



## Glenfall Community Primary School

# Early Help Offer

This policy should be reading in conjunction with:

- Safeguarding Policy
- Anti-bullying and Anti-Hate Policy
- Behaviour Policy
- Disability Discrimination Act (Equal Opportunities)
- Pupil Premium Policy
- First Aid Policy

Policy review:

Staff reviewer	School Staff
Governor reviewer	Full Governing Body
Policy approval	Full Governing Body
Date approved	2 March 2023
Frequency of review	Every 3 years
Date of next review	March 2026

Document history:

Version	Issue date	Summary of changes
0-1	2/3/23	Revised policy changed to new format Procedure updated in line with DfE guidance

## Early Help

Everyone needs help at some time in their lives and therefore an ethos of early help is important for any school. The co-ordinated **Glenfall Primary offer of early help** is outlined in the table (pages 17 – 25). We believe that early interventions for children or families, in many cases, will prevent children from experiencing harm. Glenfall Primary offer a number of early preventative measures. In particular we are a Trailblazers School with access to agencies who are able to work with children or families who are struggling with a range of difficulties or sign-post them on to other appropriate agencies or organisations.

Expert and professional organisations are best placed to provide up-to-date guidance support and intervention on specific safeguarding issues when and if they arise. School will refer to appropriate agencies when help is required to support children, young people or families or to prevent harm.

**All staff are aware that there is an offer of early help that we can make in order to help a child thrive. The GCSB 'continuum of need' windscreen is an important diagram to keep in mind for all children.**

[https://gloucestershirechildcare.proceduresonline.com/p\\_cin\\_threshold\\_crit.html](https://gloucestershirechildcare.proceduresonline.com/p_cin_threshold_crit.html)

**Our aim is to help pupils and families as early as possible when issues arise: 'the right help at the right time to stop any issues getting worse'. Early help is an approach not necessarily an action. It includes prevention education as well as intervention where necessary or appropriate. In some cases, immediate urgent action might be necessary if a child or young person is at risk of immediate harm.**

<b>Glenfall Primary offer of Early Help</b>	
Universal source of help for all families in Gloucestershire: <b>Gloucestershire Family Information Service (FIS)</b>	Gloucestershire Family Information Service (FIS) advisors give impartial information on <b>childcare, finances, parenting and education</b> . FIS are a useful source of information for parents and professionals. They support families, children and young people aged 0-19 years of age (25 for young people with additional needs) and professionals working with these families. They can help link parents up with other organisations that might be able to help or provide the information themselves e.g. parents could ask them about holiday clubs for your children across Gloucestershire. Contact the FIS by emailing: <a href="mailto:familyinfo@gloucestershire.gov.uk">familyinfo@gloucestershire.gov.uk</a> Or telephone: (0800) 542 0202 or (01452) 427362. FIS also have a website which has a wealth of information to support many issues such as childcare and support for children with disabilities. <a href="https://www.glosfamiliesdirectory.org.uk">https://www.glosfamiliesdirectory.org.uk</a>

<p>GSCP (Gloucestershire Safeguarding Children's Partnership) website.</p>	<p><a href="https://www.gloucestershire.gov.uk/gscp/">https://www.gloucestershire.gov.uk/gscp/</a> Important information for parents and professionals across Gloucestershire in relation to keeping children safe and avenues of support including early help options.</p>
<p>Glenfall Primary universal support for all pupils and families.</p>	<p>All staff are available in a pastoral capacity should parents have a concern about anything at all. Staff may not have the answer but will try to find out the answer or sign-post parents/other professionals in the right direction. Parents can either talk directly with the staff or telephone the Head. Staffs are available within office hours (9am – 5pm on weekdays during term-time).</p> <p>General office number 01242 234055 (to contact all staff).</p>
<p>Glenfall Primary PSHCE and RSHE</p>	<p>Glenfall Primary have combined PSHE (Personal Social Health Education), and RSHE (relationships, sex and health education). This comprehensive curriculum covers many aspects of keeping young people safe, healthy, resilient and aware of the world around them so that they can make informed decisions. Where pupils have specific issues that need discussing or addressing we will make their wellbeing curriculum bespoke to them. Other specific topics helping pupils stay safe covered within the curriculum include(age appropriate content):</p> <p><b>Sex education:</b> Children in Y5 and 6 have formal Sex education – discussing puberty, changes, personal hygiene. (Gloucestershire health living and learning team (GHLL) resource).</p> <p><b>Gender, identity and tolerance:</b> preventing homophobic and transphobic bullying; preventing bullying of pupils from different types of families (e.g. same sex parents); avoiding anti gay derogatory language; Gender identity - there isn't such thing as a typical girl or a typical boy. Understanding and acceptance of others different than us, including those with different religions.</p> <p><b>Drugs:</b> Alcohol, Smoking and illegal drugs.</p> <p><b>Keeping Safe:</b> E-safety (facebook and internet); personal safety (out and about); How to respond to an emergency</p> <p><b>Emotional well-being:</b> Where to go for help if you, your friend or family member is struggling with emotional well-being/mental health problems? What are the signs someone is struggling? What makes you feel good; How to look after you own emotional well-being; Personal strength and self-esteem; Being happy!</p>

	<p><b>Relationships:</b> How to make and maintain friendship; family relationships; different types of families; (SEAL)</p> <p><b>Healthy Living:</b> Taking responsibility for managing your own health; Importance of sleep; The main components of healthy living (diet, exercise and wellbeing); Focus on breakfast; Managing health and wellbeing when you are unwell (making sure you take your medicine when you should, have the right perspective, doing what you can do within the limitations of your health condition.</p>
Home-school support	All of our Early Help is offered in partnership with parents /carers.
E-safety and Acceptable Use Policy	E-safety is a key part of the ongoing (PSHE/SMSC/SRE) curriculum. - PACE (parents against child exploitation) UK is a useful website to engage parents with e-safety issues. <a href="http://www.paceuk.info/">www.paceuk.info/</a> - All staff undertake annual e-safety training.
Trailblazer School	<p>The Mental Health Support Teams' (MHSTs') main role will be to provide earlier care for children and young people who may be experiencing mild to moderate or early symptoms of mental health problems, which tend to be outside the scope of traditional NHS services. Providing this additional resource to support early intervention, appropriate signposting and delivery of focused, evidence-based interventions will improve collaboration between schools and mental health services and enable earlier and more effective mental health support for children, young people, their families and carers. The Trailblazer programme will link a number of approaches, including working across the system to deliver a comprehensive training programme to increase knowledge and understanding of mental health, trauma and implementation of restorative practice, building resilience.</p> <p>Speak to class teacher or Mandy Newdeck</p>
Transition between classes	<p>A transition folder for the class with important information is kept by class teachers and is updated with a child's personal information. It is passed up and discussed with the teachers as children go through the school.</p> <p>3 Transition afternoons are also scheduled for children during the summer term when they pass up through the classes.</p>
Bullying (including cyber-bullying)/ child death/suicide prevention	All Gloucestershire schools including Glenfall Primary are committed to tackling bullying. We want to know immediately if there any issues with bullying at school so that it can be addressed. It could be that bullying is related to a child's home-school. School can also offer bespoke lessons on anti-bullying for anyone who has suffered bullying to encourage behaviours that might avert it in the future (e.g. assertiveness) or to boost self-esteem. We have a series of teaching resources produced by the Gloucestershire healthy living and Learning Team

	<p>(<a href="http://www.ghll.org.uk">www.ghll.org.uk</a> ) to support this. In serious cases of bullying parents should contact the police; particularly if there are threats involved. In an emergency call 999. Other sources of help and advice are:</p> <p><a href="https://children.gloucestershire.gov.uk/web/portal/pages/home">https://children.gloucestershire.gov.uk/web/portal/pages/home</a> (Gloucestershire Safeguarding children’s board)</p> <p><a href="https://www.familylives.org.uk/">https://www.familylives.org.uk/</a> Gloucestershire Healthy Living and Learning team provide alerts and resources in relation to supporting young people being bullied. Education about bullying is an integral part of the GLENFALL PRIMARY Wellbeing programme</p> <p><a href="https://www.ghll.org.uk/">https://www.ghll.org.uk./</a></p>
<p>Children or young people with multiple needs (vulnerable) or multiple needs (complex) requiring multi-agency input or assessment.</p>	<p>Within Gloucestershire Targeted Support Teams provide multiagency support for children and families. A phone call to discuss a possible referral is helpful before making written referral. School actively refer to when appropriate:</p> <p><b>Targeted support Teams (TST):</b> Gloucester (<a href="tel:01452328076">tel:01452 328076</a>), Stroud (tel: <b>01452 328130</b>); Tewkesbury (tel: 01684 328 250), Cotswold (tel: 01452 328101), Forest of Dean (tel: 01452 328048) and Cheltenham (tel: 01452 328160). These teams are made up of the following professionals: CAF Coordinators; Community Lead Professional - disabled children and young people; Inclusion Co-ordinator; Community Social Worker; Family Support Workers. They all work together from one base so they can recognise and respond to local needs and act as a focal point for co-ordinating support for vulnerable children, young people and their families.</p> <p>Support provided includes: Support for school and community based lead professionals working with children and families through the CAF process (Children and Families); Collaboration with social care referrals that do not meet their thresholds, to co-ordinate support within the community; Work in partnership to support children with special educational needs in school; Advice and guidance from a social work perspective on a 'discussion in principle basis' ; Support children with disabilities and their families to access activities and meet specific needs; Advice and guidance to lead professionals and the provision of high quality parenting and family support services to families.</p>
<p>Drug concerns</p>	<p><a href="https://www.infobuzz.co.uk/about-infobuzz/">https://www.infobuzz.co.uk/about-infobuzz/</a></p> <p>Info Buzz provides individual targeted support around drugs &amp; emotional health issues, development of personal &amp; social skills, and information &amp; support around substance misuse. Drugs education is covered in the school curriculum. The Life Education Bus visits every 3 years as part of this provision (PSHE/SMSC) curriculum as a preventative measure.</p>

Mental health concerns	<ul style="list-style-type: none"> <li>• Referral to school nurses may be appropriate.</li> <li>• Referral to CYPS (Gloucestershire’s mental health services) via your own GP.</li> <li>• For children/young people/adults with existing mental health difficulties concerns should be discussed with the existing medical professionals (consultant psychiatrists).</li> <li>• In an emergency call 999 or 111.</li> <li>• <b>CYPS* Practitioner advice line (for professionals to call) tel: 01452 894272.</b></li> </ul>
Child Sexual exploitation (CSE)	<p>CSE screening tool (can be located on the GSCB website: <a href="https://www.gloucestershire.gov.uk/gscp/safeguarding-resource-library/child-exploitation-and-missing-children/">https://www.gloucestershire.gov.uk/gscp/safeguarding-resource-library/child-exploitation-and-missing-children/</a>)</p> <p>This should be completed if CSE suspected. Clear information about Warning signs, the screening tool and Gloucestershire's multi-agency protocol for safeguarding children at risk of CSE please follow the link above. Referrals should be made to Gloucestershire social care and the Gloucestershire Police. <b>Gloucestershire Police CSE Team:</b> The CSE team sits within the Public Protection Bureau 19 Single agency team (Police) DS Nigel Hatten, DC Tess Nawaz, DC Kim Toogood, PC Dawn Collings, PC Nicki Dannatt, PC Jenny Kadodia, PC Christina Pfister (Missing persons Coordinator) 01242 276846 All referrals to go to the Central Referral Unit 01242 247999</p> <ul style="list-style-type: none"> <li>• <b>Further information:</b> National Working Group (Network tackling Child Sexual Exploitation) <a href="https://nwgnetwork.org/">https://nwgnetwork.org/</a> and PACE UK (Parents Against Child Sexual Exploitation) <a href="https://paceuk.info/">https://paceuk.info/</a></li> </ul>
Domestic violence	<p>The GSCB (Gloucestershire Safeguarding Children’s board) have published a Domestic Abuse pathway for educational which is on the GSCB website. If a child or young person is suspected of living at home with a domestically abusive parent or if a young person has domestic abuse in their own relationship then the usual procedures should be followed and a referral made to the children’s helpdesk (tel: 01452 426565). The response will vary according to the age of the young person so that the appropriate agencies are involved.</p> <p><b>Gloucestershire Domestic Abuse Support Service (GDASS)</b> <a href="https://www.gdass.org.uk/">https://www.gdass.org.uk/</a></p> <p><b>MARAC Gloucestershire Constabulary:</b> Multi Agency Risk Assessment Conferences (MARACs) prioritise the safety of victims who have been risk assessed at high or very high risk of harm. The MARAC is an integral part of the Specialist Domestic Violence Court Programme, and information will be shared between the MARAC and the Courts, in high and very high risk cases, as part of the process of risk management.</p>

<p>Faith abuse</p>	<p><a href="https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/175437/Action_Plan_-_Abuse_linked_to_Faith_or_Belief.pdf">https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/175437/Action_Plan_-_Abuse_linked_to_Faith_or_Belief.pdf</a></p> <p>for copy of DfE document '<b>national action plan to tackle child abuse linked to faith or belief.</b>' Judith Knight; Diocese of Gloucester Head of Safeguarding/faith abuse contact: jknight@glosdioc.org.uk. For other faith groups contact (GCC LADO).</p>
<p>Female genital mutilation (FGM)</p>	<p><a href="https://www.nhs.uk/conditions/female-genital-mutilation-fgm/">https://www.nhs.uk/conditions/female-genital-mutilation-fgm/</a> for NHS information and signs of FGM. Any suspicion of FGM should be referred to the Police and social care. Staff at Glenfall have completed the online home office training, '<i>Female Genital Mutilation: Recognising and Preventing FGM</i> - E-learning package- <a href="https://fgmelearning.vc-enable.co.uk/Login/Login?ReturnUrl=%2F">https://fgmelearning.vc-enable.co.uk/Login/Login?ReturnUrl=%2F</a> for interested staff or professionals (free home office e-learning) Posters/leaflets on FGM shared with staff and pupils.</p>
<p>Mental health MHFA Accreditation</p>	<p>CYPS (Gloucestershire's mental health services) CYPS (Gloucestershire children's mental health services). Consultant psychiatrists. PSHCE / SMSC curriculum – emotional wellbeing, stress management</p>
<p>Private fostering</p>	<p><a href="https://www.gloucestershire.gov.uk/fostering/types-of-fostering/private-fostering/">https://www.gloucestershire.gov.uk/fostering/types-of-fostering/private-fostering/</a> Gloucestershire County council website information on private fostering. Refer to Gloucestershire Children &amp; Families Helpdesk on <b>01452 426565</b> or Gloucestershire Private Fostering Social Worker <b>01452 427874</b>. A private fostering arrangement is essentially one that is made without the involvement of a local authority. Private fostering is defined in the Children Act 1989 and occurs when a child or young person under the age of 16 (under 18 if disabled) is cared for and provided with accommodation, for 28 days or more, by someone who is not their parent, guardian or a close relative. (Close relatives are defined as; step-parents, siblings, brothers or sisters of parents or grandparents).</p>
<p>radicalisation</p>	<p><b>Gloucestershire Constabulary:</b> 101 and Nigel Hatton (LADO) <b>Anti-Terrorist Hotline:</b> 0800 789 321 <i>See Appendix 2 for further information on radicalisation.</i> Prevention: GLENFALL PRIMARY teach traditional British values through the curriculum: democracy, rule of law, respect for others,</p>

	liberty, tolerance of those with different faiths and beliefs and promotion of 'Britishness'.
Children who run away (missing persons/missing children)	<p><b>PC Christina Pfister (Missing persons Coordinator Gloucestershire Police). Tel: 101 (Gloucestershire Police). <i>GSCB Missing Children Protocol</i></b>  <a href="https://www.gloucestershire.gov.uk/schoolsnet/your-pupils/children-missing-education/">https://www.gloucestershire.gov.uk/schoolsnet/your-pupils/children-missing-education/</a>:</p> <p><i>Gloucestershire's protocol on partnership working when children and young people run away and go missing from home or care.</i> ASTRA (Gloucestershire): The ASTRA (Alternative Solutions To Running Away) has the primary aim of reducing the incidence of persistent running away across Gloucestershire. The project provides support, advice and information to young people up to eighteen years old who have run away. This might be from a family home, foster home or from a residential unit. ASTRA provides support after the event to enable a young person to address the causes of running away. The ASTRA project offers young people help and the support required in order to find Alternative Solutions To Running Away. Freephone Telephone number: 0800-389-4992 EXCLUSIVELY for young people who have run away and have no money. All other callers are asked to use the 'ordinary' number ( tel: 01452 541599).</p>
CME (Children missing education )	<p><b>Anyone concerned that a child is missing education (CME) can make a referral to the Education Entitlement and Inclusion team (EEI) at Gloucestershire County Council. Tel: 01452 426960/427360. Children Missing Education (CME) refers to</b> 'any child of compulsory school age who is <b>not</b> registered at any formally approved education activity e.g. school, alternative provision, elective home education, <b>and</b> has been out of education provision for at least 4 weeks'. <b>CME</b> also includes those children who are <b>missing</b> (family whereabouts unknown), and are usually children who are registered on a school roll / alternative provision. This might be a child who is not at their last known address <b>and either:</b> has not taken up an allocated school place as expected, or has 10 or more days of continuous absence from school without explanation, or left school suddenly and the destination is unknown. It is the responsibility of the Education Entitlement and Inclusion team, on behalf of the Local Authority (LA), to: Collate information on all reported cases of CME of statutory school aged children in Gloucestershire maintained schools, academies, free schools, alternative provision academies and Alternative Provision Schools (APS). The EEI Team will also liaise with partner agencies and other LAs and schools across Britain to track pupils who may be missing education and ensure each child missing education is offered full time education within 2 weeks of the date the LA was informed.</p>



<b>Other sources of help and information in Gloucestershire :</b>	<b>Gloucestershire MAPPA (Multi-Agency Public Protection Arrangements)</b> are a set of arrangements to manage the risk posed by the most serious sexual and violent offenders (MAPPA-eligible offenders) under the provisions of sections 325 to 327B of the Criminal Justice Act 2003. They should be contacted without delay if there is any concern is reported about a serious sexual or violent offender. (Contact Bernie Kinsella – Chair of MAPPA – detective chief superintendent – Gloucestershire Constabulary – Tel: 101)
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## **Conclusion**

**Safeguarding children is an issue that has to be a priority that underpins all the work we do at Glenfall Primary and as such will be reflected in all our documentation and any new policies and procedures that are agreed, as well as being reflected in our day to day practice.**

### **CATEGORIES OF ABUSE AND INDICATORS OF HARM**

#### **Categories of Abuse:**

- 1. Physical Abuse**
- 2. Emotional Abuse (including Domestic Abuse)**
- 3. Neglect**
- 4. Sexual Abuse**

#### **Signs of Abuse in Children:**

The following non-specific signs may indicate something is wrong:

- Significant change in behaviour
- Extreme anger or sadness
- Aggressive and attention-seeking behaviour
- Suspicious bruises with unsatisfactory explanations
- Lack of self-esteem
- Self-injury
- Depression
- Age inappropriate sexual behaviour
- Child Sexual Exploitation.

#### **Risk Indicators**

The factors described in this section are frequently found in cases of child abuse. Their Presence is not proof that abuse has occurred, but:

- Must be regarded as indicators of the possibility of significant harm
- Justifies the need for careful assessment and discussion with designated / named /
- 24 lead person, manager, (or in the absence of all those individuals, an experienced colleague) may require consultation with and / or referral to Social Care
- The absence of such indicators does not mean that abuse or neglect has not occurred.

In an abusive relationship the child may:

- Appear frightened of the parent/s
- Act in a way that is inappropriate to her/his age and development (though full account needs to be taken of different patterns of development and different ethnic groups)

The parent or carer may:

- Persistently avoid child health promotion services and treatment of the child's episodic illnesses
- Have unrealistic expectations of the child
- Frequently complain about /to the child and may fail to provide attention or praise (high criticism/low warmth environment).
- Be absent or misusing substances.
- Persistently refuse to allow access on home visits.
- Be involved in domestic abuse.
- Staff should be aware of the potential risk to children when individuals, previously known or suspected to have abused children, move into the household.

### **1. 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
- Petechia 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.

**Children and young people who have dog bites should always be referred to the Multi Agency Safeguarding Hub for further investigation.**

### **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.

## **2. 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

### **4. 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.

### **Sexual Abuse by Young People**

The boundary between what is abusive and what is part of normal childhood or youthful experimentation can be blurred. The determination of whether behaviour is developmental, inappropriate or abusive will hinge around the related concepts of true consent, power imbalance and exploitation. This may include children and young people who exhibit a range of sexually problematic behaviour such as indecent exposure, obscene telephone calls, fetishism, bestiality and sexual abuse against adults, peers or children.

Developmental Sexual Activity encompasses those actions that are to be expected from children and young people as they move from infancy through to an adult

understanding of their physical, emotional and behavioural relationships with each other. Such sexual activity is essentially information gathering and experience testing. It is characterised by mutuality and of the seeking of consent.

Inappropriate Sexual Behaviour can be inappropriate socially, inappropriate to development, or both. In considering whether behaviour fits into this category, it is important to consider what negative effects it has on any of the parties involved and what concerns it raises about a child or young person. It should be recognised that some actions may be motivated by information seeking, but still cause significant upset, confusion, worry, physical damage, etc. It may also be that the behaviour is "acting out" which may derive from other sexual situations to which the child or young person has been exposed.

If an act appears to have been inappropriate, there may still be a need for some form of behaviour management or intervention. For some children, educative inputs may be enough to address the behaviour.

Abusive sexual activity included any behaviour involving coercion, threats, aggression together with secrecy, or where one participant relies on an unequal power base.

### **Assessment**

In order to more fully determine the nature of the incident the following factors should be given consideration. The presence of exploitation in terms of:

**Equality** – consider differentials of physical, cognitive and emotional development, power and control and authority, passive and assertive tendencies

**Consent** – agreement including all the following:

- Understanding what is proposed based on age, maturity, development level, functioning and experience
- Knowledge of society's standards for what is being proposed
- Awareness of potential consequences and alternatives
- Assumption that agreements or disagreements will be respected equally
- Voluntary decision
- Mental competence

**Coercion** – the young perpetrator who abuses may use techniques like bribing, manipulation and emotional threats of secondary gains and losses that is loss of love, friendship, etc. Some may use physical force, brutality or the threat of these regardless of victim resistance.

In evaluating sexual behaviour of children and young people, the above information should be used only as a guide.

### **Child Sexual Exploitation**

The following list of indicators is not exhaustive or definitive but it does highlight common signs which can assist professionals in identifying children or young people who may be victims of sexual exploitation.

Signs include:

- underage sexual activity
- inappropriate sexual or sexualised behaviour
- sexually risky behaviour, 'swapping' sex
- repeat sexually transmitted infections
- in girls, repeat pregnancy, abortions, miscarriage

- receiving unexplained gifts or gifts from unknown sources
- having multiple mobile phones and worrying about losing contact via mobile
- having unaffordable new things (clothes, mobile) or expensive habits (alcohol, drugs)
- changes in the way they dress
- going to hotels or other unusual locations to meet friends
- seen at known places of concern
- moving around the country, appearing in new towns or cities, not knowing where they are
- getting in/out of different cars driven by unknown adults
- having older boyfriends or girlfriends
- contact with known perpetrators
- involved in abusive relationships, intimidated and fearful of certain people or situations
- hanging out with groups of older people, or anti-social groups, or with other vulnerable peers
- associating with other young people involved in sexual exploitation
- recruiting other young people to exploitative situations
- truancy, exclusion, disengagement with school, opting out of education altogether
- unexplained changes in behaviour or personality (chaotic, aggressive, sexual)
- mood swings, volatile behaviour, emotional distress
- self-harming, suicidal thoughts, suicide attempts, overdosing, eating disorders
- drug or alcohol misuse
- getting involved in crime
- police involvement, police records
- involved in gangs, gang fights, gang membership
- injuries from physical assault, physical restraint, sexual assault.

### **Female Genital Mutilation (FGM) – signs of**

It is essential that staff are aware of FGM practices and the need to look for signs, symptoms and other indicators of FGM. FGM is sometimes known as 'female genital cutting' or 'female circumcision.' Communities tend to use local names referring to this practice, including 'sunna'

#### **What is FGM?**

It involves procedures that intentionally alter/injure the female genital organs for nonmedical reasons.

4 types of procedure:

Type 1 Clitoridectomy – partial/total removal of clitoris

Type 2 Excision – partial/total removal of clitoris and labia minora

Type 3 Infibulation entrance to vagina is narrowed by repositioning the inner/outer labia

Type 4 all other procedures that may include: pricking, piercing, incising, cauterising and scraping the genital area.

Why is it carried out?

Belief that:

- FGM brings status/respect to the girl – social acceptance for marriage
- Preserves a girl's virginity

- Part of being a woman / rite of passage
- Upholds family honour
- Cleanses and purifies the girl
- Gives a sense of belonging to the community
- Fulfils a religious requirement
- Perpetuates a custom/tradition
- Helps girls be clean / hygienic
- Is cosmetically desirable
- Mistakenly believed to make childbirth easier
- Is FGM legal?
- FGM is internationally recognised as a violation of human rights of girls and women.

### **It is illegal in most countries including the UK.**

Circumstances and occurrences that may point to FGM happening:

- Child talking about getting ready for a special ceremony
- Family taking a long trip abroad
- Child's family being from one of the 'at risk' communities for FGM (Kenya, Somalia,
- Sudan, Sierra Leon, Egypt, Nigeria, Eritrea as well as non-African communities including Yemeni, Afghani, Kurdistan, Indonesia and Pakistan)
- Knowledge that the child's sibling has undergone FGM
- Child talks about going abroad to be 'cut' or to prepare for marriage
- A sign that may indicate a child has undergone FGM:
- Prolonged absence from school and other activities
- Behaviour change on return from a holiday abroad, such as being withdrawn and appearing subdued
- Bladder or menstrual problems
- Finding it difficult to sit still and looking uncomfortable
- Complaining about pain between the legs
- Mentioning something somebody did to them that they are not allowed to talk about
- Secretive behaviour, including isolating themselves from the group
- Reluctance to take part in physical activity
- Repeated urinal tract infection
- Disclosure

The 'One Chance' rule As with Forced Marriage there is the 'One Chance' rule. It is essential that settings /schools/colleges take action **without delay**. Staff should activate local safeguarding procedures, using existing national and local protocols for multi-agency liaison with police and children's social care.

### **Further information on Trafficking**

Child trafficking is a form of child abuse where children are recruited and moved to be exploited, forced to work or sold. They are often subject to multiple forms of exploitation including: child sexual exploitation, benefit fraud, forced marriage, domestic servitude including cleaning, childcare and cooking, forced labour in agriculture or factories, criminal activity such as pickpocketing, begging, transporting drugs, working on cannabis farms, selling pirated DVDs , bag theft.

Traffickers trick, force or persuade children to leave their homes and then move them to another location. Trafficked children are often controlled with violence and threats and may be kept captive, resulting in long lasting and devastating effects on their mental and physical health. It is not easy to identify trafficked children, but you may notice unusual behaviour or events that just don't add up. Both boys and girls are victims of trafficking.

Trafficked children may be from the UK or have been moved from another country. Poverty, war or discrimination can put children more at risk of trafficking. Traffickers may promise children education or respectable work, or persuade parents that their child can have a better future in another place. It can be very difficult to identify a child who has been trafficked, as they are deliberately hidden and isolated. They may be scared, or they may not realise that they are a victim or are being abused. While there may not be any obvious signs of distress or harm, a trafficked child is at risk and may experience physical abuse, emotional abuse and/or neglect.

Many children are trafficked in to the UK from abroad, but children can also be trafficked from one part of the UK to another. Even a child being moved from one side of the street to a different address for a short period of time with the intent of exploitation would be identifiable as a trafficking crime. Any suspicion of trafficking must be reported to the LADO and the Police without delay.

### **Further information on Radicalisation** (in line with the PREVENT DUTY)

Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism leading to terrorism. To reduce the risk from terrorism we need not only to stop terrorist attacks but also to prevent people becoming terrorists. This is one objective of Prevent, part of CONTEST, the Government's strategy for countering international terrorism. All the terrorist groups who pose a threat to us seek to radicalise and recruit people to their cause. The aim of Prevent is to stop people becoming or supporting terrorists, by challenging the spread of terrorist ideology, supporting vulnerable individuals, and working in key sectors and institutions. Work to safeguard children and adults, providing early intervention to protect and divert people away from being drawn into terrorist activity, is at the heart of the Prevent strategy. Supporting vulnerable individuals requires clear frameworks – including guidance on how to identify vulnerability and assess risk, where to seek support and measures to ensure that we do not ever confuse prevention and early intervention with law enforcement. Channel is a key element of the Prevent strategy. It is a multi-agency approach to protect people at risk from radicalisation. Channel uses existing collaboration between local authorities, statutory partners (such as the education and health sectors, social services, children's and youth services and offender management services), the police and the local community to identify individuals at risk of being drawn into terrorism; assess the nature and extent of that risk; and develop the most appropriate support plan for the individuals concerned. Channel is about safeguarding children and adults from being drawn into committing terrorist-related activity. It is about early intervention to protect and divert people away from the risk they face before illegality occurs.

### **Indicators of vulnerability to radicalisation:**

1. **Radicalisation** refers to the process by which a person comes to support terrorism and forms of extremism leading to terrorism.
2. **Extremism** is defined by the Government in the Prevent Strategy as: 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.
3. **Extremism is defined by the Crown Prosecution Service as: The demonstration of unacceptable behaviour by using any means or medium to express views which:**
  - **Encourage, justify or glorify terrorist violence in furtherance of particular beliefs;**
  - **Seek to provoke others to terrorist acts;**
  - **Encourage other serious criminal activity or seek to provoke others to serious criminal acts; or**
  - **Foster hatred which might lead to inter community violence in the UK.**
4. There is no such thing as a "typical extremist": those who become involved in extremist actions come from a range of backgrounds and experiences, and most individuals, even those who hold radical views, do not become involved in violent extremist activity.
5. Pupils may become susceptible to radicalisation through a range of social, personal and environmental factors \_ it is known that violent extremists exploit vulnerabilities in individuals to drive a wedge between them and their families and communities. It is vital that school staff is able to recognise those vulnerabilities.
6. Indicators of vulnerability include:
  - Identity Crisis – the student / pupil is distanced from their cultural / religious heritage and experiences discomfort about their place in society;
  - Personal Crisis – the student / pupil may be experiencing family tensions; a sense of isolation; and low self\_esteem; they may have dissociated from their existing friendship group and become involved with a new and different group of friends; they may be searching for answers to questions about identity, faith and belonging;
  - Personal Circumstances – migration; local community tensions; and events affecting the student / pupil's country or region of origin may contribute to a sense of grievance that is triggered by personal experience of racism or discrimination or policy;
  - Unmet Aspirations – the student / pupil may have perceptions of injustice; a feeling of failure; rejection of civic life;
  - Experiences of Criminality – which may include involvement with criminal groups, imprisonment, and poor resettlement / reintegration?
  - Special Educational Need – students / pupils may experience difficulties with social interaction, empathy with others, understanding the consequences of their actions and awareness of the motivations of others.
7. However, this list is not exhaustive, nor does it mean that all young people experiencing the above are at risk of radicalisation for the purposes of violent extremism.

## **8. More critical risk factors could include:**

- Being in contact with extremist recruiters;
- Accessing violent extremist websites, especially those with a social networking element;
- Possessing or accessing violent extremist literature;
- Using extremist narratives and a global ideology to explain personal disadvantage;
- Justifying the use of violence to solve societal issues;
- Joining or seeking to join extremist organisations; and
- Significant changes to appearance and / or behaviour;
- Experiencing a high level of social isolation resulting in issues of identity crisis and or personal crisis.

**Staff should be alert to any warning signs of radicalisation and hold an attitude of 'it could happen here.'**

### **When a child tells me about abuse s/he has suffered, what must I remember?**

- Stay calm.
- Do not communicate shock, anger or embarrassment.
- Reassure the child. Tell her/him you are pleased that s/he is speaking to you.
- Never enter into a pact of secrecy with the child. Assure her/him that you will try to help but let the child know that you will have to tell other people in order to do this. State who this will be and why.
- Tell her/him that you believe them. Children very rarely lie about abuse; but s/he may have tried to tell others and not been heard or believed.
- Tell the child that it is not her/his fault.
- Encourage the child to talk but do not ask "leading questions" or press for information.
- Listen and remember.
- Check that you have understood correctly what the child is trying to tell you.
- Praise the child for telling you. Communicate that s/he has a right to be safe and protected.
- Do not tell the child that what s/he experienced is dirty, naughty or bad.
- It is inappropriate to make any comments about the alleged offender.
- Be aware that the child may retract what s/he has told you. It is essential to record all you have heard.
- At the end of the conversation, tell the child again who you are going to tell person or those people need to know.
- As soon as you can afterward, make a detailed record of the conversation using the child's own language. Include any questions you may have asked. Do not add any opinions or interpretations. NB It is not education staff's role to seek disclosures. Their role is to observe that something may be wrong, ask about it, listen, be available and try to make time to talk.

### **Immediately afterwards**

**You must not deal with this yourself. Clear indications or disclosure of abuse must be reported to children's social care without delay, by the**

**Head of Service or the Designated Safeguarding Lead. If the child is at immediate risk you make the referral yourself.**

Children making a disclosure may do so with difficulty, having chosen carefully to whom they will speak. Listening to and supporting a child/young person who has been abused can be traumatic for the adults involved. Support for you will be available from your Designated Safeguarding Lead.



