

Safeguarding Policy

Key Contacts:	
Designated Member of Staff for Child Protection (DMS):	Karen Howling / Tracey Poulton
West Sussex Children’s Services - Multi-Agency Safeguarding Hub (MASH):	Tel: 01403 229900 (Out of Hours, 5pm – 8am – 0330 222 6664) MASH@westsussex.gcsx.gov.uk
Local Authority Designated Officer (LADO):	0330 222 3337
Community Safety Lead Officer:	Beverley Knight Tel: 0330 222 4223
Ofsted	0300 123 1231
Non-Emergency police	101
Gov helpline for Extremism Concerns	0207 340 264

At **Natural Nurture** we work with children, parents, external agencies and the community to ensure the welfare and safety of children and to give them the very best start in life. Children have the right to be treated with respect, be helped to thrive and to be safe from any abuse in whatever form.

We support the children within our care, protect them from maltreatment and have robust procedures in place to prevent the impairment of children’s health and development. In our setting we strive to protect children from the risk of radicalisation and we promote acceptance and tolerance of other beliefs and cultures (please refer to our inclusion and equality policy for further information). Safeguarding is a much wider subject than the elements covered within this single policy, therefore this document should be used in conjunction with the nursery’s other policies and procedures.

Legal framework and definition of safeguarding

- Children Act 1989 and 2004
- Childcare Act 2006
- Safeguarding Vulnerable Groups Act 2006
- The Statutory Framework for the Early Years Foundation Stage (EYFS) 2014
- Working together to safeguard children 2015
- What to do if you’re worried a child is being abused 2015
- Counter-Terrorism and Security Act 2015.

Safeguarding and promoting the welfare of children, in relation to this policy is defined as:

- Protecting children from maltreatment
- Preventing the impairment of children’s health or development

- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
- Taking action to enable all children to have the best outcomes.

(Definition taken from the HM Government document 'Working together to safeguard children 2015).

Policy intention

To safeguard children and promote their welfare we will:

- Create an environment to encourage children to develop a positive self-image
- Provide positive role models and develop a safe culture where staff are confident to raise concerns about professional conduct
- Encourage children to develop a sense of independence and autonomy in a way that is appropriate to their age and stage of development
- Provide a safe and secure environment for all children
- Promote tolerance and acceptance of different beliefs, cultures and communities
- Help children to understand how they can influence and participate in decision-making and how to promote British values through play, discussion and role modelling
- Always listen to children
- Provide an environment where practitioners are confident to identify where children and families may need intervention and seek the help they need
- Share information with other agencies as appropriate.

The nursery is aware that abuse does occur in our society and we are vigilant in identifying signs of abuse and reporting concerns. Our practitioners have a duty to protect and promote the welfare of children. Due to the many hours of care we are providing, staff may often be the first people to identify that there may be a problem. They may well be the first people in whom children confide information that may suggest abuse or to spot changes in a child's behaviour which may indicate abuse.

Our prime responsibility is the welfare and well-being of each child in our care. As such we believe we have a duty to the children, parents and staff to act quickly and responsibly in any instance that may come to our attention. This includes sharing information with any relevant agencies such as local authority services for children's social care, health professionals or the police. All staff will work with other agencies in the best interest of the child, including as part of a multi-agency team, where needed.

The nursery aims to:

- Keep the child at the centre of all we do
- Ensure staff are trained to understand the child protection and safeguarding policy and procedures, are alert to identify possible signs of abuse, understand what is meant by child protection and are aware of the different ways in which children can be harmed, including by other children through bullying or discriminatory behaviour

- Ensure staff understand how to identify early indicators of potential radicalisation and terrorism threats and act on them appropriately in line with national and local procedures
- Ensure that all staff feel confident and supported to act in the best interest of the child, share information and seek the help that the child may need
- Ensure that all staff are familiar and updated regularly with child protection training and procedures and kept informed of changes to local/national procedures
- Make any child protection referrals in a timely way, sharing relevant information as necessary in line with procedures set out by the West Sussex Safeguarding Children Board
- Make any referrals relating to extremism to the police (or the Government helpline) in a timely way, sharing relevant information as appropriate
- Ensure that information is shared only with those people who need to know in order to protect the child and act in their best interest
- Ensure that children are never placed at risk while in the charge of nursery staff
- Take any appropriate action relating to allegations of serious harm or abuse against any person working with children or living or working on the nursery premises including reporting such allegations to Ofsted and other relevant authorities
- Ensure parents are fully aware of child protection policies and procedures when they register with the nursery and are kept informed of all updates when they occur
- Regularly review and update this policy with staff and parents where appropriate and make sure it complies with any legal requirements and any guidance or procedures issued by the West Sussex Safeguarding Children Board.

We will support children by offering reassurance, comfort and sensitive interactions. We will devise activities according to individual circumstances to enable children to develop confidence and self-esteem within their peer group.

Types of abuse and particular procedures followed

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by harming them or by failing to act to prevent harm. Children may be abused within a family, institution or community setting by those known to them or a stranger. This could be an adult or adults, another child or children.

What to do if you're worried a child is being abused 2006

The signs and indicators listed below may not necessarily indicate that a child has been abused, but will help us to recognise that something may be wrong, especially if a child shows a number of these symptoms or any of them to a marked degree.

Indicators of child abuse

- Failure to thrive and meet developmental milestones
- Fearful or withdrawn tendencies

- Aggressive behaviour
- Unexplained injuries to a child or conflicting reports from parents or staff
- Repeated injuries
- Unaddressed illnesses or injuries
- Significant changes to behaviour patterns.
- For more in depth indicators please see Appendix 1

Recording suspicions of abuse and disclosures

Staff should make an objective record of any observation or disclosure, supported by the nursery manager or Designated Safeguarding Co-ordinator¹ (DSCO). This record should include:

- Child's name
- Child's address
- Age of the child and date of birth
- Date and time of the observation or the disclosure
- Exact words spoken by the child
- Exact position and type of any injuries or marks seen
- Exact observation of any incident including any other witnesses
- Name of the person to whom any concern was reported, with date and time; and the names of any other person present at the time
- Any discussion held with the parent(s) (where deemed appropriate).

These records should be signed by the person reporting this and the manager dated and kept in a separate confidential file.

If a child starts to talk to an adult about potential abuse it is important not to promise the child complete confidentiality. This promise cannot be kept. It is vital that the child is allowed to talk openly and disclosure is not forced or words put into the child's mouth. As soon as possible after the disclosure details must be logged accurately.

It may be thought necessary that through discussion with all concerned the matter needs to be raised with **West Sussex Children's Services – Multi Agency Safeguarding Hub** and **Ofsted, and/or a Common Assessment Framework (CAF) needs to be initiated**. Staff involved may be asked to supply details of any information/concerns they have with regard to a child. The nursery expects all members of staff to co-operate with the local authority children's social care, police, and Ofsted in any way necessary to ensure the safety of the children.

Staff must not make any comments either publicly or in private about the supposed or actual behaviour of a parent or member of staff.

Physical abuse

Action needs to be taken if staff have reason to believe that there has been a physical injury to a child, including deliberate poisoning, where there is definite knowledge or

¹ Referred to in the EYFS as a lead practitioner

reasonable suspicion that the injury was inflicted or knowingly not prevented. These symptoms may include bruising or injuries in an area that is not usual for a child, e.g. fleshy parts of the arms and legs, back, wrists, ankles and face.

Many children will have cuts and grazes from normal childhood injuries. These should also be logged and discussed with the nursery manager.

Children and babies may be abused physically through shaking or throwing. Other injuries may include burns or scalds. These are not usual childhood injuries and should always be logged and discussed with the nursery manager.

Female genital mutilation

This type of physical abuse is practised as a cultural ritual by certain ethnic groups and there is now more awareness of its prevalence in some communities in England including its effect on the child and any other siblings involved. Symptoms may include bleeding, painful areas, acute urinary retention, urinary infection, wound infection, septicaemia, incontinence, vaginal and pelvic infections with depression and post-traumatic stress disorder as well as physiological concerns. If you have concerns about a child relating to this area, you should contact children's social care team in the same way as other types of physical abuse.

Fabricated illness

This is also a type of physical abuse. This is where a child is presented with an illness that is fabricated by the adult carer. The carer may seek out unnecessary medical treatment or investigation. The signs may include a carer exaggerating a real illness or symptoms, complete fabrication of symptoms or inducing physical illness, e.g. through poisoning, starvation, inappropriate diet. This may also be presented through false allegations of abuse or encouraging the child to appear disabled or ill to obtain unnecessary treatment or specialist support.

Procedure:

- All signs of marks/injuries to a child, when they come into nursery or occur during time at the nursery, will be recorded as soon as noticed by a staff member
- The incident will be discussed with the parent at the earliest opportunity, where felt appropriate
- Such discussions will be recorded and the parent will have access to such records
- If there are queries regarding the injury, the local authority children's social care team will be notified in line with procedures set out by the Local Safeguarding Children Board (LSCB).

Sexual abuse

Action needs to be taken if the staff member has witnessed an occasion(s) where a child indicated sexual activity through words, play, drawing, had an excessive preoccupation with sexual matters or had an inappropriate knowledge of adult sexual behaviour or language. This may include acting out sexual activity on dolls/toys or in the role play area with their peers, drawing pictures that are inappropriate for a child,

talking about sexual activities or using sexual language or words. The child may become worried when their clothes are removed, e.g. for nappy changes.

The physical symptoms may include genital trauma, discharge and bruises between the legs or signs of a sexually transmitted disease (STD). Emotional symptoms could include a distinct change in a child's behaviour. They may be withdrawn or overly extroverted and outgoing. They may withdraw away from a particular adult and become distressed if they reach out for them, but they may also be particularly clingy to a potential abuser so all symptoms and signs should be looked at together and assessed as a whole.

If a child starts to talk openly to an adult about abuse they may be experiencing the procedure below will be followed.

Procedure:

- The adult should reassure the child and listen without interrupting if the child wishes to talk
- The observed instances will be detailed in a confidential report
- The observed instances will be reported to the nursery manager or DSCO
- The matter will be referred to the local authority children's social care team.

Emotional abuse

Action should be taken if the staff member has reason to believe that there is a severe, adverse effect on the behaviour and emotional development of a child, caused by persistent or severe ill treatment or rejection.

This may include extremes of discipline where a child is shouted at or put down on a consistent basis, lack of emotional attachment by a parent, or it may include parents or carers placing inappropriate age or developmental expectations upon them. Emotional abuse may also be imposed through the child witnessing domestic abuse and alcohol and drug misuse by adults caring for them.

The child is likely to show extremes of emotion with this type of abuse. This may include shying away from an adult who is abusing them, becoming withdrawn, aggressive or clingy in order to receive their love and attention. This type of abuse is harder to identify as the child is not likely to show any physical signs.

Procedure:

- The concern should be discussed with the Nursery Manager or DSCO
- The concern will be discussed with the parent
- Such discussions will be recorded and the parent will have access to such records
- An Assessment Framework form may need to be completed
- If there are queries regarding the circumstances the matter will be referred to the local authority children's social care team.

Neglect

Action should be taken if the staff member has reason to believe that there has been persistent or severe neglect of a child (for example, by exposure to any kind of danger, including cold, starvation or failure to seek medical treatment, when required, on behalf of the child), which results in serious impairment of the child's health or development, including failure to thrive.

Signs may include a child persistently arriving at nursery unwashed or unkempt, wearing clothes that are too small (especially shoes that may restrict the child's growth or hurt them), arriving at nursery in the same nappy they went home in or a child having an illness or identified special educational need or disability that is not being addressed by the parent. A child may also be persistently hungry if a parent is withholding food or not providing enough for a child's needs.

Neglect may also be shown through emotional signs, e.g. a child may not be receiving the attention they need at home and may crave love and support at nursery. They may be clingy and emotional. In addition, neglect may occur through pregnancy as a result of maternal substance abuse.

Procedure:

- The concern will be discussed with the parent
- Such discussions will be recorded and the parent will have access to such records
- An assessment form may need to be completed
- If there are queries regarding the circumstances the local authority children's social care team will be notified.

Monitoring attendance of children

Although it is not compulsory for children to attend the early years setting, under our safeguarding responsibilities we are required to monitor children's attendance and patterns of absence. If a child is not going to attend a session, we ask parents/carers to share the length and reason for the absence. This information will enable us to monitor illnesses that may occur across the setting.

The management of the setting is required to monitor all absences in order to safeguard children, and demonstrate this during inspections, so please help our team by letting us know of any planned or unplanned absences as soon as possible.

Staffing and volunteering

Our policy is to provide a secure and safe environment for all children. We only allow an adult who is employed by the nursery to care for children and who has an enhanced clearance from the Disclosure and Barring Service (DBS) to be left alone with children. We do not allow volunteers to be alone with children or any other adult who may be present in the nursery regardless of whether or not they have a DBS clearance.

All staff will attend child protection training and receive initial basic child protection training during their induction period. This will include the procedures for spotting signs and behaviours of abuse and abusers/potential abusers, recording and reporting

concerns and creating a safe and secure environment for the children in the nursery. During induction staff will be given contact details for the LADO (local authority designated officer), the local authority children's services team, the Local Safeguarding Children Board (LSCB) and Ofsted to enable them to report any safeguarding concerns, independently, if they feel it necessary to do so.

We have a named person within the nursery who takes lead responsibility for safeguarding and co-ordinates child protection and welfare issues, known as the Designated Safeguarding Co-ordinator (DSCO). The nursery DSCO liaises with the Local Safeguarding Children Board (LSCB) and the local authority children's social care team, undertakes specific training, including a child protection training course, and receives regular updates to developments within this field.

The Designated Safeguarding Co-ordinator (DSCO) at the nursery is: **Karen Howling**

- We provide adequate and appropriate staffing resources to meet the needs of all children
- Applicants for posts within the nursery are clearly informed that the positions are exempt from the Rehabilitation of Offenders Act 1974. Candidates are informed of the need to carry out checks before posts can be confirmed. Where applications are rejected because of information that has been disclosed, applicants have the right to know and to challenge incorrect information
- We give staff members, volunteers and students regular opportunities to declare changes that may affect their suitability to care for the children. This includes information about their health, medication or about changes in their home life such as whether anyone they live with in a household has committed an offence or been involved in an incident that means they are disqualified from working with children
- This information is also stated within every member of staff's contract
- We abide by the requirements of the EYFS and any Ofsted guidance in respect to obtaining references and suitability checks for staff, students and volunteers, to ensure that all staff, students and volunteers working in the setting are suitable to do so
- We ensure we receive at least two written references BEFORE a new member of staff commences employment with us
- All students will have enhanced DBS checks conducted on them before their placement starts
- Volunteers, including students, do not work unsupervised
- We abide by the requirements of the Safeguarding Vulnerable Groups Act 2006 and the Childcare Act 2006 in respect of any person who is disqualified from providing childcare, is dismissed from our employment, or resigns in circumstances that would otherwise have led to dismissal for reasons of child protection concern
- We have procedures for recording the details of visitors to the nursery and take security steps to ensure that we have control over who comes into the nursery so that no unauthorised person has unsupervised access to the children

- All visitors/contractors will be supervised whilst on the premises, especially when in the areas the children use
- All staff have access to and comply with the whistleblowing policy which will enable them to share any concerns that may arise about their colleagues in an appropriate manner
- All staff will receive regular supervision meetings where opportunities will be made available to discuss any issues relating to individual children, child protection training and any needs for further support
- The deployment of staff within the nursery allows for constant supervision and support. Where children need to spend time away from the rest of the group, the door will be left ajar or other safeguards will be put into action to ensure the safety of the child and the adult.

Informing parents

Parents are normally the first point of contact. If a suspicion of abuse is recorded, parents are informed at the same time as the report is made, except where the guidance of the LSCB/ local authority children's social care team/police does not allow this. This will usually be the case where the parent or family member is the likely abuser or where a child may be endangered by this disclosure. In these cases the investigating officers will inform parents.

Confidentiality

All suspicions, enquiries and external investigations are kept confidential and shared only with those who need to know. Any information is shared in line with guidance from the LSCB.

Support to families

The nursery takes every step in its power to build up trusting and supportive relations among families, staff, students and volunteers within the nursery.

The nursery continues to welcome the child and the family whilst enquiries are being made in relation to abuse in the home situation. Parents and families will be treated with respect in a non-judgmental manner whilst any external investigations are carried out in the best interest of the child.

Confidential records kept on a child are shared with the child's parents or those who have parental responsibility for the child, only if appropriate in line with guidance of the LSCB with the proviso that the care and safety of the child is paramount. We will do all in our power to support and work with the child's family.

Employees, students or volunteers of the nursery or any other person living or working on the nursery premises

If an allegation is made against a member of staff, student or volunteer or any other person who lives or works on the nursery premises regardless of whether the allegation relates to the nursery premises or elsewhere, we will follow the procedure below.



The allegation should be reported to the senior manager on duty. If this person is the subject of the allegation then this should be reported to the owner

The Local Authority Designated Officer (LADO), Ofsted and the LSCB will then be informed immediately in order for this to be investigated by the appropriate bodies promptly:

- The LADO will be informed immediately for advice and guidance
- A full investigation will be carried out by the appropriate professionals (LADO, Ofsted, LSCB) to determine how this will be handled
- The nursery will follow all instructions from the LADO, Ofsted, LSCB and ask all staff members to do the same and co-operate where required
- Support will be provided to all those involved in an allegation throughout the external investigation in line with LADO support and advice
- The nursery reserves the right to suspend any member of staff during an investigation
- All enquiries/external investigations/interviews will be documented and kept in a locked file for access by the relevant authorities
- Unfounded allegations will result in all rights being reinstated
- Founded allegations will be passed on to the relevant organisations including the local authority children's social care team and where an offence is believed to have been committed, the police, and will result in the termination of employment. Ofsted will be notified immediately of this decision. The nursery will also notify the Disclosure and Barring Service (DBS) to ensure their records are updated
- All records will be kept until the person reaches normal retirement age or for 21 years and 3 months years if that is longer. This will ensure accurate information is available for references and future DBS checks and avoids any unnecessary reinvestigation
- The nursery retains the right to dismiss any member of staff in connection with founded allegations following an inquiry
- Counselling will be available for any member of the nursery who is affected by an allegation, their colleagues in the nursery and the parents.

Extremism – the Prevent Duty

Under the Counter-Terrorism and Security Act 2015 we have a duty to refer any concerns of extremism to the police (In Prevent priority areas the local authority will have a Prevent lead who can also provide support).

This may be a cause for concern relating to a change in behaviour of a child or family member, comments causing concern made to a member of the team (or other persons in the setting) or actions that lead staff to be worried about the safety of a child in their care. For more please see our Prevent Duty Policy.

e-Safety

Our nursery is aware of the growth of internet use and the advantages this can bring. However it is also aware of the dangers and strives to support children, staff and families in using the internet safely.

Within the nursery we do this by:

- Ensuring we have appropriate antivirus and anti-spyware software on all devices and updating them regularly
- Using approved devices to record/photograph in the setting
- Never emailing personal or financial information
- Reporting emails with inappropriate content to the internet watch foundation (IWF www.iwf.org.uk/)
- Ensuring content blockers and filters are on our computers, laptops and any mobile devices
- Ensuring children are supervised using internet devices
- Integrating e-safety into nursery daily practice by discussing computer usage 'rules' deciding together what is safe and what is not safe to do online
- Talking to children about 'stranger danger' and deciding who is a stranger and who is not, comparing people in real life situations to online 'friends'
- We encourage staff and families to complete a free online e-safety briefing which can be found at <http://moodle.ndna.org.uk/>

Our nursery has a clear commitment to protecting children and promoting welfare. Should anyone believe that this policy is not being upheld, it is their duty to report the matter to the attention of the nursery manager at the earliest opportunity.

This policy was adopted at a meeting of The Natural Nurture Nursery Management Committee held on the 1st June 2016

APPENDIX 1 – INDICATORS OF HARM

PHYSICAL ABUSE

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child.

Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Indicators in the child

Bruising

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

- Bruising in or around the mouth
- Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive)
- Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally, for example the back, mouth, cheek, ear, stomach, chest, under the arm, neck, genital and rectal areas
- Variation in colour, possibly indicating injuries caused at different times
- The outline of an object used e.g. belt marks, hand prints or a hair brush
- Linear bruising at any site, particularly on the buttocks, back or face
- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting
- Bruising around the face
- Grasp marks to the upper arms, forearms or leg
- Petechae haemorrhages (pinpoint blood spots under the skin.) Commonly associated with slapping, smothering/suffocation, strangling and squeezing

Fractures

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

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

There are grounds for concern if:

- The history provided is vague, non-existent or inconsistent
- There are associated old fractures

- Medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement

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

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

Mouth Injuries

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

Poisoning

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

Fabricated or Induced Illness

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

- Discrepancies between reported and observed medical conditions, such as the incidence of fits
- Attendance at various hospitals, in different geographical areas
- Development of feeding / eating disorders, as a result of unpleasant feeding interactions
- The child developing abnormal attitudes to their own health
- Non organic failure to thrive - a child does not put on weight and grow and there is no underlying medical cause
- Speech, language or motor developmental delays
- Dislike of close physical contact
- Attachment disorders
- Low self esteem
- Poor quality or no relationships with peers because social interactions are restricted
- Poor attendance at school and under-achievement

Bite Marks

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

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

Burns and Scalds

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

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

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

The following points are also worth remembering:

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

Scars

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

Emotional / behavioural presentation

Refusal to discuss injuries

Admission of punishment which appears excessive

Fear of parents being contacted and fear of returning home

Withdrawal from physical contact

Arms and legs kept covered in hot weather

Fear of medical help

Aggression towards others

Frequently absent from school
An explanation which is inconsistent with an injury
Several different explanations provided for an injury

Indicators in the parent

May have injuries themselves that suggest domestic violence
Not seeking medical help/unexplained delay in seeking treatment
Reluctant to give information or mention previous injuries
Absent without good reason when their child is presented for treatment
Disinterested or undisturbed by accident or injury
Aggressive towards child or others
Unauthorised attempts to administer medication
Tries to draw the child into their own illness.
Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault
Parent / carer may be over involved in participating in medical tests, taking temperatures and measuring bodily fluids
Observed to be intensely involved with their children, never taking a much needed break nor allowing anyone else to undertake their child's care.
May appear unusually concerned about the results of investigations which may indicate physical illness in the child
Wider parenting difficulties may (or may not) be associated with this form of abuse.
Parent / carer has convictions for violent crimes.

Indicators in the family/environment

Marginalised or isolated by the community
History of mental health, alcohol or drug misuse or domestic violence
History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

EMOTIONAL ABUSE

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

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

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

It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including 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

Low self-esteem

Air of detachment – 'don't care' attitude

Social isolation – does not join in and has few friends

Depression, withdrawal

Behavioural problems e.g. aggression, attention seeking, hyperactivity, poor attention
Low self-esteem, lack of confidence, fearful, distressed, anxious
Poor peer relationships including withdrawn or isolated behaviour

Indicators in the parent

Domestic abuse, adult mental health problems and parental substance misuse may be features in families where children are exposed to abuse.

Abnormal attachment to child e.g. overly anxious or disinterest in the child

Scapegoats one child in the family

Imposes inappropriate expectations on the child e.g. prevents the child's developmental exploration or learning, or normal social interaction through overprotection.

Wider parenting difficulties may (or may not) be associated with this form of abuse.

Indicators of in the family/environment

Lack of support from family or social network.

Marginalised or isolated by the community.

History of mental health, alcohol or drug misuse or domestic violence.

History of unexplained death, illness or multiple surgery in parents and/or siblings of the family

Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

NEGLECT

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse.

Once a child is born, neglect may involve a parent or carer failing to:

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

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

Indicators in the child

Physical presentation

Failure to thrive or, in older children, short stature

Underweight

Frequent hunger

Dirty, unkempt condition

Inadequately clothed, clothing in a poor state of repair

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

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

Abnormal voracious appetite

Dry, sparse hair

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

Unmanaged / untreated health / medical conditions including poor dental health

Frequent accidents or injuries

Development

General delay, especially speech and language delay

Inadequate social skills and poor socialization

Emotional/behavioural presentation

Attachment disorders

Absence of normal social responsiveness

Indiscriminate behaviour in relationships with adults

Emotionally needy

Compulsive stealing

Constant tiredness

Frequently absent or late at school

Poor self esteem

Destructive tendencies

Thrives away from home environment

Aggressive and impulsive behaviour

Disturbed peer relationships

Self-harming behaviour

Indicators in the parent

Dirty, unkempt presentation

Inadequately clothed

Inadequate social skills and poor socialisation

Abnormal attachment to the child .e.g. anxious

Low self- esteem and lack of confidence

Failure to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene

Failure to meet the child's health and medical needs e.g. poor dental health; failure to attend or keep appointments with health visitor, GP or hospital; lack of GP

registration; failure to seek or comply with appropriate medical treatment; failure to address parental substance misuse during pregnancy

Child left with adults who are intoxicated or violent

Child abandoned or left alone for excessive periods

Wider parenting difficulties, may (or may not) be associated with this form of abuse

Indicators in the family/environment

History of neglect in the family

Family marginalised or isolated by the community.

Family has history of mental health, alcohol or drug misuse or domestic violence.

History of unexplained death, illness or multiple surgery in parents and/or siblings of the family

Family has a past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

Dangerous or hazardous home environment including failure to use home safety equipment; risk from animals

Poor state of home environment e.g. unhygienic facilities, lack of appropriate sleeping arrangements, inadequate ventilation (including passive smoking) and lack of adequate heating

Lack of opportunities for child to play and learn

SEXUAL ABUSE

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening.

The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.

They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet).

Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Indicators in the child

Physical presentation

Urinary infections, bleeding or soreness in the genital or anal areas
Recurrent pain on passing urine or faeces
Blood on underclothes
Sexually transmitted infections
Vaginal soreness or bleeding
Pregnancy in a younger girl where the identity of the father is not disclosed and/or there is secrecy or vagueness about the identity of the father
Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing

Emotional / behavioural presentation

Makes a disclosure.
Demonstrates sexual knowledge or behaviour inappropriate to age/stage of development, or that is unusually explicit
Inexplicable changes in behaviour, such as becoming aggressive or withdrawn
Self-harm - eating disorders, self-mutilation and suicide attempts
Poor self-image, self-harm, self-hatred
Reluctant to undress for PE
Running away from home
Poor attention / concentration (world of their own)
Sudden changes in school work habits, become truant
Withdrawal, isolation or excessive worrying
Inappropriate sexualised conduct



Sexually exploited or indiscriminate choice of sexual partners
Wetting or other regressive behaviours e.g. thumb sucking
Draws sexually explicit pictures
Depression

Indicators in the parents

Comments made by the parent/carer about the child.
Lack of sexual boundaries
Wider parenting difficulties or vulnerabilities
Grooming behaviour
Parent is a sex offender

Indicators in the family/environment

Marginalised or isolated by the community.
History of mental health, alcohol or drug misuse or domestic violence.
History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.
Family member is a sex offender.

APPENDIX 2 – SPECIFIC SAFEGUARDING ISSUES

Further Information on a Child Missing from Education

All children, regardless of their circumstances, are entitled to a full time education which is suitable to their age, ability, aptitude and any special educational needs they may have. Local authorities have a duty to establish, as far as it is possible to do so, the identity of children of compulsory school age who are missing education (not on a school role or in any other suitable provision) in their area.

Schools should put in place appropriate safeguarding policies, procedures and responses for children who go missing from education (truant), particularly on repeat occasions. It is essential that all staff are alert to signs to look out for and the individual triggers to be aware of when considering the risks of potential safeguarding concerns such as travelling to conflict zones, FGM and forced marriage.

A child going missing from education (truant) is a potential indicator of abuse or neglect. School and college staff should follow the school's or college's procedures for dealing with children that go missing from education, particularly on repeat occasions, to help identify the risk of abuse and neglect, including sexual exploitation, and to help prevent the risks of their going missing in future.

The law requires all schools to have an admission register and, with the exception of schools where all pupils are boarders, an attendance register. All pupils must be placed on both registers².

All schools must inform their local authority³ of any pupil who is going to be deleted from the admission register where they:

- have been taken out of school by their parents and are being educated outside the school system e.g. home education;
- have ceased to attend school and no longer live within reasonable distance of the school at which they are registered;

² Regulation 4 of the Education (Pupil Registration) (England) Regulations 2006

³ Regulation 12(3) of the Education (Pupil Registration) (England) Regulations 2006

- have been certified by the school medical officer as unlikely to be in a fit state of health to attend school before ceasing to be of compulsory school age, and neither he/she nor his/her parent has indicated the intention to continue to attend the school after ceasing to be of compulsory school age;
- are in custody for a period of more than four months due to a final court order and the proprietor does not reasonably believe they will be returning to the school at the end of that period; or,
- have been permanently excluded.

The local authority must be notified when a school is to delete a pupil from its register under the above circumstances. This should be done as soon as the grounds for deletion are met, but no later than deleting the pupil's name from the register. It is essential that schools comply with this duty, so that local authorities can, as part of their duty to identify children of compulsory school age who are missing education, follow up with any child who might be in danger of not receiving an education and who might be at risk of abuse or neglect.

All schools must inform the local authority (Pupil Entitlement: Investigation) of any pupil who fails to attend school regularly, or has been absent without the school's permission for a continuous period of 10 school days or more, at such intervals as are agreed between the school and the local authority (or in default of such agreement, at intervals determined by the Secretary of State)⁴.

Further information on Child Sexual Exploitation

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

If you are a professional making a referral for a child or young person who is at risk of CSE, the 'screening tool' Part A would usually be completed:

<http://www.westsussexscb.org.uk/professionals/helping-you-work/child-sexual-exploitation/>

Completion of this should not delay you making a referral, however it may assist you in being clear about the key areas of concern and the level of risk.

⁴ Regulation 12(1) of the Education (Pupil Registration) (England) Regulations 2006
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Further information on Female Genital Mutilation

Female Genital Mutilation (FGM) comprises all procedures involving partial or total removal of 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. Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a girl being at risk of FGM, or already having suffered FGM.

Indicators

There is a range of potential indicators that a girl may be at risk of FGM. Warning signs that FGM may be about to take place, or may have already taken place, can be found on pages 16-17 of the Multi-Agency Practice Guidelines, and Chapter 9 of those Guidelines (pp42-44) focuses on the role of schools and colleges.

Section 5C of the Female Genital Mutilation Act 2003 (as inserted by section 75 of the Serious Crime Act 2015) gives the Government powers to issue statutory guidance on FGM to relevant persons. Once the government issues any statutory multi-agency guidance this will apply to schools and colleges.

Actions

If staff have a concern they should activate local safeguarding procedures, using existing national and local protocols for multi-agency liaison with police and children's social care. When mandatory reporting commences in October 2015 these procedures will remain when dealing with concerns regarding the potential for FGM to take place. Where a teacher discovers that an act of FGM appears to have been carried out on a girl who is aged under 18, there will be a statutory duty upon that individual to report it to the police.

Mandatory Reporting Duty

Section 5B of the Female Genital Mutilation Act 2003 (as inserted by section 74 of the Serious Crime Act 2015) will place a statutory duty upon **teachers⁵, along with social workers and healthcare professionals, to report to the police** where they discover (either through disclosure by the victim or visual evidence) that FGM appears to have been carried out on a girl under 18. Those failing to report such cases will face disciplinary sanctions. It will be rare for teachers to see visual evidence, and they should not be examining pupils, but the same definition of what is meant by "to discover that an act of FGM appears to have been carried out" is used for all professionals to whom this mandatory reporting duty applies.

The Mandatory reporting duty will commence in October 2015. Once introduced, teachers must report to the police cases where they discover that an act of FGM appears to have been carried out. Unless the teacher has a good reason not to, they should still consider and discuss any such case with the school's designated safeguarding lead and involve children's social care as appropriate.

⁵ Section 5B(11) of the Female Genital Mutilation Act 2003 (as inserted by section 74 of the Serious Crime Act 2015) provides a definition for the term 'teacher'

Further information on Preventing Radicalisation

Protecting children from the risk of radicalisation should be seen as part of schools' wider safeguarding duties, and is similar in nature to protecting children from other forms of harm and abuse. During the process of radicalisation it is possible to intervene to prevent vulnerable people being radicalised.

Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism⁶. There is no single way of identifying an individual who is likely to be susceptible to an extremist ideology. It can happen in many different ways and settings. Specific background factors may contribute to vulnerability which are often combined with specific influences such as family, friends or online, and with specific needs for which an extremist or terrorist group may appear to provide an answer. The internet and the use of social media in particular has become a major factor in the radicalisation of young people.

As with managing other safeguarding risks, staff should be alert to changes in children's behaviour which could indicate that they may be in need of help or protection. School staff should use their professional judgement in identifying children who might be at risk of radicalisation and act proportionately which may include making a referral to the Channel programme.

Prevent

From 1 July 2015 specified authorities, including all schools as defined in the summary of this guidance, are subject to a duty under section 26 of the Counter-Terrorism and Security Act 2015 ("the CTSA 2015"), in the exercise of their functions, to have "due regard⁷ to the need prevent people being drawn into terrorism⁸" must have regard to statutory guidance issued under section 29 of the CTSA 2015 ("the Prevent guidance"). Paragraphs 57-76 of the Prevent guidance are concerned specifically with schools (but also cover childcare). It is anticipated that the duty will come into force for sixth form colleges and FE colleges early in the autumn.

The statutory Prevent guidance summarises the requirements on schools in terms of four general themes: risk assessment, working in partnership, staff training and IT policies.

- Schools are expected to assess the risk of children being drawn into terrorism, including support for extremist ideas that are part of terrorist ideology. This means

⁶ Extremism is vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces, whether in this country or overseas

⁷ According to the Prevent duty guidance 'having due regard' means that the authorities should place an appropriate amount of weight on the need to prevent people being drawn into terrorism when they consider all the other factors relevant to how they carry out their usual functions

⁸ "Terrorism" for these purposes has the same meaning as for the Terrorism Act 2000 (section 1(1) to (4) of that Act).

being able to demonstrate both a general understanding of the risks affecting children and young people in the area and a specific understanding of how to identify individual children who may be at risk of radicalisation and what to do to support them. Schools and colleges should have clear procedures in place for protecting children at risk of radicalisation. These procedures may be set out in existing safeguarding policies. It is not necessary for schools and colleges to have distinct policies on implementing the Prevent duty.

- The Prevent duty builds on existing local partnership arrangements. For example, governing bodies and proprietors of all schools should ensure that their safeguarding arrangements take into account the policies and procedures of Local Safeguarding Children Boards (LSCBs).
- The Prevent guidance refers to the importance of Prevent awareness training to equip staff to identify children at risk of being drawn into terrorism and to challenge extremist ideas. Individual schools are best placed to assess the training needs of staff in the light of their assessment of the risk to pupils at the school of being drawn into terrorism. As a minimum, however, schools should ensure that the designated safeguarding lead undertakes Prevent awareness training and is able to provide advice and support to other members of staff on protecting children from the risk of radicalisation.
- Schools must ensure that children are safe from terrorist and extremist material when accessing the internet in schools. Schools should ensure that suitable filtering is in place. It is also important that schools teach pupils about online safety more generally.

The Department for Education has also published advice for schools on the Prevent duty. The advice is intended to complement the Prevent guidance and signposts other sources of advice and support.

Channel

School staff should understand when it is appropriate to make a referral to the Channel programme.⁹ Channel is a programme which focuses on providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism. It provides a mechanism for schools to make referrals if they are concerned that an individual might be vulnerable to radicalisation. An individual's engagement with the programme is entirely voluntary at all stages.

Section 36 of the CTSA 2015 places a duty on local authorities to ensure Channel panels are in place. The panel must be chaired by the local authority and include the police for the relevant local authority area. Following a referral the panel will assess the extent to which identified individuals are vulnerable to being drawn into terrorism, and, where considered appropriate and necessary consent is obtained, arrange for support to be provided to those individuals. Section 38 of the CTSA

⁹ Guidance issued under section 36(7) and section 38(6) of the CTSA 2015 in respect of Channel is available at: <https://www.gov.uk/government/publications/channel-guidance>



2015 requires partners of Channel panels to co-operate with the panel in the carrying out of its functions and with the police in providing information about a referred individual. Schools and colleges which are required to have regard to Keeping Children Safe in Education are listed in the CTSA 2015 as partners required to cooperate with local Channel panels.¹⁰

In West Sussex, two panels operate, meeting monthly - one specifically for Crawley, and the other for the rest of West Sussex.

¹⁰ Such partners are required to have regard to guidance issued under section 38(6) of the CTSA 2015 when co-operating with the panel and police under section 38 of the CTSA 2015