



Child Protection Policy

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Date of Issue: August 2021
Date of Review: August 2022
Reference: HQ
Department Safeguarding

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Introduction

Safeguarding Children is of paramount importance to ensure the safety of every child and young person in PQA. All staff will be aware of how they may access advice, understand their role in protection and understand importance of effective inter agency communication.

Safeguarding is defined as protecting children from maltreatment, preventing impairment of health and/or development, ensuring that children grow up in the provision of safe and effective care and optimizing children's life chances.

This Safeguarding Policy forms part of a suite of documents and policies which relate to the safeguarding responsibilities of PQA. In particular this policy should be read in conjunction with the Safer Recruitment Policy, Behaviour Policies, Anti-Bullying Policy, Allegations against Adults working with Children, Preventing Extremism and Radicalisation Policy.

Safeguarding and promoting the welfare of children is everyone's responsibility. Everyone who comes into contact with children has a role to play.

Safeguarding and promoting the welfare of children is defined for the purpose of this policy 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
- Taking action to enable all children have the best outcomes

The purpose of this policy is to inform staff, parents and volunteers about PQA's responsibilities for safeguarding children.

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

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

All staff and volunteers will receive safeguarding children training, so that they are knowledgeable and aware of their role in the early recognition of the indicators of abuse or neglect and of the appropriate procedures to follow. This training is refreshed every two years. Temporary staff will be made aware of the safeguarding policies and procedures by the relevant Principal.

All staff will know how to report any alleged malpractice, allegations and/or concerns relating to a child and will be supported when dealing with safeguarding concerns.

Mission statement

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

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

Effective procedures are in place for responding to complaints, concerns and allegations of suspected or actual abuse.

Statutory Guidance

To safeguard and promote the welfare of children, PQA will act in accordance with the following legislation and guidance:

- The Children Act 1989
- The Children Act 2004
- Education Act 2002 (section 175)
- Local Safeguarding Partnership Inter-agency Child Protection and Safeguarding Children procedures
- Safeguarding Children and Safer Recruitment in Education (DfES 2006)
- Keeping Children Safe in Education Statutory Guidance 2021
- Working Together to Safeguard Children (HM Government 2018)
- Dealing with Allegations of Abuse Against Teachers and Other Staff (DfE 2011)
- What to do if you are Worried a Child is Being Abused

Role of The Safeguarding Team

The Head of Safeguarding for PQA is Mel Leicester-Evans

The Safeguarding Officer for PQA is Andrew Ralph

It is the role of the Safeguarding Team to:

- Act as a source of support, advice, and expertise for all staff
- Act as a point of contact for all safeguarding partners
- As required, liaise with the local authority designated officers (LADO) for child protection concerns in cases which concern an adult
- Ensure each member of staff has access to and understand this policy and relevant procedures
- Ensure all staff working with children undertake appropriate training to carry out their responsibilities for safeguarding children effectively
- Ensure that new staff receive child protection training within 7 working days of commencement of their contract
- Working knowledge of threshold levels and when to refer to the local authority and/or Police
- Undergo training to update knowledge and skills at least every two years
- Head of Safeguarding to undertake Prevent awareness training
- Have working knowledge of how local authorities conduct child protection case conferences and review conferences, to attend and contribute effectively when required to do so
- Understand the importance of information sharing with safeguarding partners, agencies, and organisations

- Understand relevant data protection legislation and regulations especially the Data Protection Act 2018 and the UK General Data Protection Regulations (UKGDPR)
- Develop effective working relationships with other agencies and services
- Ensure that PQA operates within the legislative framework and recommended guidance
- To keep detailed accurate secure records of concerns, actions, and outcomes
- To provide and deliver safeguarding training
- Understand emotional impact in dealing with disclosures and support staff as appropriate
- Ensure all staff have a DBS on the update service and are safe to work with children

Definitions

Definitions in relation to the following terms used within this document are taken from statutory guidance (HM Government, 2018):

“Child” or “young person”, as in the Children Act 1989 and 2004, is anyone who has not yet reached their 18th birthday.

Safeguarding” and “promoting the welfare of children” is the process of protecting children from abuse or neglect and/or preventing impairment of their health or development. This includes 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 life chances.

“Child Protection” is one element of safeguarding and promoting children’s welfare. Child protection refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm. “Significant Harm” is the concept introduced by the Children Act 1989 as the threshold that justifies compulsory intervention in family life in the best interests of children. It gives Local Authorities a duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm.

Abuse is the violation of an individual’s human and civil right usually for gratification. In the terms of safeguarding, it is used to refer to any intentional or negligent act by another and any form of abuse is usually perpetrated as the result of deliberate intent.

“Abuse” and “Neglect:” are forms 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 (e.g. via the internet). They may be abused by an adult or adults, or another child or children.

Staff Responsibilities

If any member of staff is concerned about a child, they must inform the Safeguarding Team.

The member of staff must record information regarding the concerns on the same day. The recording must be a clear, precise, factual account of the observations and signed and dated.

The Safeguarding Team will decide whether the concerns should be referred to the Local Children's Social Care or in certain cases the police. If it is decided to make a referral to Children's Social Care this will be discussed with the parents, unless to do so would place the child at further risk of harm.

Particular attention will be paid to the attendance and development of any child about whom PQA has concerns, or who has been identified as being the subject of a child protection plan and a written record will be kept.

Confidentiality

Safeguarding children raises issues of confidentiality that must be clearly understood by all staff/volunteers, but we must remember that Safeguarding overrides confidentiality and the Data Protection Act.

- All staff have a responsibility to share relevant information about the protection of children with other professionals, particularly the investigative agencies (Children's Social Services and the Police).
- If a child confides in a member of staff/volunteer and requests that the information is kept secret, it is important that the member of staff/volunteer tell the child in a manner appropriate to the child's age/stage of development that they cannot promise complete confidentiality – instead they must explain that they may need to pass information to other professionals to help keep the child or other children safe.
- Staff/volunteers who receive information about children and their families in the course of their work should share that information only within appropriate professional contexts.

Record Keeping

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

- Make brief notes as soon as possible after the conversation
- Do not destroy the original notes in case they are needed by a court
- Record the date, time, place and any noticeable non-verbal behaviour and the words used by the child
- Draw a diagram/Body map to indicate the position of any injuries
- Record statements and observations rather than interpretations or assumptions
- Sign and Date records

All records need to be given to the Principal and the Safeguarding Team promptly. No copies should be retained by the member of staff or volunteer.

When to be Concerned

All staff should be aware of indicators of abuse and neglect. Knowing what to look for is vital for the early identification of abuse and neglect and specific safeguarding issues such as child criminal exploitation and child sexual exploitation so that staff can identify cases of children who may be in need of help or protection (see Appendix A).

If staff are unsure, they should always speak to the Safeguarding Team without delay.

Indicators of abuse and neglect

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 an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults or by another child or children.

Physical abuse: 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.

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.

Sexual abuse: 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).

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.

Child Criminal Exploitation (CCE): some specific forms of CCE can include children being forced or manipulated into transporting drugs or money through county lines, working in cannabis factories, shoplifting, or pickpocketing. They can also be forced or manipulated into committing vehicle crime or threatening/committing serious violence to others. Children can become trapped by this type of exploitation as perpetrators, can threaten victims (and their families) with violence, or entrap and coerce them into debt. They may be coerced into carrying weapons such as knives or begin to carry a knife for a sense of protection from harm from others. As children involved in criminal exploitation often commit crimes themselves, their vulnerability as victims is not always recognised by adults and professionals, (particularly older children), and they are not treated as victims despite the harm they have experienced. They may still have been criminally exploited even if the activity appears to be something they have agreed or consented to. It is important to note that the experience of girls who are criminally exploited can be very different to that of boys. The indicators may not be the same, however staff should be aware that girls are at risk of criminal exploitation too. It is also important to note that both boys and girls being criminally exploited may be at higher risk of sexual exploitation.

County Lines: is the term used to describe gangs and organised criminal networks involved in exporting illegal drugs using dedicated mobile phone lines or other form of 'deal line'. This activity can happen locally as well as across the UK – no specified distance of travel is required. Children and vulnerable adults are exploited to move, store and sell drugs and money. Offenders will often use coercion, intimidation, violence (including sexual violence) and weapons to ensure compliance of victims. Children can be targeted and recruited into county lines in several locations. Children are also increasingly being targeted and recruited online using social media. Children can easily become trapped by this type of exploitation as county line gangs can manufacture drug debts which need to be worked off or threatened serious violence and kidnap towards victims and their families if they attempt to leave the county lines network.

Child Sexual Exploitation (CSE): CSE is a form of child sexual abuse. Sexual abuse may involve physical contact, including assault by penetration or nonpenetrative acts such as masturbation, kissing, rubbing, and touching outside clothing. It may include non-contact activities, such as involving children in the production of sexual images, forcing children to look at sexual images or watch sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse including via the internet. CSE can occur over time or be a one-off occurrence, and may happen without the child's immediate knowledge e.g. through others sharing videos or images of them on social media. CSE can affect any child, who has been coerced into engaging in sexual activities. This includes 16 and 17 year olds who can legally consent to have sex. Some children may not realise they are being exploited e.g. they believe they are in a genuine romantic relationship.

FGM (Female Genital Mutilation): involves procedures to partially or totally remove the external female genitalia or other injury to the female genital organs. It is illegal in the UK and a form of child abuse with long-lasting harmful consequences. Mandatory reporting duty applies.

Forced marriage: forcing a person into a marriage is a crime in England and Wales. A forced marriage is one entered into without the full and free consent of one or both parties and where violence, threats or any other form of coercion is used to cause a person to enter into a marriage. Threats can be physical or emotional and psychological. A lack of full and free consent can be where a person does not consent or where they cannot consent (if they have a learning disability for example). Some perpetrators use perceived cultural practices as a way to coerce a person into marriage.

Preventing radicalisation: children are vulnerable to extremist ideology and radicalisation:

- Extremism is the vocal or active opposition to our fundamental values, including democracy, the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. This also includes calling for the death of members of the armed forces.
- Radicalisation refers to the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups.
- Terrorism is an action that endangers or causes serious violence to a person/people; causes serious damage to property; or seriously interferes or disrupts an electronic system. The use or threat must be designed to influence the government or to intimidate the public and is made for the purpose of advancing a political, religious, or ideological cause.

Radicalisation can occur through many different methods such as social media or the internet and settings such as with the home. Staff should be alert to changes in children's behaviour which could indicate that they may need help or protection, this may include the Safeguarding Team, following a referral being made, making a Prevent referral.

Peer on peer abuse (child on child): children can abuse other children and that can occur online. It is essential that all staff understand the importance of challenging inappropriate behaviours between peers, that are actually abusive in nature.

Downplaying certain behaviours, for example dismissing sexual harassment as 'just banter', 'just having a laugh', 'part of growing up' or 'boys being boys' can lead to a culture of unacceptable behaviours, an unsafe environment for children and in worst case scenarios a culture that normalises abuse leading to children accepting it is normal and not coming forward to report it. Peer on peer abuse is most likely to include, but not be limited to:

- Bullying (including cyberbullying, prejudice-based and discriminatory bullying)
- Abuse in intimate personal relationships between peers
- Physical abuse such as hitting, kicking, shaking, biting, hair pulling or otherwise causing physical harm (this may include an online element which facilitates, threatens and/or encourages physical abuse)
- 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 standalone or part of a broader pattern of abuse
- Causing someone to engage in sexual activity without consent, such as forcing someone to strip, touch themselves sexually, or to engage in sexual activity with a third party
- Consensual and non-consensual sharing of nudes and semi nudes images and/or videos (also known as sexting or youth produced sexual imagery)
- Upskirting, which typically involves taking a picture under a person's clothing without their permission, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm
- Initiation/hazing type violence and rituals (could include activities involving harassment, abuse or humiliation used as a way of initiating a person into a group and may also include an online element)

Serious violence: all staff should be aware of the indicators, which may signal children are at risk from, or are involved with serious violent crime. These may include increased absence, a change in friendships with older individuals or groups, a significant decline in performance, signs of self-harm or a significant change in wellbeing, or signs of assault or unexplained injuries. Unexplained gifts or new possessions could also indicate that children have been approached by or involved with individuals associated with criminal networks or gangs and may be at risk of criminal exploitation. Staff should be aware of the range of risk factors which increase the likelihood of involvement in serious violence, such as being male, having been frequently absent, having experienced child maltreatment and having been involved in offending such as theft or robbery.

Dealing with a disclosure

Children may not find it easy to tell adults about their abuse, they can show signs or act in ways that they hope adults will notice and react to. In some cases, the victim may not make a direct report, it may be from a friend or a conversation that suggests a child has been harmed or the child's own behaviour might indicate that something is wrong.

If a child discloses that he or she has been abused in some way, the member of staff / volunteer should:

- Keep calm
- Reassure the child that they were right to tell you, and that they are not to blame and take what the child says seriously.
- Be careful not to lead the child or put words into the child's mouth – ask questions sensitively. Record any non-verbal behaviour and specific words used by the child.
- Do not promise confidentiality.
- Fully document the conversation on a word by word basis immediately following the conversation while the memory is fresh. Use a body map if recording any injuries.
- Fully record dates and times of the events and when the record was made and ensure that all notes are kept securely. Sign the document and do not destroy.
- Inform the child/ young person what you will do next and who you will tell.
- Refer to the Safeguarding Team.
- Only share information with those people who need to know.

Support - dealing with a disclosure from a child, and safeguarding issues can be stressful. The member of staff/volunteer should consider seeking support for themselves and discuss this with the Safeguarding Team.

Allegations against/Concerns raised in relation to Adults

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 that indicated he or she may pose a risk of harm to children
- Behaved or may have behaved in a way that indicates they may not be suitable to work with children

The last point above includes behaviour that may have happened outside of the workplace, that may make an individual unsuitable to work with children, this is known as a transferable risk.

The person to whom an allegation is first reported to should take the matter seriously and keep an open mind. They 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:

- make an immediate written record of the allegation using the informant's words including time, date, and place where the alleged incident occurred
- 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 of Safeguarding.

If the concerns are about the Head of Safeguarding, then Fergus Sturrock (Chief Information Officer) should be contacted.

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

The Principal will not investigate the allegation itself, or take written or detailed statements, but will refer the matter immediately to the Head of Safeguarding, who will assess whether it is necessary to refer the concern to the Local Authority Designated Officer and/or Police.

If it is decided that the allegation meets the threshold for safeguarding, this will take place in accordance with Local Safeguarding Partnership Inter-agency Child Protection and Safeguarding Children Procedures.

If it is decided that the allegation does not meet the threshold for safeguarding, it will be handed back to PQA for consideration via PQA's internal procedures.

The Head of Safeguarding should, as soon as possible, following briefing and directions from the Local Authority Designated Officer inform the subject of the allegation.

APPENDIX 1 – INDICATORS OF HARM

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

Fractures

Fractures may cause pain, swelling and discoloration 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 hot water of his or her own accord will struggle to get out and there will be splash marks

Scars

Many scars or scars of different sizes or ages, or on different parts of the body, or unusually shaped, may suggest abuse. Consideration should be given to the following points:

- 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
- An explanation which is inconsistent with an injury
- Several different explanations provided for an injury

EMOTIONAL ABUSE

Is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.

It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.

It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction.

It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.

Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Indicators in the child

- Developmental delay
- Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or no attachment
- Aggressive behaviour towards others
- Child scapegoated within the family
- Frozen watchfulness, particularly in pre-school children
- Low self-esteem and lack of confidence
- Withdrawn or seen as a 'loner' - difficulty relating to others
- Over-reaction to mistakes
- Fear of new situations
- Inappropriate emotional responses to painful situations Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)
- Self-harm
- Fear of parents being contacted Extremes of passivity or aggression
- Drug/solvent abuse
- Chronic running away Compulsive stealing
- 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
- Fearful, distressed, anxious
- Poor peer relationships including withdrawn or isolated behaviour

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

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 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

CCE and CSE

Child sexual exploitation is a form of child sexual abuse. It occurs here an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

Indicators in the child

- Persistently going missing from school or home and / or being found out of area
- Unexplained acquisition of money, clothes, or mobile phones
- Excessive receipt of texts / phone calls
- Relationships with controlling / older individuals or groups
- Leaving home / care without explanation
- Suspicion of physical assault / unexplained injuries
- Carrying weapons
- Significant decline in performance
- Gang association or isolation from peers or social networks
- Self-harm or significant changes in emotional well-being

ONLINE ABUSE

Online Abuse' relates to four main areas of abuse to children:

- Abusive images of children (although these are not confined to the Internet)
- A child or young person being groomed for the purpose of Sexual Abuse
- Exposure to pornographic images and other offensive material via the Internet; and
- The use of the internet, and in particular social media sites, to engage children in extremist ideologies.

The term digital (data carrying signals carrying electronic or optical pulses) and interactive (a message relates to other previous message/s and the relationship between them) technology covers a range of electronic tools. These are constantly being upgraded and their use has become more widespread through the Internet

being available using text, photos and video. The internet can be accessed on mobile phones, laptops, computers, tablets, webcams, cameras and games consoles.

Social networking sites are often used by perpetrators as an easy way to access children and young people for sexual abuse. In addition, radical and extremist groups may use social networking to attract children and young people into rigid and narrow ideologies that are intolerant of diversity: this is similar to the grooming process and exploits the same vulnerabilities.

Online abuse may also include cyber-bullying or online bullying (see Bullying). This is when a child is tormented, threatened, harassed, humiliated, embarrassed or otherwise targeted by another child using the Internet and/or mobile devices. It is essentially behaviour between children, although it is possible for one victim to be bullied by many perpetrators. In any case of severe bullying, it may be appropriate to consider the behaviour as child abuse by another young person.

Sexting describes the use of technology to generate images or videos made by children under the age of 18 of other children; images that are of a sexual nature and are indecent. The content can vary, from text messages to images of partial nudity to sexual images or video. These images are then shared between young people and/or adults and with people they may not even know. Young people are not always aware that their actions are illegal, and the increasing use of smart phones has made the practice much more common place.

E-Safety is the generic term that refers to raising awareness about how children, young people and adults can protect themselves when using digital technology and in the online environment and provides examples of interventions that can reduce the level of risk for children and young people.

Amendment Dates

Date	Section Amended	Person Amending	Reason

Child Protection Policy
Author: Mel Leicester-Evans
Date Of issue: August 2021

