Safeguarding and Welfare Requirements.
Child Protection

This policy comprises of:

All parents/ carers are asked to familiarise themselves with our Safeguarding Children Policy prior to a child being placed. The purpose of this is to keep each child safe while he/ she is in our care.

1. Introduction

The four guiding principles of the Early Years Foundation Stage shape our practice at TRACKS:

1. Every child is a **unique child** who is constantly learning and can be resilient, capable, confident and self-assured.
2. Children learn to be strong and independent through **positive relationships.**
3. Children learn and develop well in **enabling environments,** in which their experiences respond to their individual needs and there is a strong partnership between practitioners and parents and carers
4. Children **develop and learn in different ways and at different rates.** The framework covers the education and care of all children in early years provision, including children with special educational needs and disabilities.

As an Early Years setting, we aim to keep children safe by adopting the highest possible standards and taking all reasonable steps to protect children from harm. Safeguarding is about more than child protection. Child Protection is specifically about protecting children and young people from suspected abuse and neglect. Safeguarding is much wider than child protection. It includes everything an organisation can do to keep children and young people safe, including minimizing the risk of harm and accidents and taking action to tackle safety concerns.

In England, the law states that people who work with children have to keep them safe. This safeguarding legislation is set out in **The Children Act (1989), (2004) and (2010)**. It also features in the **United Nations Convention on the Rights of the Child** (to which the UK is a signatory) and

sets out the rights of children to be free from abuse. The Government also provides guidance in their document Working Together to Safeguard Children (2013, paragraph 1.20).

All suspicions and investigations are kept confidential and shared only with those who need to know. Any information is shared under the guidance of the Local Safeguarding Children Board/Local Safeguarding Partners and in line with the GDPR, Data Protection Act 2018, and Working Together 2018.

This Policy complies with all relevant legislation and other guidance or advice from the Local Safeguarding Children Board and adheres to the following concepts from the UN Convention on The Rights of the Child:

- Non-discrimination: All the rights apply to all children equally regardless of their race, sex, religion, language, disability, opinion or family background (Article 2).
- Best interests of child: When adults or organisations make decisions which affect children, they must always think first about what is best for the child (Article 3),
- The child's view: Children have the right to say what they think about anything which affects them.
- When courts or official organizations make decisions which affect children, they must listen to what children want and feel (Article 12).

TRACKS autism Early Years Centre recognises the responsibilities of all staff to safeguard children. All staff, including volunteers, students and service providers have an active part in protecting children from harm.

The purpose of this Safeguarding Policy is to set a clear protocol of action and a framework for our responsibilities and legal duties in relation to each child's welfare. The hope is to ensure a reliable and effective response in the event of any concern for a child's welfare, and to support each child and each family.

We aim to put children's needs first at all times. We aim to develop a trusting relationship with the children in our care, so that they know they will be listened to and believed.

The aims of this policy are:

- To support the child's development in ways that will foster security, confidence and independence.
- To raise awareness of staff of the need to safeguard children and their responsibilities in identifying and reporting possible abuse.
- To provide systematic means of monitoring children known to be at risk of harm.
- To emphasise the need for good levels of communication between members of staff and between staff and parents/carers
- To ensure that all staff who have access to children are suitable to do so and have a valid satisfactory CRB check.
- To ensure that all staff receive regular child protection training as a condition of employment.

2. The Designated Senior Person and Responsibilities

The Designated Senior Person (DSP) for Child Protection at TRACKS autism is: Principal Jane Wagstaff and the Deputy is Rebecca Lawson who should be appointed to act in the absence/ unavailability of the DSP.

It is the role of the DSP for Child Protection under the management of the Trustees to:

- Ensure that he/ she receives refresher training at two yearly intervals to keep his/ her knowledge and skills up to date
- Ensure that all staff who work with children undertake appropriate training to equip them to carry out their responsibilities for safeguarding children effectively and that this is kept up to date by refresher training at three yearly intervals
- Ensure that new staff receive a safeguarding children induction at the commencement of their contract
- Ensure that temporary staff and volunteers are made aware of TRACKS autism's arrangements for safeguarding children at the commencement of work.
- Ensure that TRACKS autism operates within the legislative framework and recommended guidance
- Ensure that all staff and volunteers are aware of the **HSCB Inter-agency Child Protection and Safeguarding Children Procedures**
- Ensure that the principal is kept fully informed of any concerns
- Develop effective working relationships with other agencies and services
- Decide upon the appropriate level of response to specific concerns about a child e.g. discuss with parents, offer an assessment under the Common Assessment Framework (CAF) or refer to Children, Schools and Families social care.
- Liaise and work with Children's Services: Safeguarding and Specialist Services over suspected cases of child abuse
- Ensure that accurate safeguarding records relating to individual children are kept separate from the academic file in a secure place, marked 'Strictly Confidential' and are passed securely should the child transfer to a new provision
- If applicable, submit reports to, ensure TRACKS autism's attendance at child protection conferences and contribute to decision making and delivery of actions planned to safeguard the child.
- Ensure that TRACKS autism effectively monitors children about whom there are concerns, including notifying Children's Services: Safeguarding and Specialist Services when there is an unexplained absence for a child who is the subject of a child protection plan
- Provide guidance to parents, children and staff about obtaining suitable support
- Discuss with new parents the role of the DSP and the role of safeguarding in our centre.
- Make parents aware of the safeguarding procedures used and how to access the child protection policy.

3. Other Contact Information

Our contact details are:
TRACKS autism,
TRACKS HOUSE

Child Protection
Boulton Road
Stevenage
SG1 4QX
T: 0300 1231913
M: 07926902717
E: info@tracks-autism.org.uk

Jane Wagstaff is our Designated Senior Person for Child Protection and she may be contacted at TRACKS autism telephone number given above, Rebecca Lawson is the Deputy Designated Person. If neither of these people are available, the deputy or the most senior member of staff present will deal with the enquiry in the first instance.

In the event of both designated persons being offsite (eg, during school holiday sessions) the most senior member of staff present will contact the Principal.

Our Trustee with Responsibility for Safeguarding is Rev Mike Shaw.
Contact number: 07710465548
Email: Michael.shaw@tracks-autism.org.uk

Hertfordshire's allegation management system affects all adults who work or undertake a voluntary role with children in Hertfordshire. All LSCB member agencies and other organisations have identified a **Named Senior Officer** (NSO) to act as the strategic lead and a **Designated Senior Manager** (DSM) who is the first point of contact for all staff and volunteers if concerns arise about the behaviour of an adult, staff member or volunteer.

Once a concern has been raised within the organisation / agency the DSM liaises with the LA Designated Officer (LADO) to gain an independent view of the matter and to take advice as to how the allegation should be responded to.

Processes are followed for child protection concerns and non-child protection concerns to ensure that every concern is dealt with effectively and efficiently and there is always a final outcome that will be shared with the adult involved.

Hertfordshire has two Local Authority Designated Officers:

07920 283106/01992 556979 - LADO,	Tony Purvis
07795 288271/01992 556986 - LADO,	Mel Leicester Evans
01992 555420 – LADO Support Officer,	Marrie Moat

Customer Service Centre/Children's services Out of Hours Service:
0300 123 4043

In case of an emergency please phone **999**

What do I need to do?

1. You should: understand what constitutes safe working practice within your school
2. Be vigilant regarding your own behaviour and that of others
3. Be aware that your DSM is the Principal and Chair of Governors
4. Take responsibility for reporting any concerns you may have.

1. Concerns and Reporting

All staff and volunteers should be aware that the main categories of abuse are:

- Physical abuse
- Emotional abuse
- Sexual abuse
- Neglect

All staff and volunteers should be concerned about a child if he/she presents with indicators of possible significant harm.

see Appendix 1 for details.

Generally, in an abusive relationship the child may:

- Appear frightened of the parent/s or other household members e.g. siblings or others outside of the home
- Act in a way that is inappropriate to her/ his age and development (full account needs to be taken of different patterns of development and different ethnic groups)
- Display insufficient sense of 'boundaries', lack stranger awareness
- Appear wary of adults and display 'frozen watchfulness'

If any member of staff is concerned about a child he or she must inform the Designated Senior Person. Never think abuse is impossible at TRACKS autism or that an accusation against someone we know well and trust is bound to be wrong.

The member of staff must record information regarding the concerns on the same day. The recording must be a clear, precise, factual account of the observations using the TRACKS autism pro-forma.

The Designated Senior Person will decide whether the concerns should be referred to LADO. If it is decided to make a referral to LADO: this will be discussed with the parents, unless to do so would place the child at further risk of harm.

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

If a pupil who is/ or has been the subject of a child protection plan changes child care centres, the Designated Senior Person will inform the social worker responsible for the case and transfer the appropriate records to the Designated Senior Person at the receiving centre, in a secure manner, and separate from the child's academic file.

The Designated Senior Person is responsible for making the senior leadership team aware of trends in behaviour that may affect pupil welfare. If necessary, training will be arranged.

2. Dealing with a Disclosure

At TRACKS, because of the nature and age of our children, it is difficult for a child to communicate to a member of staff. The usual guidance, if a child discloses that he or she has been abused in some way, the member of staff / volunteer should:

- Listen to what is being said without displaying shock or disbelief
- Accept what is being said
- Allow the child to talk freely
- Reassure the child, but not make promises which it might not be possible to keep
- Not promise confidentiality – it might be necessary to refer to Children's Services: Safeguarding and Specialist Services
- Reassure him or her that what has happened is not his/ her fault
- Stress that it was the right thing to tell
- Listen, only asking questions when necessary to clarify
- Not criticise the alleged perpetrator
- Explain what must be done next and who has to be told
- Make a written record (TRACKS autism Record of Concern)
- Pass the information to the Designated Senior Person without delay

As many of the children attending TRACKS have communication difficulties, are non-verbal and/ or have limited understanding we may have to listen to a child via their body language/ non-verbal behaviour but the above guidance sets a clear procedural guideline.

3. Extra Support

Dealing with a disclosure from a child, and safeguarding issues can be stressful. The member of staff/ volunteer should, therefore, seek support for him/ herself and discuss this with the Designated Senior Person as soon as possible.

At TRACKS autism, we work with children who have additional needs. As an Early Years setting, we can support these children by working with other relevant professionals by using the Families First Framework. Families First sets out a structured way of 'working together' with different professionals and agencies to prevent complex needs escalating. It also provides a standard template for 'working together' – which also includes parents.

4. Confidentiality and Sharing Information

The GDPR 2018 is not a barrier to sharing information – it simply provides a framework to ensure that information is shared appropriately. It reinforces common sense rules of information handling and helps us strike a balance between the many benefits of public organisations sharing information and maintaining safeguards and privacy of the individual.

We will be transparent about how we lawfully process data.

Any images of children are held securely and in a locked filing cabinet when not in use. Staff do not use personal cameras or filming equipment to record images.

Seven Golden Rules for Information Sharing (Information Sharing, 2008):

1. Remember that the Data Protection Act is not a barrier to sharing information.
2. Be open and honest with families about what information can be shared and in what circumstances.
3. Seek advice if you are in any doubt.
4. Share information with consent, where appropriate and where possible.
5. Consider safety and well-being and who may be affected by your sharing this information.
6. Information should be **Necessary, Proportionate, Relevant, Accurate, Timely and Secure:** Ensure that the information you share is necessary for the purpose for which you are sharing it; Is only shared with people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is securely shared.
7. Keep a record of your decision and reasons for sharing information.

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

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

5. Communication with Parents

TRACKS will:

- Undertake appropriate discussion with parents prior to involvement of another agency unless to do so would place the child at further risk of harm.
- Ensure that parents have an understanding of the responsibilities placed on our centre and staff for safeguarding children.

6. Record Keeping

Records will be kept whenever there are any concerns that might indicate possible abuse or neglect. This includes physical presentations on the child's body, change in moods or behaviour,

statements or drawings from the child, and any concerns around parental behaviour or non-attendance.

Records will include specific and objective accounts, the date, year and time of the incident, the name, date of birth and address of the child, action taken, who information has been shared with, and a stated opinion.

The member of staff/ volunteer should:

- Make brief notes as soon as possible. Use TRACKS autism's record of concern sheet wherever possible
- Not destroy the original notes in case they are needed by a court and kept indefinitely
- Record the date, time, place and any noticeable non-verbal behaviour and the words used by the child
- Mark on the proforma the position of any injuries
- Record statements and observations rather than interpretations or assumptions

All records need to be given to the Designated Senior Person promptly. No copies should be retained by the member of staff or volunteer.

The Designated Senior Person will ensure that all safeguarding records are managed in accordance with the Education (Pupil Information) (England) Regulations 2005.

10. Allegations Involving Staff/ Volunteers

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

- Behaved in a way that has, or may have harmed a child
- Possibly committed a criminal offence against/ related to a child
- Behaved towards a child or children in a way which indicates s/he would pose a risk of harm if they work regularly or closely with children

This applies to any child the member of staff/ volunteer has contact within their personal, professional or community life.

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

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

If the concerns are about the Principal, then the Chair of the Trustees should be contacted. In the absence of the Chair, the Executive Trustee should be contacted. (Details in Other Contact Information, Point 3 of this policy). The recipient of an allegation must report the incident, failure to report it in accordance with procedures is a potential disciplinary matter.

The Principal will not investigate the allegation itself, or take written or detailed statements, but will assess whether it is necessary to refer the concern to the Local Authority Designated Officer. If the allegation meets any of the three criteria set out at the start of this section, contact should always be made with the Local Authority Designated Officer without delay.

If it is decided that the allegation meets the threshold for safeguarding, this will take place in accordance with section 4.1 of the Hertfordshire Safeguarding Children Board Inter-agency Child Protection and Safeguarding Children Procedures.

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

The Principal should, as soon as possible, following briefing from the Local Authority Designated Officer inform the subject of the allegation.

For further information see:

HSCB Inter-agency Child Protection and Safeguarding Children Procedures (2010)
Section 4.1 Managing Allegations against Adults who work with Children and Young People
http://hertsscb.proceduresonline.com/chapters/p_manage_alleg.html

11. Monitoring and Prevention

This policy will be reviewed on an annual basis. Procedures will be monitored and necessary changes made for improvement.

TRACKS recognises that it plays a part in the prevention of harm to children. We will foster an ethos of support in all settings by providing children with clear lines of communication that ensure they feel cared for, secure and listened to.

TRACKS will:

- Establish and maintain an ethos where children feel secure and are encouraged to communicate and are always listened to.
- Ensure that all children develop a good relationship with all staff
- Include in play and the curriculum, opportunities which equip children with the skills they need to stay safe from harm.
- Maintain close partnerships with parents and home that begin with the initial home visit and initial assessment of a child when s/he joins the centre
- All staff need to continue to be vigilant and share concerns with the designated person as many of our children are pre-verbal.

12. The Prevent Duty

Child Protection

It is Tracks policy to ensure all staff are trained in awareness of the Prevent Duty and senior members of staff attend Workshops to Raise Awareness of Prevent. At TRACKS autism British Values are embedded in our practice by ensuring that all our families are welcomed and valued equally and all cultures are celebrated in the classroom.

References

- **The Children Act (1989) and (2004) (2010).**
- Education Act 2002 (section 175)
- Safeguarding Children and Safer Recruitment in Education (DfES 2006)
- Working Together to Safeguard Children (HM Government 2013)
- The Education (Pupil Information) (England) Regulations 2005

- Dealing with Allegations of Abuse Against Teachers and Other Staff (DfE 2011)
- United Nations Convention on the Rights of the Child (to which the UK is a signatory) and sets out the rights of children to be free from abuse.
- HSCB Inter-agency Child Protection and Safeguarding Children Procedures (2010)
- Section 4.1 Managing Allegations against Adults who work with Children and Young People
- http://hertsscb.proceduresonline.com/chapters/p_manage_alleg.html

Revised: 16 January 2019:

Name: Jane Wagstaff

Signed:

Date:

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/ 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 dis-colouration 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 years of age 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 the 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 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 absences
- 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
- Unauthorized 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 cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.

Some level of emotional abuse is involved in all types of maltreatment 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/ 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/ behavioral presentation

- Attachment disorders
- Absence of normal social responsiveness
- Indiscriminate behaviour in relationships with adults
- Emotionally needy
- Compulsive stealing
- Constant tiredness
- Frequently absent or late
- 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 socialization
- 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/ behavioral 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

Child Protection

- Poor attention / concentration (world of their own)
- Sudden changes in habits
- 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.

The Prevent Duty – Guidance for Early Years Practitioners'

It is your duty to know what to do.

The Counter Terrorism and Security Act 2015 places a duty on early years providers "to have due regard to the need to prevent people from being drawn into terrorism" this is known as The Prevent duty.
The Ofsted Common Inspection Framework (September 2015) includes reference to "providers promoting children's welfare and preventing radicalisation and extremism".

As early years practitioners it is your duty to ensure children are safe and are not vulnerable to being radicalised and drawn into extremist behaviour which could later lead to acts of terrorism.

Terrorism is the use or threatened use of violence (terror) in order to achieve a political, religious, or ideological aim

Extremism is defined as the individual, or group, going to extremes especially in political matters. The government has defined this within the Prevent Duty 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."

Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism leading to terrorism. During the process of radicalisation it is possible to intervene to prevent vulnerable people being drawn into terrorist-related activity.

Even very young children may be vulnerable to radicalisation by others, whether in the family or outside, and display concerning behaviour.

The Prevent duty does not require providers to carry out unnecessary intrusion into family life but as with any other safeguarding risk; they must take action when they observe any behaviour of concern.

What is behaviour of concern: any action or communication by children or families which indicates an involvement with or connection to terrorism

Report any concerns you may have to your designated person for safeguarding – following your usual safeguarding procedures.

The Prevent Duty: Departmental advice for schools and childcare providers June 2015