

Types of abuse and possible indicators

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting; by those known to them or, more rarely, by a stranger e.g. via the internet. An adult or adults, child or children may cause the abuse.

Where a child is disabled, injuries or behavioural symptoms may mistakenly be attributed to his/her disability rather than the abuse. Similarly, where a child is black or from a minority ethnic group, aggressive behaviour, emotional and behavioural problems and educational difficulties may be wrongly attributed to racial stereotypes, rather than abuse. Cultural and religious beliefs should not be used to justify hurting a child.

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 child¹.

Physical abuse can happen in any family, but children may be more at risk if their parents have problems with drugs, alcohol and mental health or they live in a home where domestic abuse happens². Babies and disabled children also have a higher risk of suffering physical abuse.

Some of the following signs may be indicators of physical abuse:

- Children with frequent injuries.
- Children with unexplained or unusual fractures or broken bones.
- Children with unexplained;
 - Bruises or cuts
 - Burns or scalds
 - Bite marks³.

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 in so far 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 capacity, as well as over protection and limitation of exploration and learning, or preventing the child participating in normal social interaction.

¹ HM Government (March 2015) Working Together to Safeguard Children, page 92

² Brandon et al., (2010) Building on the learning from Serious Case Reviews: A two year analysis of child protection database notifications 2007-2009, Department for Education, 2010

³ HM Government (March 2015) What to do if you're worried a child is being abused: advice for practitioners

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.

Although the effects of emotional abuse might take a long time to be recognisable, practitioners will be in a position to observe it, for example in the way that a parent interacts with their child.

Some of the following signs may be indicators of emotional abuse:

- Children who are excessively withdrawn, fearful, or anxious about doing something wrong.
- Parents or carers who withdraw their attention from their child, giving the child the 'cold shoulder'.
- Parents or carers blaming their problems on their child.
- Parents or carers who humiliate their child, for example, by name-calling or making negative comparisons.

Sexual Abuse (and exploitation)

Sexual abuse is any sexual activity with a child. 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 a 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.

Many children who are victims of sexual abuse do not recognise themselves as such; they may not understand what is happening and may not understand that it is wrong.

Some of the following signs may be indicators of sexual abuse:

- Children who display knowledge or interest in sexual acts inappropriate to their age.
- Children who use sexual language or have sexual knowledge that you wouldn't expect them to have.
- Children who ask others to behave sexually or play sexual games.
- Children with physical sexual health problems, including soreness in the genital or anal areas, sexually transmitted infections or underage pregnancy.

Sexual exploitation is a form of sexual abuse where children are sexually exploited for money power or status. It can involve violent, humiliating and degrading sexual assaults. In some cases, young people are persuaded or forced into exchanging sexual activity for money, drugs, gifts, affection or status. Consent cannot be given, even where a child may believe they are voluntarily engaging in sexual activity with the person who is exploiting them. Child sexual exploitation (CSE) doesn't always involve physical contact and can happen on-line. A significant number of people who are victims of sexual exploitation go missing from home, care and education at some point.

Some of the following signs may be indicators of sexual exploitation:

- Children who appear with unexplained gifts or new possessions.
- Children who associate with other young people involved in exploitation.
- Children who have older boyfriends or girlfriends.
- Children who suffer from sexually transmitted infections or become pregnant.
- Children who suffer from changes in emotional well-being.
- Children who misuse drugs and alcohol.
- Children who go missing for periods of time or regularly come home late.
- Children who regularly miss school or education or don't take part in education.

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).
- Ensure access to appropriate medical care or treatment.

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

Children who are neglected often also suffer from other types of abuse. It is important that practitioners remain alert and do not miss opportunities to take timely action. However, while you may be concerned about a child, neglect is not always straightforward to identify.

Neglect may occur if a parent becomes physically or mentally unable to care for a child. A parent may also have a dependency on alcohol and/or drugs, which could impair their ability to keep a child safe or result in them prioritising buying drugs, or alcohol, over food, clothing or warmth for the child.

Some of the following signs may be indicators of neglect:

- Children who are living in a home that is indisputably dirty or unsafe.
- Children who are left hungry or dirty.
- Children who are left without adequate clothing, e.g. not having a winter coat.
- Children who are living in dangerous conditions, i.e. around drugs, alcohol or violence.
- Children who are often angry, aggressive or self-harm.
- Children who fail to receive basic health care.
- Parents who fail to seek medical treatment when their children are ill or are injured.

Seven Golden Rules to Sharing Information

1. **Remember that the Data Protection Act 1998 and human rights law are not barriers to justified information sharing**, but provide a framework to ensure that personal information about living persons is shared appropriately.
2. **Be open and honest** with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. **Seek advice** for other practitioners if you are in any doubt about sharing the information concerned, without disclosing the identity of the person where possible.
4. **Share with informed consent where appropriate** and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, there is a good reason to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be certain of the basis upon which you are doing so. Where you have consent, be mindful that an individual might not expect information to be shared.
5. **Consider safety and well-being:** Base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.
6. **Necessary, proportionate, relevant, adequate, accurate, timely and secure:** Ensure that the information you share is necessary for the purpose for which you are sharing it, it shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.
7. **Keep a record** of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

Taken from Information Sharing: advice for practitioners providing safeguarding services to children, young people, parents and carers, (2015) HM Government

School Concerns Form

Education settings must ensure that volunteers, staff and governors are able to record concerns about:

- The welfare of a child or young person.
- The behaviour of a volunteer, member of staff, governor or person connected with the school.

The headings on the form illustrate the minimum information that should be included in the local arrangements that is agreed within the individual education setting.

Principles

A statement should be included on the form used in the setting that confirms:

"Any member of the school staff, including volunteers, must record any concerns about a child or young person. This form must be completed as soon as possible after the discovery of the concern and send to the Designated Safeguarding Lead (DSL). If the concerns are immediate, please tell the DSL straight away."

Concerns about a child or young person

Child's name:		Date of Birth:	
		Class/Year/Form:	
Concern identified by:		Role:	
Date of concern:		Time of concern:	
Witness/es:		Place of incident:	
Name of alleged person (s) responsible for the harm			
Not Known			
Pupil in this school/college			
Pupil in another school/college (Please specify)			
Family member			
Volunteer			
Member of staff			
Governor			
Other (Please specify)			
Please Note: A copy of this record must be kept on the personnel file for any volunteer, member of staff, governor or person connected with the school			

Concern/Incident/Disclosure: Why are you concerned about this child? What have you observed and when? What have you been told and when?

Please provide a description of any incidents or anything you have been told by a child, or another person. Remember to make clear what is fact and what is hearsay/opinion. Note the language/terminology used by the child, or adult, and be clear about who has said what. Continue on a separate sheet if necessary.

Has any action already been taken in relation to this concern?

For example child taken out of class, first aid

Name of person concerns reported to	Date

Action to be taken / recommendations from DSP

Name of person completing form	Signature	Date and time

Child Referral Form to Children's Social Care

Sent to: Children's Social Care

REFERRED BY: (print)		Status				
Address:						
Postcode:	Telephone:					
Confirmation of verbal referral: Yes / No	If Yes Date:	Receiving Worker:				
Child / Young Person / Expected Baby details						
Family Name:		Forename:			DOB:	
Gender: M / F	Disability:			Ethnic Origin:		
Address:						
Postcode:	Telephone:			Mobile:		
Main Address if different from above:						
Postcode:	Telephone:					
Child / Young Person's principal carers / expectant mother						
Name DOB	Relationship to child	Address	Tel No:	Parental responsibility	Ethnic Origin	Disability
				Yes / No		
				Yes / No		
Other household members (including children and non-family members)						
Surname	Forename	DOB	Relationship to child	Concerns	Ethnic Origin	Disability
				Yes / No		
				Yes / No		
				Yes / No		
				Yes / No		
				Yes / No		
Other contact addresses & Tel No (e.g. Grandparents)						

Agencies Involved			
GP:	Base:	Tel No:	
Health Visitor:	Base:	Tel No:	
School Nurse:	Base:	Tel No:	
School / Day care:			
Others Agencies Involved:			
Is parent / carer aware of referral?	Yes / No	Re referral	Yes / No
Has consent been obtained to refer?	Yes / No	Date discussed	
If No, Reason:			
Has an Early Help Assessment (EHA) been completed?	Yes / No Date	Lead Professional details:	
Is an Interpreter / Signer required?	Yes / No	Language / method required:	
Additional Information			

Additional Information

According to YOUR current knowledge of the family, complete where possible each section with information you currently hold. Be clear and specific about why you feel Children's Social Care involvement is warranted now.

CHILDS NAME:
Child's Profile and Story (may include health, education, emotional and behavioural development, family and social relationships, social presentation, self-care skills):

Parent's and Carer's Profile and how they look after the children (may include basic care, ensuring safety, emotional warmth, stimulation, guidance and boundaries and stability):

Family, Home and Community Support Networks (may include wider family, housing employment, social/community integration – include any worker safety issues):

Do you believe the evidence indicates that the child's needs are serious or complex?

Yes

No

Do you believe the evidence indicates that there are child protection concerns?

Yes

No

Is a previous assessment available to explain in more detail the needs of the child and / or their siblings?

Yes

No

Please specify type of assessment, on which child and who to contact for a copy:

Reason for request for Children's Social Care Assessment:

Signature:

Date:

Taken from DSCB procedures April 2015

Role of the Designated Safeguarding Lead (DSL)

Governing bodies and proprietors should ensure that the school or college designates an appropriate senior member of staff to take lead responsibility for child protection. This person should have the status and authority within the school to carry out the duties of the post including committing resources and, where appropriate, supporting and directing other staff.

The broad areas of responsibility for the Designated Safeguarding Lead are:

1. Managing referrals

Refer all cases of suspected abuse to the local authority Children's Social Care and:

- The designated officer(s) for child protection concerns (all cases which concern a staff member)
- Disclosure and Barring Service (cases where a person is dismissed or left due to risk/harm to a child); and/or
- Police (cases where a crime may have been committed).
- Liaise with the Head Teacher or principal to inform him or her of issues especially on-going enquiries under section 47 of the Children Act 1989 and police investigations.
- Act as a source of support, advice and expertise to staff on matters of safety and safeguarding and when deciding whether to make a referral by liaising with relevant agencies.

2. Training

The Designated Safeguarding Lead should receive appropriate training carried out every two years in order to:

- Understand the assessment process for providing early help and intervention, for example through locally agreed common and shared assessment processes such as early help assessments.
- Have a working knowledge of how local authorities conduct a child protection case conference and a child protection review conference and be able to attend and contribute to these effectively when required to do so.
- Ensure each member of staff has access to and understands the school's or college's child protection policy and procedures, especially new and part time staff.
- Be alert to the specific needs of children in need, those with special educational needs and young carers.
- Be able to keep detailed, accurate, secure written records of concerns and referrals.
- Obtain access to resources and attend any relevant or refresher training courses.
- Encourage a culture of listening to children and taking account of their wishes and feelings, among all staff, in any measures the school or college may put in place to protect them.

3. Raising Awareness

The Designated Safeguarding Lead should ensure the school or college's policies are known and used appropriately:

- Ensure the school or college's child protection / safeguarding policy is reviewed annually and the procedures and implementation are updated and reviewed regularly, and work with governing bodies or proprietors regarding this.
- Ensure the child protection / safeguarding policy is available publicly and parents are aware of the fact that referrals about suspected abuse or neglect may be made and the role of the school or college in this.
- Link with the local LSCB to make sure staff are aware of training opportunities and the latest local policies on safeguarding.
- Where children leave the school or college ensure their child protection file is transferred to the new school or college as soon as possible. This should be transferred separately from the main pupil file, ensuring secure transit and confirmation of receipt should be obtained.

Taken from Keeping Children Safe in Education 2015, pages 48 and 40

Guidance/further information

Local safeguarding information

Key local information about safeguarding children is located on Derby Safeguarding Children Board website www.derbyscb.org.uk.

This includes Derby and Derbyshire Safeguarding Children Boards' safeguarding children procedures key chapters' include:

- Providing early help.
- Making a referral to children's social care.
- Child protection section 47 enquiries.
- Child protection conferences.
- Children abused through sexual exploitation.
- Safeguarding children at risk of abuse through female genital mutilation (FGM).
- Allegations against staff carers and volunteers.
- Children and families who go missing.

The procedures also have key guidance document and information, including:

- Derby and Derbyshire Thresholds document.
- Derby and Derbyshire Escalation policy and process.
- Local contacts.

The DSCB website has a specific page for education providers, including a safeguarding children audit tool for schools and colleges to support schools their annual review of safeguarding practice and in their development of a safeguarding action plan. There is also a training pathway for education providers, template policies and information about the DSCB Education Hub and safeguarding update service.

Other important information on the website includes:

- Private fostering information.
- Domestic violence risk identification matrix (DVRIM).
- Early help assessment.
- Graded care profile for assessment of neglect.
- Safeguarding training opportunities.

Other sources of safeguarding information and guidance can be obtained via:

- www.gov.uk/schools-colleges-childrens-services/safeguarding-children
- www.nspcc.org.uk