help them enter the country illegally, after which there is no longer a relationship. Trafficked victims are coerced or deceived by the person arranging their relocation. However, there is a difference between adult and child trafficking - where the victim is a child neither coercion nor deception need to be present for the child to be considered trafficked. On arrival in the country of destination the trafficked child or person is denied their human rights and is forced into exploitation by the trafficker or person into whose control they are delivered or sold.

Wherever staff or volunteers come into contact with a child who has arrived unaccompanied in the country and is not in contact with Children's Social Services or a child who is accompanied, but for whom they have concerns regarding their welfare or safety, they should consult the DSL.

Gangs and Youth Violence

Schools, both primary and secondary have a duty and a responsibility to protect their pupils and students. It is also well established that success in learning is one of the most powerful indicators in the prevention of youth crime.

While pupils and students generally see educational establishments as safe places, even low levels of youth violence can have a disproportionate impact on any educational establishment. Schools and colleges are places where important interventions can take place to prevent violent behaviour, including more serious violence such as young people carrying a knife, and violence that takes place in the community.

Whilst schools and colleges may face different specific challenges and operate in different contexts, many of the issues they face will be similar be they in urban or rural areas.

"Addressing youth violence and gangs" Home Office

Where a member of staff suspects that violence may be occurring no matter how low level, the DSL should be consulted immediately.

Drugs

We seek to:

- support pupils affected by their own or other's drug misuse and facilitates access to local services to help them with this concern
- Provide accurate information on drugs and alcohol through education and targeted information
- Implement powers of search and confiscation where appropriate and following the appropriate statutory guidance

Where it is felt that children are vulnerable to substance misuse and it is identified as a risk then where appropriate a referral to children's services will be made.

Parental Mental Health

The majority of Parents who suffer mental ill-health are able to care for and safeguard their children and/or unborn child. Some parents, however, will be unable to meet the needs and ensure the safety of their children.

Medication

The school has a number of policies to support the use of medication in school and supporting pupils with long term medical illnesses. These are;

- Administering Medicines Policy and Protocol
- Intimate care plans

Staff receive regular first aid training and there are a number of staff who have received specific training to support children with medical conditions. Where pupils have specific needs, these will be identified on a plan, agreed with both the child and parents.

Fabrication of Illness in a Child

There are three main ways of the carer fabricating or inducing illness in a child. These are not mutually exclusive and include:

- fabrication of signs and symptoms. This may include fabrication of past medical history;
- fabrication of signs and symptoms and falsification of hospital charts and records, and specimens of bodily fluids. This may also include falsification of letters and documents;
- induction of illness by a variety of means.

Where this is identified and considered a risk a referral following the Gloucestershire Child Protection referral process will be made.

Multi Agency Public Protection Arrangements - MAPPA

Occasionally an educational setting may need to be involved in the assessment and management of a high risk offender e.g. where there are concerns about a sex offender having an association of some kind with the setting or where there are serious concerns about violence against a child/young person.

The multi-agency public protection arrangements ensure the assessment and management of offenders who are required to register as convicted sex offenders, violent offenders who receive a prison sentence of 12 months or more, and other offenders who are assessed as posing a high risk of serious harm. The assessment of serious harm includes risk to: children, known adults, public, staff, self.

The police, probation and prison service are the lead agencies, with other agencies including CYPD/Education settings, having a statutory duty to cooperate.

Multi-agency meetings are convened to share relevant information and produce a plan on how the identified risks can be managed. These meetings are similar in format to child protection conferences, however, the offender will not always be aware that the meetings are taking place and will not be invited to attend.

Date of policy: September 2016

Date of review: September 2017

Date of next review: September 2017

Appendix 1 Indicators of harm

PHYSICAL ABUSE

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

Indicators in the child

Bruising

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

- Bruising in or around the mouth
- Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive)
- Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally, for example the back, mouth, cheek, ear, stomach, chest, under the arm, neck, genital and rectal areas
- Variation in colour possibly indicating injuries caused at different times
- The outline of an object used e.g. belt marks, hand prints or a hair brush
- Linear bruising at any site, particularly on the buttocks, back or face

- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting
- Bruising around the face
- Grasp marks to the upper arms, forearms or leg
- Petechae hemorrhages (pinpoint blood spots under the skin.) Commonly associated with slapping, smothering/suffocation, strangling and squeezing

Fractures

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

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

There are grounds for concern if:

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

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

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

Mouth Injuries

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

Poisoning

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

Fabricated or Induced Illness

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

- Discrepancies between reported and observed medical conditions, such as the incidence of fits
- Attendance at various hospitals, in different geographical areas
- Development of feeding / eating disorders, as a result of unpleasant feeding interactions
- The child developing abnormal attitudes to their own health

- Non organic failure to thrive - a child does not put on weight and grow and there is no underlying medical cause
- Speech, language or motor developmental delays
- Dislike of close physical contact
- Attachment disorders
- Low self esteem
- Poor quality or no relationships with peers because social interactions are restricted
- Poor attendance at school and under-achievement

Bite Marks

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

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

Burns and Scalds

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

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

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

The following points are also worth remembering:

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

Scars

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

Emotional/behavioural presentation

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

Indicators in the parent

May have injuries themselves that suggest domestic violence
Not seeking medical help/unexplained delay in seeking treatment
Reluctant to give information or mention previous injuries
Absent without good reason when their child is presented for treatment
Disinterested or undisturbed by accident or injury
Aggressive towards child or others
Unauthorized 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 cyber bullying), 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 care-givers); or*
- *ensure access to appropriate medical care or treatment.*
-

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

Indicators in the child

Physical presentation

Failure to thrive or, in older children, short stature

Underweight

Frequent hunger

Dirty, unkempt condition

Inadequately clothed, clothing in a poor state of repair

Red/purple mottled skin, particularly on the hands and feet, seen in the winter due to cold

Swollen limbs with sores that are slow to heal, usually associated with cold injury

Abnormal voracious appetite

Dry, sparse hair

Recurrent / untreated infections or skin conditions e.g. severe nappy rash, eczema or persistent

head lice / scabies/ diarrhoea

Unmanaged / untreated health / medical conditions including poor dental health

Frequent accidents or injuries

Development

General delay, especially speech and language delay

Inadequate social skills and poor socialization

Emotional/behavioural presentation

Attachment disorders

Absence of normal social responsiveness

Indiscriminate behaviour in relationships with adults

Emotionally needy

Compulsive stealing

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

Indicators in the parent

Dirty, unkempt presentation
Inadequately clothed
Inadequate social skills and poor socialisation
Abnormal attachment to the child .e.g. anxious
Low self esteem and lack of confidence
Failure to meet the basic essential needs e.g. adequate food, clothes, warmth, and 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.