

## **SAFEGUARDING /CHILD PROTECTION POLICY**

### **"Success and care through learning".**

'Our school is committed to safeguarding children and promoting children's welfare and expects all staff, governors, volunteers and visitors to share this commitment and maintain a vigilant and safe environment. Everyone has a responsibility to act without delay to protect children by reporting anything that might suggest a child is being abused or neglected. It is our willingness to work safely and challenge inappropriate behaviours that underpins this commitment. The school seeks to work in partnership with families and other agencies to improve the outcomes for children who are vulnerable or in need.'

### **INTRODUCTION:**

Safeguarding is defined as: *protecting children from maltreatment, preventing impairment of children's health or development, ensuring that children are growing up in circumstances consistent with the provision of safe and effective care and taking action to enable all children to have the best outcomes.* **Working Together to Safeguard Children**, (DfE, 2018)

This Child Protection Policy forms part of a suite of documents and policies which relate to the safeguarding responsibilities of the whole school staff and volunteers. All staff should be aware of systems within our school which support safeguarding. This includes the:

- child protection policy, which also includes the policy and procedures to deal with peer on peer abuse;
- Behaviour policy which includes measures to prevent bullying, including cyberbullying, prejudice-based and discriminatory bullying;
- Staff Code of Conduct (Staff Safer Working Practices)
- Safeguarding response to children who go missing from education; and
- Role of the designated safeguarding lead (including the identity of the designated safeguarding lead and any deputies).
- Copy of Part One Keeping children safe in education (2021) for all school staff.
- Annex A, condensed version of Part one of KCSiE (DfE 2021) is provided (instead of Part one) to those staff who do not directly work with children.

### **Purpose of a Child Protection Policy**

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

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

### **Liverpool Safeguarding Children's Partnership Procedures**

The school follows the procedures established by the Liverpool Safeguarding Children's Partnership (LSCP): a guide to procedures and practices for all agencies in Liverpool working with children and their families.

<https://liverpoolscp.org.uk/scp>

## **School Staff & Volunteers**

All school staff, including supply staff, volunteers and contract workers have a responsibility to provide a safe environment in which children can learn.

School staff and volunteers are particularly well placed to observe outward signs of abuse, changes in behaviour and failure to develop because they have daily contact with children.

All school staff will receive appropriate safeguarding children training yearly, including online safety, 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.

Supply staff and volunteers will be made aware of the safeguarding policies and procedures including the Child Protection Policy and Staff Code of Conduct.

## **A Child Centred and Coordinated Approach to Safeguarding**

Safeguarding and promoting the welfare of children is **everyone's responsibility**.

Everyone who comes into contact with children and their families has a role to play. In order to fulfil this responsibility effectively, all practitioners should make sure their approach is child-centred. This means that they should consider, at all times, what is in the **best interests of the child**. (KCSiE 2021)

No single practitioner can have a full picture of a child's needs and circumstances. If children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action. (KCSiE 2021)

**Safeguarding and promoting the welfare of children** (everyone under the age of 18) is defined as:

- protecting children from maltreatment;
- preventing the impairment of children's mental and physical health 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.

## **Mission Statement**

At Springwood Heath we have developed a culture and ethos where children feel safe and secure, are encouraged to talk and are listened and responded to when they have a worry or concern. Children know that there are adults in the school whom they can approach if they are worried

School staff and volunteers are encouraged to talk and are listened and responded to when they have concerns about the safety and well-being of a child.

At Springwood Heath we ensure that children, who have additional/unmet needs, are supported appropriately. This could include referrals to Early Help Services or Liverpool Children's Services if they are a child in need or have been / are at risk of being abused and neglected.

We have considered how children can be taught about safeguarding, including online, through teaching and learning opportunities, as part of providing a broad and balanced curriculum and have introduced a Safeguarding Curriculum.

Staff members working with children are advised to maintain an attitude of 'it could happen here' and 'it could be happening to this child', where safeguarding is concerned. When concerned about the welfare of a child, staff members will always act in the best interests of the child.

## **STATUTORY FRAMEWORK**

In order to safeguard and promote the welfare of children, Springwood Heath will act in accordance with the following legislation and guidance:

- The Children Act 1989
- The Children Act 2004
- Children and Social Work Act 2017
- Education Act 2002 (Section 175/157) *Outlines that Local Authorities and School Governing Bodies have a responsibility to "ensure that their functions relating to the conduct of school are exercised with a view to safeguarding and promoting the welfare of children who are its pupils".*
- Keeping Children Safe in Education (DfE, September 2021)
- Working Together to Safeguard Children (DfE 2018)
- The Education (Pupil Information) (England) Regulations 2005
- Sexual Offences Act (2003)
- Section 26, The Counter Terrorism and Security Act 2015 (PREVENT duty)
- Female Genital Mutilation Act 2003 (Section 74, Serious Crime Act 2015)
- Anti-social Behaviour, Crime and Policing Act 2014 (makes it a criminal offence to force someone to **marry**. **Includes** taking someone overseas to force them to **marry** (whether or not the **forced marriage** takes place).
- Serious Violence Strategy 2018
- Sexual violence and sexual harassment between children in schools and colleges (DfE 2017)

## **THE DESIGNATED SAFEGUARDING LEAD**

Governing bodies and proprietors should ensure an appropriate **senior member** of staff, from the school **leadership team**, is appointed to the role of DSL.

During term time the DSL and or a Deputy will always be available (during school hours) for staff in the school to discuss any safeguarding concerns and individual arrangement for out of hours/out of term activities will be via phone, Zoom or school email to the DSL and or/Deputy.

The DSL for Child Protection in this school is:

NAME: \_\_\_\_\_

The Deputy (s) DSL for Child Protection in this school is:

NAME: \_\_\_\_\_

**The main areas of responsibility for the DSL/Deputy are:**

- Managing Child Protection Contact Referrals and cases
- Contacting Liverpool Careline when advice is needed regarding child protection concerns which possibly meet the threshold for statutory intervention
- Completing Child Protection Contact Referrals for all cases of suspected abuse or neglect where there is a risk of significant harm to the child/young person, Police where a crime may have been committed and to the Channel programme where there is a radicalisation concern
- Liaise with the Headteacher to inform him of issues, especially ongoing enquiries under Section 47 of the Children Act 1989 and police investigations
- Act as a source of support, advice and expertise to staff on matters of safety and safeguarding and when deciding whether to make a Child Protection Referral by liaising with relevant agencies
- Support staff who make Child Protection Referrals and other service referrals
- Share information with appropriate staff in relation to a child's looked after (CLA) legal status (whether they are looked after under voluntary arrangements with consent of parents or on an Interim Care Order or Care Order) and contact arrangements with birth parents or those with parental responsibility.
- Ensure they have details of the CLA's social worker and the name of the virtual school Head Teacher in the authority that looks after the child or those currently working with a social worker.

**Training KCSiE (DfE, 2021)**

The DSL should undergo formal training every two years. The DSL should also undertake Prevent awareness training every 3 years. In addition to this training, their knowledge and skills should be refreshed at least annually.

The designated safeguarding lead should undertake Prevent awareness training. Training should provide designated safeguarding leads with a good understanding of their own role, how to identify, understand and respond to specific needs that can increase the vulnerability of children, as well as specific harms that can put children at risk, and the processes, procedures and responsibilities of other agencies, particularly children's social care,

## **THE MANAGEMENT OF SAFEGUARDING**

Governing bodies must ensure that they comply with their duties under legislation. They must also have regard to ensure that the policies, procedures and training in their schools or colleges are always effective and comply with the law.

The responsibility of governing bodies includes:

ensure there are appropriate policies and procedures in place in order for appropriate action to be taken in a timely manner to safeguard and promote children's welfare e.g.

-Child protection policy in place

-Staff Code of Conduct

-Part one, OR

Annex A (The following is a condensed version of Part one of Keeping children safe in education. It can be provided (instead of Part one) to those staff who do not directly work with children (if the governing body think it will provide a better basis for those staff to promote the welfare and safeguard children.) of KCSiE (DfE, 2021)

Annex B KCSIE (DfE, 2021) on specific safeguarding issues – page 123 onwards.

--Information regarding the role and identity of the designated safeguarding lead (and any deputies), **should be provided to all staff on induction**

The nominated governor(s) for child protection is:

NAME \_\_\_\_\_

- Headteachers should ensure that the above policies and procedures, adopted by governing bodies and particularly concerning referrals of cases of suspected abuse and neglect, are followed by all staff.
- Ensure that the school contributes to multi-agency working in line with statutory guidance **Working Together to Safeguard Children (DfE,2018)**.
- Should understand the local criteria for action and the local protocol for assessment and ensure they are reflected in their own policies and procedures. They should also be prepared to supply information as requested by the three safeguarding partners
- Schools and colleges should work with social care, the police, health services and other services to promote the welfare of children and protect them from harm. This includes providing a coordinated offer of early help when additional needs of children are identified and contributing to inter-agency plans to provide additional support to children subject to child protection plans.
- Ensuring arrangements are in place that set out clearly the and principles for sharing information within the school or college and with the three safeguarding partners

(Local Authorities, the police, CCGs), other organisations, agencies and practitioners as required.

- Ensure child protection files are transferred to the new school as soon as possible, ensuring secure transit, and confirmation of receipt should be obtained
- Ensure that all staff undergo child protection training (including online safety) at induction. The training should be regularly updated. Induction and training should be in line with advice from the local three safeguarding partners.
- All staff should receive regular safeguarding and child protection updates at least annually
- Opportunity should therefore be provided for staff to contribute to and shape safeguarding arrangements and child protection policy.
- Ensure that children are taught about safeguarding, including online safety. Schools should consider this as part of providing a broad and balanced curriculum.
- Governing bodies and proprietors should prevent people who pose a risk of harm from working with children by adhering to statutory responsibilities to check staff who work with children, taking proportionate decisions on whether to ask for any checks beyond what is required and ensuring volunteers are appropriately supervised.
- Ensure school have written recruitment and selection policies and procedures in place and at least one of the persons who conducts an interview has completed safer recruitment training
- Should ensure there are procedures in place to manage concerns and allegations against staff including volunteers and supply staff
- There must be procedures in place to make a referral to the Disclosure and Barring Service (DBS) if a person in regulated activity has been dismissed or removed due to safeguarding concerns or would have been had they not resigned.
- All staff should be clear about their school's policy and procedures with regard to peer on peer abuse.
- Where there is a safeguarding concern, ensure the child's wishes and feelings are

taken into account when determining what action to take and what services to provide. Systems should be in place for children to express their views and give feedback. Ultimately, all systems and processes should operate with the best interests of the child at heart.

- Ensuring that all of the DSLs, including deputies, should undergo formal child protection training every two years, in line with KCSiE.
- Prioritising the welfare of children and young people and creating a culture where staff are confident to challenge senior leaders over any safeguarding concerns
- Ensuring appropriate filters and appropriate monitoring systems are in place to safeguard children from potentially harmful and inappropriate online material.

## **WHEN TO BE CONCERNED**

Knowing what to look for is vital for the early identification of abuse and neglect. All staff should be aware of the Indicators of abuse and neglect so that they are able to identify cases of children who may be in need of help or protection.

**Abuse:** a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology maybe used to facilitate offline abuse. Children maybe abused by an adult or adults or by another child or children.

<b>Physical abuse</b>	
A form of abuse which 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.	
<b>Indicators in a child/ young person</b>	
Bruises – shape, grouping, site, repeat or multiple	Withdrawal from physical contact
Bite-marks – site and size Burns and Scalds – shape, definition, size, depth, scars	Aggression towards others, emotional and behaviour problems
Improbable, conflicting explanations for injuries or unexplained injuries	Frequently absent from school
Untreated injuries	Admission of punishment which appears excessive
Injuries on parts of body where accidental injury is unlikely	Fractures
Repeated or multiple injuries	Fabricated or induced illness

## **Emotional abuse**

The persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. It may involve conveying to a child 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 a child's developmental capability as well as overprotection and limitation of exploration and learning or preventing the child from 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, although it may occur alone.

#### **Indicators in a child/ young person**

Self-harm	Over-reaction to mistakes / Inappropriate emotional responses
Chronic running away	Abnormal or indiscriminate attachment
Drug/solvent abuse	Low self-esteem
Compulsive stealing	Extremes of passivity or aggression
Makes a disclosure	Social isolation – withdrawn, a 'loner' Frozen watchfulness particularly pre school
Developmental delay	Depression
Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)	Desperate attention-seeking behaviour

#### **Neglect**

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, for example, 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 a child/ young person**

Failure to thrive - underweight, small stature	Low self-esteem
Dirty and unkempt condition	Inadequate social skills and poor socialisation
Inadequately clothed	Frequent lateness or non-attendance at school
Dry sparse hair	Abnormal voracious appetite at school or nursery
Untreated medical problems	Self-harming behaviour
Red/purple mottled skin, particularly on the hands and feet, seen in the winter due to	Constant tiredness



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

<b>Sexual abuse</b>	
<p>Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving 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. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children. The sexual abuse of children by other children is a specific safeguarding issue (also known as peer on peer abuse) in education and all staff should be aware of it and of their school or colleges policy and procedures for dealing with it.</p>	
<b>Indicators in a child/ young person</b>	
Self-harm - eating disorders, self-mutilation and suicide attempts	Poor self-image, self-harm, self-hatred
Running away from home	Inappropriate sexualised conduct
Reluctant to undress for PE	Withdrawal, isolation or excessive worrying
Pregnancy	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	Poor attention / concentration (world of their own)
Pain, bleeding, bruising or itching in genital and /or anal area	Sudden changes in schoolwork habits, become truant
Sexually exploited or indiscriminate choice of sexual partners	

School staff members should be aware of the main categories of maltreatment: **physical abuse, emotional abuse, sexual abuse and neglect** as well as being aware of the indicators of maltreatment and **specific safeguarding issues** so that they are able to identify cases of children who may be in need of help or protection.

If staff have any concerns about a child's welfare, they should act on them immediately. If staff have a concern, they should follow this policy and speak to the DSL/DDSL & record it on CPOMS. The DSL/DDSL are most likely to have a complete safeguarding picture and be the most appropriate person to advise on the response to a safeguarding concern.

**Any staff member should be able to make a Child Protection Referral to Children's Services if necessary by phoning 0151 233 3700.**

All staff should be aware of the process for making Child Protection Referrals to Children's Services 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 - from

abuse or neglect) that may follow a referral, along with the role they might be expected to play in such assessments.

Staff should not assume a colleague or another professional will take action and share information that might be critical in keeping children safe. They should be mindful that early information sharing is vital for effective identification, assessment and allocation of appropriate service provision.

### **MEETING THE THRESHOLD**

**There are three thresholds for and types of referral that need to be considered:**

**Is this a child with additional needs; where their health, development or achievement may be adversely affected?**

- Age appropriate progress is not being made and the causes are unclear or
- The support of more than one agency is needed to meet the child or young person's needs.

If this is a child with additional needs discuss the issues with the Early Help Assessment (EHAT) trained practitioner in your school, the child and parents. You will need to obtain parental consent for an EHAT to be completed.

**Is this a child in need matter? Section 17 of the Children Act 1989 says:**

- they are unlikely to achieve or maintain, or to have opportunity to achieve or maintain a reasonable standard of health or development, without the provision of services by a local authority.
- their health or development is likely to be impaired, or further impaired without the provision of such services.
- they are SEND (and as such can face additional safeguarding challenges).

*If this is a child in need, discuss the issues with the DSL/DDSL and parents. Obtain their consent for referral.*

**Is this a child protection matter? Section 47 of the Children Act 1989 says:**

- children at risk or who are suffering significant harm.
- children suffering the effects of significant harm
- serious health problems.

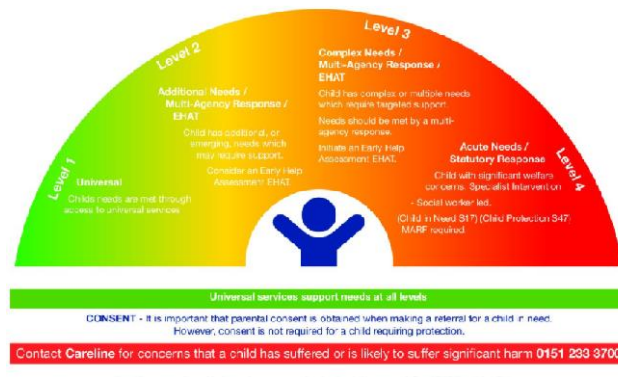
### **Extra Familial Harm (formerly contextual Safeguarding)**

Safeguarding incidents and/or behaviours can be associated with factors outside the school and/or can occur between children outside the school. All staff, but especially the DSLs and their Deputies should be considering the context within which such incidents and/or behaviours occur. This is known as contextual safeguarding, which simply means

assessments of children should consider whether wider environmental factors are present in a child's life that are a threat to their safety and/or welfare.

## Children who may require Early Help (EHAT)

### Safeguarding Across the Continuum – Levels of Need and Response



All staff should be aware of the **early help process**, and understand their role in identifying emerging problems, sharing information with other professionals to support early identification and assessment of a child's needs. It is important for children to receive the right help at the right time to address risks and prevent issues escalating. Early Help is a key part of delivering frontline services that are integrated and focused around the needs of children and young people.

The EHAT promotes a more effective, earlier identification of additional needs, particularly in universal services. It is intended to provide a simple process for a holistic assessment of children's needs and strengths, taking account of the role of parents, carers and environmental factors on their development.

Practitioners will then be better placed to agree, with the child and family, about what support is appropriate. The EHAT will also help to improve integrated working by promoting co-ordinated service provision.

The EHAT is not intended to replace or delay any concerns around child protection. If you believe a child is at risk please report it.

An EHAT is a useful tool when reporting concerns, as this can show what is already known about the children in a family, what actions have been taken, who is involved in supporting the family, and why the level of concern needs to be reported as a risk.

If Early Help is appropriate, in school we have 3 trained Lead Professionals who will generally lead on liaising with other agencies and setting up an assessment as appropriate.

**Any child may benefit from early help, but all school staff should be particularly alert to the potential need for early help for a child who:**

- has special educational needs (whether or not they have a statutory Education, Health and Care Plan);
- has a mental health need;
- is a young carer;
- is showing signs of being drawn in to anti-social or criminal behaviour, including gang involvement and association with organised crime groups or county lines;
- is frequently missing/goes missing from care or from home;

- is at risk of modern slavery, trafficking, sexual or criminal exploitation;
- is at risk of being radicalised or exploited;
- has a family member in prison, or is affected by parental offending;
- is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse;
- is misusing drugs or alcohol themselves;
- has returned home to their family from care;
- is at risk of 'honour'-based abuse such as Female Genital Mutilation or Forced Marriage;
- is a privately fostered child; and
- is persistently absent from education, including persistent absences for part of the school day.

### **Children with special educational needs and disabilities:**

(A separate policy is in place)

Additional barriers can exist when recognising abuse and neglect in this group of children. This can include:

- ❖ Assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's impairment without further exploration.
- ❖ Assumptions that children with SEN and disabilities can be disproportionately impacted by things like bullying- without outwardly showing any signs.
- ❖ Communication barriers and difficulties.
- ❖ Reluctance to challenge carers, (professionals may over empathise with carers because of the perceived stress of caring for a disabled child).
- ❖ Disabled children often rely on a wide network of carers to meet their basic needs and therefore the potential risk of exposure to abusive behaviour can be increased.
- ❖ A disabled child's understanding of abuse.
- ❖ Lack of choice/ participation.
- ❖ Isolation.

### **Peer on peer abuse (child on child abuse)**

(A separate policy is in place)

**All** staff should be aware that safeguarding issues can manifest themselves via peer on peer abuse. This is most likely to include, but may not be limited to:

- Bullying (including cyberbullying).

- Physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm.
- Sexual violence, such as rape, assault by penetration and sexual assault.
- Sexual harassment, such as sexual comments, remarks, jokes and online sexual harassment, which may be stand-alone or part of a broader pattern of abuse.
- Up-skirting, which typically involves taking a picture under a person's clothing without them knowing, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm.
- Sexting (also known as sharing nudes or semi-nudes).
- Initiation/hazing type violence and rituals.

All staff should be aware that abuse is abuse and peer on peer abuse will never be tolerated or passed off as “banter”, “just having a laugh” or “part of growing up”. Furthermore, they should *recognise 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.*

In order to minimise the risk of peer on peer abuse At Springwood Heath we:

- Provide a developmentally appropriate PSHE and RSE curriculum which develops pupils’ understanding of acceptable behaviour and keeping themselves safe.
- Have systems in place for any student to raise concerns with staff, knowing that they will be listened to, believed and valued.
- Ensure victims, perpetrators and any other child affected by peer on peer abuse will be supported.
- We have developed robust risk assessments.
- We have the relevant policies in place e.g. Behaviour Policy.

At Springwood Heath a zero tolerance approach will be taken.

### **Sexual violence and sexual harassment between children:**

Sexual violence and sexual harassment can occur between two children of **any** age and sex. It can also occur through a group of children sexually assaulting or sexually harassing a single child or group of children. Children who are victims of sexual violence and sexual harassment will likely find the experience stressful and distressing and this could adversely affect their learning and attainment. Sexual violence and sexual harassment exist on a continuum and may overlap, they can occur online and offline (both physical and verbal) and are never acceptable. It is important that **all** victims are taken seriously. Evidence shows girls, children with SEND and LGBT children are at greater risk.

Staff are aware of the importance of:

- making clear that sexual violence and sexual harassment is not acceptable, will never be tolerated and is not an inevitable part of growing up;
- not tolerating or dismissing sexual violence or sexual harassment as “banter”, “part of growing up”, “just having a laugh” or “boys being boys”; and
- challenging behaviours (potentially criminal in nature), such as grabbing bottoms, breasts and genitalia, flicking bras and lifting up skirts. Dismissing or tolerating such behaviours risks normalising them.

We are aware that our initial response to a report from a child is important. It is essential that all victims are reassured that they are being taken seriously and that they will be supported and kept safe. A victim should never be given the impression that they are creating a problem by reporting sexual violence or sexual harassment. Nor should a victim ever be made to feel ashamed for making a report. Staff will follow school Safeguarding procedures.

### **Serious violence**

All staff should be aware of indicators, which may signal that children are at risk from, or are involved with serious violent crime.

- Increased absence from school
- Change in friendships or relationships with older individuals or groups
- Significant decline in performance
- Signs of self-harm or significant change in wellbeing
- Signs of assault or unexplained injuries
- Unexplained gifts/new possessions

### **Child Sexual Exploitation (CSE) and Child Criminal Exploitation (CCE)**

*Child Criminal Exploitation is a rapidly emerging issue which is a major concern for our communities.”*

(Quote from Merseyside’s Police Commissioner Jane Kennedy)

Both CSE and CCE are forms of abuse and both occur where an individual or group takes advantage of an imbalance in power to coerce, manipulate or deceive a child into sexual or criminal activity. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, sexual identity, cognitive ability, physical strength, status, and access to economic or other resources. In some cases, the abuse will be in exchange for something the victim needs or wants and/or will be to the financial benefit or other advantage (such as increased status) of the perpetrator or facilitator. The abuse can be perpetrated by individuals or groups, males or females, and children or adults. The abuse can be a one-off occurrence or a series of incidents over time and range from opportunistic to complex organised abuse. It can involve force and/or enticement-based methods of compliance and may, or may not, be accompanied by violence or threats of violence. Victims can be exploited even when activity appears consensual and it should be noted exploitation as well as being physical can be facilitated and/or take place online. (More information include definitions and indicators are included in Annex B KCSiE DfE 2021.)

## **Mental Health**

All staff should be aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation. Only appropriate trained professionals should attempt to make a diagnosis of a mental health problem. Staff however, are well placed to observe children day-to-day and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one.

If staff have a mental health concern about a child that is also a safeguarding concern, immediate action should be taken by following the procedures in this policy and speaking to the schools DSL/DDSL.

## **Prevent: Safeguarding Children and Young People from Radicalisation**

(A separate policy is in place)

Children can be vulnerable to extreme ideologies and radicalisation. Similar to protecting children from other forms of harm and abuse, protecting children from radicalisation must be part of all school and college safeguarding approaches.

All schools and colleges are subject to the Prevent Duty under Section 26 of the Counter Terrorism and Security Act 2015 (the CTSA 2015), in the exercise of their functions to have “due regard to the need to prevent people from being drawn into terrorism KCSiE (DfE 2021).

There are signs and vulnerability factors that may indicate a child is susceptible to radicalisation or is in the process of being radicalised. It is possible to protect vulnerable people from extremist thinking and intervene to safeguard those at risk of radicalisation. Staff must be alert to changes in children’s behaviour, appearance and speech which could indicate that they may be in need of Prevent support. (There could also be other reasons for these changes) They must act proportionately to the concern using the Prevent ‘notice, check, share’ approach, which may lead to the DSL making a Prevent referral.

### **Exploiting vulnerability**

The following factors might contribute to a vulnerable person becoming radicalised:

- The need for belonging.
- Bereavement.
- Looking for a cause or reward.
- Mental Health
- Isolation
- A sense of injustice or grievance
- Access to extremist material online.
- A desire for power, respect or status.
- Bullying
- Drug or alcohol misuse.

### **Changes in behaviour or appearance**

Radicalisation may be accompanied by sudden or gradual changes to a person's behaviour or appearance. This may include some of the following:

- Changes in mood, patterns of behaviour or being secretive
- Possession of violent extremist literature or use of inappropriate language or speech
- Expression of extremist views or sympathy with extremist causes
- Seeking to engage or recruit others to support extremist ideologies, extreme groups, social media groups or marches
- Preaching or attempting to impose their views on others
- Isolating themselves from family and friends
- Outbursts of anger

- Change in language or use of words
- Fixation on a new subject or person

**Liverpool PREVENT SAFEGUARDING Team can be contacted on 0151 233 0343.** You can also call the Merseyside Police Prevent Team on **0151 777 4878**

### **Domestic Abuse**

Domestic abuse is: any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass but is not limited to psychological; physical; sexual; financial; and emotional. All children can witness and be adversely affected by domestic abuse in the context of their home life where domestic abuse occurs between family members.

We recognise that exposure to domestic abuse and/or violence can have a serious, long lasting emotional and psychological impact on children. In some cases, a child may blame themselves for the abuse or may have had to leave the family home as a result. Domestic abuse affecting young people can also occur within their personal relationships, as well as in the context of their home life. Living in a home where domestic abuse happens can have a serious impact on a child or young person's mental and physical wellbeing, as well as their behaviour. And this can last into adulthood. Advice on identifying children who are affected by domestic abuse and how they can be helped is available at:

<https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/domestic-abuse/signs-symptoms-effects/>

<http://www.refuge.org.uk/get-help-now/what-is-domestic-violence/effects-of-domestic-violence-on-children/>

<http://www.safelives.org.uk/knowledge-hub/spotlights/spotlight-3-young-people-and-domestic-abuse>

It can be difficult to tell if domestic abuse is happening and those carrying out the abuse can act very different when other people are around. Children and young people might also feel frightened and confused, keeping the abuse to themselves.

Signs that a child has witnessed domestic abuse can include:

- aggression or bullying
- anti-social behaviour, like vandalism
- anxiety, depression or suicidal thoughts
- attention seeking
- bed-wetting, nightmares or insomnia
- constant or regular sickness, like colds, headaches and mouth ulcers
- drug or alcohol use
- eating disorders
- problems in school or trouble learning
- tantrums
- withdrawal



## **Operation Encompass:**



Operation Encompass directly connects the police with schools to ensure support for children living with domestic abuse in their homes when there has been a police attended incident of Domestic Abuse. Operation Encompass provides an efficient, confidential channel of communication between police forces and Key Adults/Safeguarding Leads within schools. This ensures that the school has up to date relevant information about the child's circumstances and can enable support to be given to the child according to their needs.

## **DEALING WITH A DISCLOSURE**

If a child confides in a member of staff/volunteer and requests that the information is kept secret, it is important that the member of staff/volunteer tell the child in a manner appropriate to the child's age/stage of development that they cannot promise complete confidentiality – instead they must explain that they may need to pass information to other professionals to help keep the child or other children safe. 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 might not be possible to keep
- Never promise a child that they will not tell anyone - as this may ultimately not be in the best interests of the child.
- 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 what is being said.
- Not criticise the alleged perpetrator
- Explain what has to be done next and who has to be told
- Make a written record (see Record Keeping)

Pass the information to the DSL without delay (if a DSL or Deputy is not available, staff must inform a senior member of staff if this disclosure indicates that the child may be at risk of immediate harm and/or have been suffered significant harm to ensure reporting to Police and/or Children's Services where necessary is not delayed)

## **Third Party Disclosures**

It's everyone's responsibility to report concerns related to children and make referrals to Children Services and the Police if suspected that a child has been abused or is at risk of abuse.

Therefore, when safeguarding concerns are shared to the DSL in a school by a parent or member of the public, it is important to note that there is equal responsibility by the complainant to report the matter also directly rather than assume the responsibility is that of the school.

### **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 DSL.

### **RECORD KEEPING**

All practitioners should be confident of the processing conditions under the Data Protection Act 2018 and the GDPR which allow them to store and share information for safeguarding purposes, including information, which is sensitive and personal, and should be treated as 'special category personal data'.

All concerns, discussions and decisions made and the reasons for those decisions should be recorded in writing. If in doubt about recording requirements staff should discuss with the DSL.

- Record as soon as possible after the conversation. Use the schools CPOMS system.
- Ensure the date, time, place is recorded, and any noticeable non-verbal behaviour and the words used by the child.
- Use the body map on the recording system or the proforma body map to indicate the position of any injuries and a clear description of the injury.
- Record statements and observations rather than interpretations or assumptions.
- Do not destroy the original records in case they are needed by a court.
- Any paper records need to be given to the Headteacher/ DSL /DDSL promptly. No copies should be retained by the member of staff or volunteer.

### **CONFIDENTIALITY**

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

- All staff in schools, both teaching and non-teaching staff, have a responsibility to share relevant information about the protection of children with other professionals, particularly the investigative agencies.
- 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.

### **SCHOOL PROCEDURES**

- If any member of staff is concerned about a child, he or she must inform the DSL. The DSL/Headteacher will decide whether the concerns should be raised to Children's Services and if deemed to have met the threshold a referral will be completed. If a Child Protection Referral to Children's Services is made the Headteacher/DSL will discuss the referral with the parents, unless to do so would place the child at further risk of harm.
- While it is the DSL's role to make Child Protection Referrals, any staff member can make a Child Protection Referral to Children's Services if a child is in immediate danger or is at risk of harm (e.g. concern that a family might have plans to carry out FGM, Forced Marriage etc). In these circumstances a Child Protection Referral should be made to Children's Services and/or the Police immediately. 0151 233 3700. Where Child Protection Referrals are made by another member of staff, the DSL should be informed as soon as possible.
- If a **teacher** (persons employed or engaged to carry out teaching work at schools and other institutions in England), in the course of their work in the profession, discovers that an act of Female Genital Mutilation (FGM) appears to have been carried out on a girl under the age of 18 the **teacher** must report this to the police via 101. **This is a mandatory reporting duty.** KCSiE (DfE 2021)
- Particular attention should be paid to the attendance and development of any child about whom the school has concerns, or who has been identified as being the subject of a Child Protection Plan and a written record will be kept.
- If a pupil who is/or has been the subject of a child protection plan changes school, the DSL will inform the social worker responsible for the case and transfer the appropriate records to the DSL at the receiving school, in a secure manner, and separate from the child's academic file.
- All school staff are responsible for making senior leadership aware of trends that may affect pupil welfare. (CPOMS)

## **COMMUNICATION WITH PARENTS**

Springwood Heath Primary School will ensure the Child Protection Policy is available publicly either via the school, school website or by other means. Parents should be informed prior to a Child Protection Referral, unless it is considered to do so might place the child at increased risk of significant harm by:

- The behavioural response it prompts e.g. a child being subjected to abuse, maltreatment or threats / forced to remain silent if alleged abuser informed.
- Leading to an unreasonable delay.
- Leading to the risk of loss of evidential material.

(We may also consider not informing parent(s) where this would place a member of staff at risk).

The school will endeavour to ensure that parents understand the responsibilities placed on the school staff for safeguarding children.

Where reasonably possible we will hold more than one emergency contact number for each pupil. KCSiE (DfE 2021) pg. 26.

Further guidance around information sharing can be located within; **Information sharing Advice for practitioners providing safeguarding services to children, young people, parents and carers** (DfE, 2018)

<https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice>

### **The Use of Reasonable Force:**

There are circumstances when it is appropriate for staff in school to use reasonable force to safeguard children and young people. The term 'reasonable force' covers the broad range of actions used by staff that involve a degree of physical contact to control or restrain children. This can range from guiding a child to safety by the arm, to more extreme circumstances such as breaking up a fight or where a young person needs to be restrained to prevent violence or injury. 'Reasonable' in these circumstances means 'using no more force than is needed'. The use of force may involve either passive physical contact, such as standing between pupils or blocking a pupil's path, or active physical contact such as leading a pupil by the arm out of the classroom. The decision on whether or not to use reasonable force to control or restrain a child is down to the professional judgement of the staff concerned and should always depend on the circumstances.

When using reasonable force in response to risks presented by incidents involving children with SEN or disabilities or with medical conditions, we consider the risks carefully recognising the additional vulnerability of these groups. In school we plan positive and proactive behaviour support e.g. individual behaviour plans for more vulnerable children, and agree them with our parents. These plans can reduce the occurrence of challenging behaviour and the need to use reasonable force.

### **ALLEGATIONS OF ABUSE (or concerns/low level concerns) MADE AGAINST ADULTS WHO WORK WITH CHILDREN AND YOUNG PEOPLE**

**An allegation is any information which indicates that a member of staff/volunteer may have:**

- Behaved in a way that has harmed a child or may have harmed a child.
- Possibly committed a criminal offence against or related to a child.
- Behaved towards a child or children in a way which indicates he or she would pose a risk of harm to children or
- Behaved or may have behaved in a way that indicated they may not be suitable to work with children.

This relates to members of staff, supply staff and volunteers who are currently working in any school or college regardless of whether the school or college is where the alleged abuse took place. Allegations against a teacher who is no longer teaching should be referred to the police. Historical allegations of abuse should also be referred to the police.

**What staff should do if they have concerns about another member of staff who may pose a risk of harm to children allegations against a professional:**

- If staff have safeguarding concerns, or an allegation is made about another member of staff (including supply staff and volunteers) posing a risk of harm to children, this is to be referred to the Headteacher.
- Where the Headteacher is the subject of an allegation, the chair of governors, should discuss the allegation immediately with the Local Authority Designated Officer(s) LADO.

Staff may consider discussing any concerns with the designated senior lead (DSL) for safeguarding and if appropriate make any referral via them.

The Chair of Governors in this school is:

NAME:

CONTACT NUMBER:

\_\_\_\_\_

\_\_\_\_\_

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

NAME:

CONTACT NUMBER:

\_\_\_\_\_

\_\_\_\_\_

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

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

The recipient of an allegation must **not** unilaterally determine its validity, and failure to report it in accordance with procedures is a potential disciplinary matter.

The Head Teacher/Chair of Governors 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)

The two people who oversee and manage allegations in Liverpool are:

Ray Said, LADO & Risk Manager. Tel: 0151 233 0840 Mobile: 07841 727 309

Pauline Trubshaw, Deputy LADO. Tel: 0151 233 0846 Mobile: 07716 702 034

Any e-mails should be sent to LADO@liverpool.gov.uk

**Low level concerns:**

A low-level concern is any concern – no matter how small, and even if no more than causing a sense of unease or a ‘nagging doubt’ - that an adult working in or on behalf of the school may have acted in a way that:

- is inconsistent with the staff code of conduct, including inappropriate conduct outside of work; and
- does not meet the allegations threshold or is otherwise not considered serious enough to consider a referral to the LADO.

Examples of such behaviour could include, but are not limited to:

- being over friendly with children;
- having favourites;
- taking photographs of children on their mobile phone;
- engaging with a child on a one-to-one basis in a secluded area or behind a closed door; or,
- using inappropriate sexualised, intimidating or offensive language.

It is crucial that any such concerns, including those which do not meet the harm threshold are shared responsibly and with the right person, and recorded and dealt with appropriately. Staff are encouraged and feel confident to self-refer, where, for example, they have found themselves in a situation which could be misinterpreted, might appear compromising to others, and/or on reflection they believe they have behaved in such a way that they consider falls below the expected professional standards found within the schools Code of Conduct policy.

### **WHISTLE BLOWING:**

Each member of staff within Springwood Heath has a responsibility for raising concerns about abuse and/or unacceptable practice or unprofessional conduct. If a staff member feels uncomfortable about another staff members’ behaviour they should share their concerns. It is often only by fitting together the pieces of information that children are protected. School staff should initially raise concerns with their line manager and Senior Management Team. All concerns will be handled seriously and appropriately. However, if the issue is particularly sensitive and serious staff will need to follow the Whistle blowing Procedure as set out by Liverpool City Council. A copy is found on the notice board in the staff room or can be read on the Liverpool City Council website.

Ofsted have set up a pilot whistleblower hotline for circumstances where children and young people are affected or at risk. Further details can be found on the Ofsted Website.

The NSPCC whistleblowing helpline is available for staff who do not feel able to raise concerns regarding child protection failures internally. Staff can call: 0800 028 0285 – line is available from 8:00 AM to 8:00 PM, Monday to Friday and Email: [help@nspcc.org.uk](mailto:help@nspcc.org.uk).

### **What school staff should do if they have concerns about safeguarding practices within the school?**

- All staff and volunteers should feel able to raise concerns about poor or unsafe practice and potential failures in the school or education setting’s safeguarding arrangements.
- Appropriate whistleblowing procedures, which are suitably reflected in staff training and staff behaviour policies, are in place for such concerns to be raised with the school’s senior leadership team.

### **Safer working practice**

(A separate policy is in place)

To reduce the risk of allegations, all staff are aware of safer working practice and should be familiar with the guidance contained within these guidelines. **Guidance for safer working practice for those working with children and young people in education settings (May 2019) and also Addendum April 2020** available at

<https://www.saferrecruitmentconsortium.org/>

These guidelines raising awareness of illegal, unsafe, unprofessional and unwise behaviour.

### **Intimate Care:**

(A separate policy is in place)

Some roles within Springwood Heath necessitate intimate physical contact with children on a regular basis e.g. assisting with toileting, providing intimate care for children with medical and physical disabilities. All children have a right to safety, privacy and dignity when contact of a physical or intimate nature is required and depending on their abilities, age and maturity should be encouraged to be as independent as possible. All staff must adhere to schools guidelines e.g. care plans, for meeting the needs of individual children, which are reviewed annually.

### **Security:**

All staff have a responsibility for maintaining awareness of buildings and grounds security and for reporting concerns that may come to light. We operate within a whole-school community ethos and welcome comments from pupils/students, parents and others about areas that may need improvement as well as what we are doing well. The school will not accept the behaviour of any individual (parent or other) that threatens school security or leads others (child or adult) to feel unsafe. Such behaviour will be treated as a serious concern and may result in a decision to refuse access for that individual to the school site.

To ensure safe entrance into Springwood Heath Primary School

- No staff member will open the school entrance doors to parents, escorts etc. This will be done by our admin staff, or Senior Management Team.
- Parents and visitors coming through our school playground when children are playing **MUST** be escorted by a staff member unless they have been DBS checked.

All members of the school staff have Springwood Heath School identity badges which must be worn at all times. Visitors to the school must wear a visitor's lanyard and their agency/school's identity badge.

Coloured lanyards are available for all school visitors and parents at Reception.

Blue - the visitor has been DBS checked.

Purple - students

Black - parents (they must be escorted at all times)

Red - visitors (they must be escorted at all times)

Orange - Governors

All visitors without a badge/lanyard **MUST** be challenged.

## **NON-SCHOOL ACTIVITIES ON SCHOOL PREMISES**

KCSIE 2021 confirms that if it is an activity under the supervision of the school, their safeguarding policy will apply. If it is organised by a third party however, the school must instead seek an assurance that the organiser has child protection procedures in place. The safeguarding arrangements should be included in any lease or hire agreement as a condition of use and occupation of the premises; with the stipulation that a failure to comply with this would lead to termination of the agreement.

## APPENDICES

### Appendix One

#### Definitions and indicators of abuse

##### 1. 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.

The following may be indicators of neglect (this is not designed to be used as a checklist):

- constant hunger
- stealing, scavenging and/or hoarding food
- frequent tiredness or listlessness
- frequently dirty or unkempt
- often poorly or inappropriately clad for the weather
- poor school attendance or often late for school
- poor concentration
- affection or attention seeking behaviour
- illnesses or injuries that are left untreated
- failure to achieve developmental milestones, for example growth, weight
- failure to develop intellectually or socially
- responsibility for activity that is not age appropriate such as cooking, ironing, caring for siblings
- the child is regularly not collected or received from school; or
- the child is left at home alone or with inappropriate carer.



## **2. 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.

The following may be indicators of physical abuse (this is not designed to be used as a checklist):

- multiple bruises in clusters, or of uniform shape
- bruises that carry an imprint, such as a hand or a belt
- bite marks
- round burn marks
- multiple burn marks and burns on unusual areas of the body such as the back, shoulders or buttocks
- an injury that is not consistent with the account given
- changing or different accounts of how an injury occurred
- bald patches
- symptoms of drug or alcohol intoxication or poisoning
- unaccountable covering of limbs, even in hot weather
- fear of going home or parents being contacted
- fear of medical help
- fear of changing for PE
- inexplicable fear of adults or over-compliance
- violence or aggression towards others including bullying; or
- isolation from peers.

## **3. 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 act of sexual abuse, as can other children.

The following may be indicators of sexual abuse (this is not designed to be used as a checklist):

- sexually explicit play or behaviour or age-inappropriate knowledge
- anal or vaginal discharge, soreness or scratching
- reluctance to go home
- inability to concentrate, tiredness
- refusal to communicate
- thrush, persistent complaints of stomach disorders or pains
- eating disorders, for example anorexia nervosa and bulimia
- attention seeking behaviour, self-mutilation, substance abuse
- aggressive behaviour including sexual harassment or molestation
- unusual compliance
- regressive behaviour, enuresis, soiling
- frequent or open masturbation, touching others inappropriately
- depression, withdrawal, isolation from peer group
- reluctance to undress for PE or swimming; or
- bruises or scratches in the genital area

#### **4. Sexual exploitation**

Child sexual exploitation occurs when a child or young person, or another person, receives 'something' (for example food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of the child/young person performing sexual activities, or another person performing sexual activities on the child/young person.

The presence of any significant indicator for sexual exploitation should trigger a referral to children's social care. The significant indicators are:

- having a relationship of concern with a controlling adult or young person (this may involve physical and/or emotional abuse and/or gang activity)
- entering and/or leaving vehicles driven by unknown adult

- possessing unexplained amounts of money, expensive clothes or other items
- frequenting areas known for risky activities
- being groomed or abused via the Internet and mobile technology; and
- having unexplained contact with hotels, taxi companies or fast food outlets.

## **5. 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 also involve seeing or hearing the ill-treatment of another person. 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.

The following may be indicators of emotional abuse (this is not designed to be used as a checklist):

- the child consistently describes him/herself in very negative ways – as stupid, naughty, hopeless, ugly
- over-reaction to mistakes
- delayed physical, mental or emotional development
- sudden speech or sensory disorders
- inappropriate emotional responses, fantasies
- behaviours such as rocking, banging head, regression, tics and twitches
- self-harming, drug or solvent abuse
- fear of parents being contacted
- running away
- compulsive stealing
- appetite disorders - anorexia nervosa, bulimia; or
- soiling, smearing faeces, enuresis.

N.B: Some situations where children stop communication suddenly (known as “traumatic mutism”) can indicate maltreatment.

## **6. Responses from parents**

Research and experience indicates that the following responses from parents may suggest a cause for concern across all four categories:

- delay in seeking treatment that is obviously needed
- unawareness or denial of any injury, pain or loss of function (for example, a fractured limb)
- incompatible explanations offered, several different explanations or the child is said to have acted in a way that is inappropriate to her/his age and development
- reluctance to give information or failure to mention other known relevant injuries
- frequent presentation of minor injuries
- a persistently negative attitude towards the child
- unrealistic expectations or constant complaints about the child
- alcohol misuse or other drug/substance misuse
- parents request removal of the child from home; or
- violence between adults in the household.

## **7. Disabled children**

When working with children with disabilities, practitioners need to be aware those additional vulnerabilities to abuse and neglect such as:

- assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child’s disability without further exploration
- children with SEN and disabilities can be disproportionately impacted by things like bullying without outwardly showing any signs
- communication barriers and difficulties in overcoming these barriers.

Possible indicators of abuse and/or neglect may also include:

- a bruise in a site that might not be of concern on an ambulant child such as the shin, might be of concern on a non-mobile child
- not getting enough help with feeding leading to malnourishment
- poor toileting
- lack of stimulation

- unjustified and/or excessive use of restraint
- rough handling, extreme behaviour modification such as deprivation of medication, food or clothing, disabling wheelchair batteries
- unwillingness to try to learn a child's means of communication
- ill-fitting equipment, for example callipers, sleep boards, inappropriate splinting
- misappropriation of a child's finances; or
- inappropriate invasive procedures.

## Appendix Two

### FURTHER INFORMTION