



SAFEGUARDING AND CHILD PROTECTION POLICY AND PROCEDURES

**Safeguarding our Young People is the responsibility of everyone, if you see or hear something that concerns you then report it:
Speak to the DSL Robert Bates Interim Principal
Rick Nunn or Matt Snow Deputy DSL
Or any member of the Senior Management Team**

Written January 2021 – Review January 2022

Phoenix Autism Trust (PAT) - A Pathway Towards Independence and Employment
Registered Company no. 09615159 Registered Charity No. 1172227
Registered Office: 49 Bow Road, London, E3 2AD

SAFEGUARDING POLICY INCLUDING CHILD PROTECTION

1. The Policy Statement

All Students at Phoenix College have the right to a positive educational experience in a happy, safe, secure environment.

The policy outlines strategies to ensure this.

We will ensure the safety of our Students by rigorously implementing the following policy.

This policy relates to all staff, professionals, volunteers, tutors and visitors.

The Designated Safeguarding Lead (DSL) is Robert Bates (Principal of College)
robert.bates@phoenixcollege.london

2. DBS Checks

All staff, regular volunteers and contractors including Trustees at Phoenix Autism Trust must be subject to DBS checks through the Disclosure & Barring Service. All volunteers who have unsupervised access with other people's children and young people must also be subject to a DBS check through the Disclosure & Barring Service.

3. Adopting Safe Recruitment Procedures

All paid staff and volunteers who are entrusted with the care of children and young people have the full range of pre-employment checks.

Safe recruitment procedures apply to staff and volunteers who have regular contact with children in the course of their duties. References are taken.

Some volunteers (e.g. Kaleidoscope Saber, instructors, Health etc.) are DBS checked by their source organisation)

4. Induction and Training for Staff and Volunteers

Staff training on safeguarding will be revisited on a regular basis. All staff and volunteers are given details of this policy as part of their induction. All staff and volunteers are required to participate in training courses on safeguarding and child protection issues. There is an annual review of this policy with all staff.

From this training staff and volunteers can recognise signs of abuse and know the appropriate reporting systems for this.

This policy is based on the Department for Education's statutory guidance, Keeping Children Safe in Education 2019 and Working Together to Safeguard Children, and the Governance Handbook.

Staff receive guidance on how to respond to disclosures of abuse.

All new staff and volunteers are adequately supervised and their progress is reviewed as part of the CPD process.

There is a confidential single central record of those students on the Child Protection Register and Looked After Children kept by the DSL on My Concern (online child protection recording system).

This policy is available to all staff, volunteers, pupils and visitors.

5. General Supervision

See Staff Handbook. We ensure that all projects are adequately supervised.

6. Definitions and signs of abuse

Keeping Children Safe in Education, September 2019 defines safeguarding and promoting the welfare of children as: protecting children from maltreatment; preventing impairment of children's health or development; ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and taking action to enable all children to have the best outcomes.

Child protection is part of safeguarding and promoting the welfare of children. Child protection refers to the activity that is undertaken to protect specific children who are suffering or are likely to suffer significant harm. *Working Together to Safeguard Children 2019, Appendix A* Child Abuse is defined in *Keeping Children Safe in Education, September 2019* and states that: abuse, neglect and safeguarding issues are rarely standalone events that can be covered by one definition or label. In most cases multiple issues will overlap with one another. The designated safeguarding lead are most likely to have a complete safeguarding picture and to be the most appropriate person to advise on the response to safeguarding concerns.

From September 2019, specific regard to the new guidance that focuses on three safeguarding partners (the local authority; a clinical commissioning group for an area within the local authority; and the chief officer of police for a police area in the local authority area) who will make arrangements to work together to safeguard and promote the welfare of local children, including identifying and responding to their needs.

There are a number of categories of abuse:

- **Physical abuse** – which may involve the hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.
- **Emotional abuse** – the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs

of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

- **Sexual abuse and exploitation** – involves forcing or enticing a child 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 noncontact 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.

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator, it may or may not, be accompanied by violence or threats of violence. The abuse can be one-off occurrence or a series of incidents over time and range from opportunistic to complex organised abuse. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation may occur without the child's immediate knowledge (e.g. through others copying videos or images they have created and posted on

social media). Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

- **Neglect** - which 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.

- **Children Who Go Missing from Home or Care** are particularly vulnerable and may be at significant risk at times. The immediate risks associated with going missing include:

- o No means of support or legitimate income – leading to high risk activities

- o Involvement in criminal activities

- o Victim of Abuse

- o Victim of crime, for example through sexual assault and exploitation

- o Alcohol/substance misuse

- o Deterioration of physical and mental health

- o Missing out on education

- o Increased vulnerability

- **Longer-term risks include:**

- o Long-term drug dependency / alcohol dependency

- o Crime

- o Homelessness

- o Disengagement from education

- o Child sexual exploitation

- o Poor physical and/or mental health.

- **Children Missing from Education:** all children, regardless of their circumstances, are entitled to a full-time education which is suitable to their age, ability and aptitude and any special educational needs they may have. A child going missing from education, or not attending it regularly, is a potential indicator of abuse or neglect. We will follow the required procedures for unauthorised absence and for dealing with children who go missing from education, including appropriate notification to the Local Authority. We will also ensure staff are alert to

the potential risks of poor or non-attendance and cessation of attendance, including the signs to look out for and triggers to be aware of when considering the risks of potential concerns such as **travelling to war zones, FGM and forced marriage**. **In the event that attendance is not reported by parents, we will contact the emergency contacts for the pupil.**

- **Serious Violence:** All staff should be aware of indicators, which may signal that children are at risk from, or are involved in serious violent crime; they should also be aware of the associated risks and understand the measures in place to manage these. These may include: increased absence from education, a change in friendships or relationships with older individuals or groups, a significant decline in performance, signs of self-harm or a significant change in wellbeing, or signs of assault or unexplained injuries; Unexplained gifts or new possessions could also indicate that children have been approached by, or are involved with individuals associated with criminal networks or gangs. Advice is provided in the Home Office's **Preventing youth violence and gang involvement** and its **Criminal exploitation of children and vulnerable adults: county lines guidance**.

- **Peer on Peer abuse:** This places a responsibility of all staff to know what to look for in the early identification of peer-on-peer abuse and preventing it from escalating. Behaviour management practices across the services are design to work to prevent all forms of bullying, and include the expectation upon staff to staff challenge inappropriate behaviours between pupils by, for example: making clear that sexual violence and sexual harassment is not accepted, will never be tolerated and is not an inevitable part of growing up Not tolerating or dismissing sexual violence or sexual harassment as 'banter', 'part of growing up', 'just having a laugh' or 'boys being boys'

- **Female Genital Mutilation:** The Mandatory Reporting Duty Female genital mutilation (FGM) is a collective term for procedures which include the removal of part or all of the external female genitalia for cultural or other non-therapeutic reasons. The procedure is typically performed on girls aged between 4 and 13, but in some cases, it is performed on young women before marriage or pregnancy.

FGM has been a criminal offence in the UK since the Prohibition of Female Circumcision Act (1985) was passed. The Female Genital Mutilation Act (2003) replaced this Act and makes it an offence for UK nationals or permanent UK residents to carry out FGM abroad, or to aid, abet, counsel or procure the carrying out of FGM abroad, even in countries where the practice is legal. We recognise that the multi-cultural make-up of the provision means that some Phoenix Autism Trust students may be at risk of FGM practice. Staff should be aware of risk factors and must respond to the statutory duty placed upon them in Section 5B of the Female Genital Mutilation Act 2003 (as inserted by section 74 of the Serious Crime Act 2015) to report to the police if they have reason to believe FGM has been carried out on a girl under the age of 18 either in this country or abroad. Staff who fail to report such cases will face disciplinary sanctions. Staff should still consider and discuss any such cases with the DSL and involve children's social care as appropriate (KCSiE, 2019).

- **Upskirting:** This is a criminal offence in England and Wales with offenders facing up to two years in prison for taking an image or video under somebody's clothing. It is usually performed in a public place, such as on public transport or among crowds of people, making it harder to spot people taking the photos and there have also been instances of the practice taking place in education. Staff need to be extra vigilant where pupils are using iPad, phones with camera, and other recording devices in and around the college. Similarly, when supporting pupils in the community, staff should maintain a conscious awareness of potential perpetrators.

For signs of abuse, see **appendix 1**

7. Children who may require Early Help

The Early Help Hub is Tower Hamlets' programme of early help services for families (TEL: 020 7364 5744, email: earlyhelp@towerhamlets.gov.uk). All staff should be aware of the early help process, and understand their role in identifying emerging problems, sharing information with other professionals to support early identification and assessment of a child's needs. It is important for children to receive the right help at the right time to address risks and prevent

issues escalating.

This also includes staff monitoring the situation and feeding back to the Designated Safeguarding Lead any ongoing/escalating concerns so that consideration can be given to a referral to Children's Services (Safeguarding and Specialist Services) if the child's situation doesn't appear to be improving. Staff and volunteers working within the college be alert to the potential need for early help for children also who are more vulnerable. For example:

- Children with a disability and/or specific additional needs.
- Children with special educational needs.
- Children who are acting as young carers.
- Children who are showing signs of engaging in anti-social or criminal behaviour.
- Children whose family circumstances present challenges, such as substance abuse, adult mental health or learning disability, domestic violence.
- Children who are showing early signs of abuse and/or neglect.

8. Acceptable Internet Usage and E-safety

Phoenix Autism Trust recognises that the internet, and access to it via a range of technologies, is an attractive and increasingly integral feature of children's learning and entertainment. It recognises too that in enabling access to this invaluable resource it has a duty to ensure students are:

- safe from inappropriate content in a range of forms and across technologies;
- safe from bullying and harassment of any kind; and
- safe from crime and anti-social behaviour in and out of college.

Please refer to the Anti-Bullying Policy, as part of the wider safeguarding agenda, which outlines how we will ensure our pupils are prepared to deal with the safety challenges that the use of technology brings.

9. Safeguarding, extremism and radicalisation

Phoenix Autism Trust is aware of the need to safeguard our pupils from extremism, radicalisation and intolerance to diversity including views justifying political, religious, sexist

or racist violence. 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.

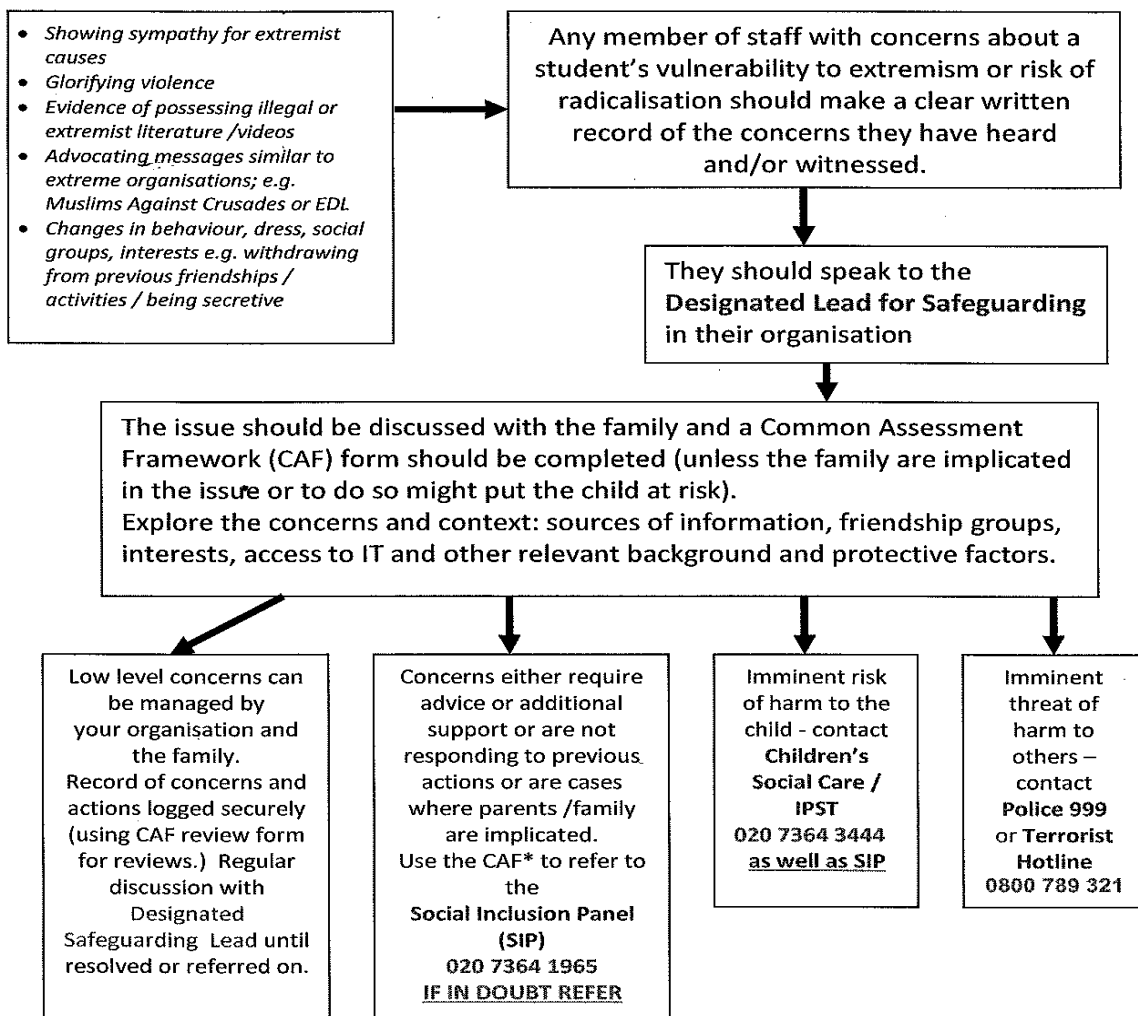
Recognising Extremism – early indicators may include:

- Showing sympathy for extremist causes.
- Glorifying violence.
- Evidence of possessing illegal or extremist literature.
- Advocating messages similar to illegal organisations such as “Muslims against Crusades” or other extremist groups such as English Defence League.
- Out of character changes in dress, behavior and peer relationships (but there are also very powerful narratives, programmes and networks that young people can come across online so involvement with particular groups may not be apparent).
- Secretive behaviour

Reporting suspected extremism and / or radicalisation

Pupils may become susceptible to radicalisation through a range of social, personal and environmental factors. When a member of staff has concerns that a pupil may be at risk of radicalisation they should speak to the Designated Safeguarding Lead, as they would for any other child protection procedure who will contact the family and relevant agencies to express concerns and offer support. If concerns persist the case will be referred by the DSL to the Social Inclusion Panel (SIP) using a CAF form and following the referral route below. If in doubt REFER!

Referral route for safeguarding concerns related to Radicalisation or Extremism



**Although involving the family is best practice, you may share information (using a CAF) with other agencies (e.g. SIP) without consent and, if necessary, without the family's participation under the Crime and Disorder legislation which allows for information sharing to prevent crime.*

If in doubt SHARE and REFER to SIP.

The Social Inclusion Panel (SIP) will advise on next steps and provide interventions.

PREVENT interventions are voluntary so the family will be consulted and involved prior to further action.

Staff Training

All current staff will attend training on recognising and responding to the risk of radicalisation and extremism and the role of professionals. This will be delivered by the Prevent Project manager. New staff will receive training as part of their induction. Training will be revisited regularly.

How the college addresses the issue of radicalisation through the curriculum and other activities:

- PSHEC, RE and Humanities curriculum including British values
- Appropriate discussion in a supportive environment
- E-safety and being safe online
- Rewarding positive behaviour
- Positive engagement with the community
- Access to youth clubs and holiday play schemes
- Positive in and out of college programmes
- Maintaining good relationships with parents

10. Private Fostering

Children who are being privately fostered are potentially at greater risk of abuse. A child is being fostered privately if they are under 16 (under 18 if disabled) and in the care of by someone other than a parent or close relative (i.e. not a grandparent, brother, sister, uncle or aunt (whether of the full or half blood or by marriage) or step-parent) with the intention that it should last for 28 days or more. The private foster carer must inform the Local Authority as soon as they know that they are going to foster privately. College need to be aware if a child is being fostered privately and whether the Local Authority is aware.

11. Guidance on how to respond to disclosures of abuse

DO:

- ✦ Treat any allegations extremely seriously and act at all times towards the child as if you believe what they are saying.
- ✦ Tell the child they are right to tell you.
- ✦ Reassure them that they are not to blame.
- ✦ Be honest about your own position, who you have to tell and why.
- ✦ Listen and accept what is being said without displaying shock or disbelief.
- ✦ Tell the child what you are doing and when, and keep them up to date with what is happening.
- ✦ Take further action - you may be the only person in a position to prevent future abuse - tell your nominated person immediately.
- ✦ Write down everything said and what was done.

DON'T:

- ✦ Make promises you can't keep.
- ✦ Interrogate the child - it is not your job to carry out an investigation. This will be up to the police and social services, who have experience in this.
- ✦ Cast doubt on what the child has told you, don't interrupt or change the subject.
- ✦ Say anything that makes the child feel responsible for the abuse.
- ✦ Do nothing - make sure you tell your nominated Designated Safeguarding Lead immediately - they will know how to follow this up and where to go for further advice.

12. Reporting Procedures

a) ACT QUICKLY to obtain as much information as is reasonable and report all suspicions immediately to the DSL Robert Bates, or in his absence to one of the Deputy DSLs: Matt Snow or Rick Nunn.

b) DISCUSS URGENTLY with Robert Bates (DSL) or any member of the safeguarding team. The

Designated Safeguarding Lead (or a Deputy) will contact, where appropriate, the MASH (Multi-Agency Safeguarding Hub) to talk about the concerns and follow the procedures laid down in the Tower Hamlets Policy.

c) RECORD CAREFULLY the circumstances and action taken on My Concern (online child protection recording system). Include the date, time, place, nature of concern, all the facts e.g. observed injuries and bruises, the actual words of the pupil rather than translating into 'proper' words.

Do NOT take photos of injuries and do NOT upload them to My Concern. If another agency asks us to take a photo/video, you must check that there is permission from parents.

REMEMBER that communication and speed are vital.

d) ALWAYS SHARE YOUR SLIGHTEST CONCERN.

Confidential records are held online by Stewart Harris, Executive Head.

13. Whistle Blowing Procedure

All staff, volunteers and governors must be vigilant and share concerns and report incidents. Whistle blowing is the mechanism by which staff can voice their concerns, made in good faith, without fear of repercussion. The following "Red Flag Behaviours" give indications of the kinds of situations which should be shared with a senior member of staff.

An adult who:

- Allows a pupil/young person to be treated badly and/or pretends not to know it is happening
- Gossips/shares information inappropriately
- Demonstrates inappropriate discriminatory behaviour and/or uses inappropriate language
- Dresses in a way which is inappropriate for the job role

- Does not treat pupils fairly - demonstrates favouritism
- Demonstrates a lack of understanding about personal and professional boundaries
- Uses his/her position of trust to intimidate, threaten, coerce or undermine
- Appears to have an inappropriate social relationship with a pupil or pupils
- Appears to have special or different relationships with a pupil or pupils
- Seems to seek out unnecessary opportunities to be alone with a pupil

Staff can refer, in confidence, to the DSL any issues of Child protection that they are concerned about. Other issues they can refer, in confidence, to any member of the Senior Management Team. If they do not feel that there is a satisfactory resolution to their concern they can refer to the Designated Safeguarding Lead (Robert Bates). If the member of staff is still not satisfied, then they can refer directly to Derek Stride (Chair of Trustees). Staff can also use the NSPCC whistleblowing helpline – 0800 028 0285.

Any concerns about Robert Bates, Principal of College should be referred to Derek Stride, Chair of Trustees, who will liaise with the Chair of Governors.

There is support in place for staff, contractors and volunteers who may be subject to allegations. This is through management or Union involvement.

14. Safe Environment

See Health and Safety Policy. Phoenix Autism Trust ensures that a safe environment is provided for all.

15. Insurance

Phoenix Autism Trust ensures that adequate insurance is in place for all activities.

16. Mobile phones and cameras

Staff members are allowed to bring their personal phones to college for their own use, but will limit such use to non-contact time when pupils are not present. Staff members' personal phones will remain in their bags or cupboards during contact time with pupils.

Staff will not take pictures or recordings of pupils on their personal phones or cameras.

We will not take photos of injuries and store them on our online safeguarding system.

We will follow the General Data Protection Regulation and Data Protection Act 2018 when taking and storing photos and recordings for use in the college.

17. Contact Details

The named Designated Safeguarding Lead (DSL) is: Robert Bates 020 8629 8700

Name of Group: Phoenix Autism Trust 0208 980 4740

Deputies in case of absence of above person:

Matt Snow or Rick Nunn 020 8629 8700

Name and contact telephone number of designated persons responsible for implementing policy for the group: Robert Bates 020 8629 8700

Social Services (Office Emergency Number - MASH 0207 364 3444).

Children with Disabilities Team Duty Line 0207 364 2724

Address – 5 Clove Crescent, Mulberry Place, London E14

Secure MASH email: MASH@towerhamlets.GCSX.gov.uk

Police Station

Address: Limehouse Police Station, 27-29 West India Dock Road, Limehouse, London, E14 8EZ

Telephone no. 020 7515 1212

NSPCC Child Protection Helpline 0808 800 5000

NSPCC whistleblowing helpline – 0800 028 0285

18. Useful Documents

For further information, please refer to:

Department for Education (DFE)/Ofsted, Safeguarding Children guidance documents including:

1. 'Keeping children safe in education – September 2019'

<http://www.ofsted.gov.uk/schools/for-schools/safeguarding-children>

2. Working Together to Safeguard Children 2018 (HM Govt, 2018)

<http://www.workingtogetheronline.co.uk/chapters/contents.html>

3. Section 175 Education Act 2002

<http://www.legislation.gov.uk/ukpga/2002/32/section/175>

4. Tower Hamlets Safeguarding Children Board (TH SCB) website

www.lscb-towerhamlets.co.uk

5. Tower Hamlets Early Help Assessment (EHA) Guidance

<http://www.childrenandfamielistrust.co.uk/family-wellbeing-model/caf>

6. Tower Hamlets Safeguarding Children Guidance and Procedures (including Child Protection Procedures; Prevent: Radicalisation & Extremism Guidance; and Managing Allegations against Adults Procedures)

<http://www.childrenandfamielistrust.co.uk/the-lscb/protocols-and-procedures/>

7. Tower Hamlets Guidance: What to do if you're worried a child is being abused

<http://www.childrenandfamielistrust.co.uk/report-concerns/>

8. London Child Protection Procedures March 2018 (Part A)

www.londoncp.co.uk

9. e-safety – Tower Hamlets Safeguarding Children Board (TH SCB) webpages

<http://www.childrenandfamiliestrust.co.uk/the-lscb/e-safety/>

10. Department for Education – e-safety guidelines

<http://www.education.gov.uk/childrenandyoungpeople/safeguardingchildren/b00222029/child-internet-safety>

Safer Recruitment and Selection

1. Keeping Children Safe in Education Guidance – September 2019

<https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>

2. Disqualification under the Childcare Act 2006 (DfE, July 2018)

<https://www.gov.uk/government/publications/disqualification-under-the-childcare-act-2006>

3. Safeguarding: disclosure and barring

<http://www.education.gov.uk/childrenandyoungpeople/safeguardingchildren/a00209802/disclosure-barring>

4. Tower Hamlets SCB LADO Procedures and Flowchart re Allegations made against staff working in the children’s workforce - Information about reporting and managing allegations - see Tower Hamlets SCB Website:

<http://www.childrenandfamiliestrust.co.uk/the-lscb/>

5. Tower Hamlets SCB Supplementary Guidance for Schools and Education Settings on Child Protection Procedures –

September 2018 – see Tower Hamlets SCB Website:

<http://www.childrenandfamiliestrust.co.uk/the-lscb/>

6. London Child Protection Procedures March 2018 (Part B): Safer Recruitment
http://www.londoncp.co.uk/chapters/safer_recruit.html

Appendix 1: guidance regarding potential signs of abuse from London SCB procedures

Recognising Physical Abuse

The following are often regarded as indicators of concern:

- An explanation which is inconsistent with an injury
- Several different explanations provided for an injury
- Unexplained delay in seeking treatment
- The parents / carers are uninterested or undisturbed by an accident or an injury
- Parents are absent without good reason when their child is presented for treatment
- Repeated presentation of minor injuries (which may represent a 'cry for help' and if ignored could lead to a more serious injury).
- Family use of different doctors and A&E departments
- Reluctance to give information or mention previous injuries

Bruising

Children can have accidental bruising, but the following must be considered as non-accidental unless there is evidence or an adequate explanation provided:

- Any bruising to a pre-crawling or pre-walking baby
- Bruising in or around the mouth, particularly in small babies which may indicate force feeding
- 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
- 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
- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting
- Bruising around the face
- Grasp marks on small children
- Bruising on the arms, buttocks and thighs may be an indicator of sexual abuse

Bite Marks

Bite marks can leave clear impressions of the teeth. Human bite marks are oval or crescent shape. Those over 3 cm in diameter are more likely to have been caused by an adult or an older child.

A medical opinion 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, and will always require experienced medical opinion. Any burn with a clear outline may be suspicious e.g:

- Circular burns from cigarettes (but may be friction burns if along the bony protuberance of the spine)
- 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 (a child getting into hot water of its own accord will struggle to get out and cause splash marks)
- Old scars indicating previous burns / scalds which did not have appropriate treatment or adequate explanation

Scalds to the buttocks of a small child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

Fractures

Fractures may cause pain, swelling and discoloration over a bone or a joint.

Non-mobile children rarely sustain fractures.

There are grounds for concern if:

- The history provided is vague, non-existent or inconsistent with the fracture type
- 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
- There is an unexplained fracture in the first year of life

Scars

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

Behavioural Indications

Some children may behave in ways that alert you to the possibility of physical injury, for example

- Withdrawal from physical contact
- Fear of returning home
- Self destructive tendencies
- Aggression towards others

Recognising Emotional Abuse

Emotional abuse may be difficult to recognise, as the signs are usually behavioural rather than physical. The manifestations of emotional abuse might also indicate the presence of other kinds of abuse.

The indicators of emotional abuse are often also associated with other forms of abuse.

The following may be indicators of emotional abuse:

- Developmental delay
- Abnormal attachment between a child and parent / carer e.g. anxious, indiscriminate or no attachment
- Aggressive behaviour towards others
- Scape-goat 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 responses to painful situations
- Neurotic behaviours
- Self harming
- Running away

Recognising Neglect

Evidence of neglect is built up over a period of time and can cover different aspects of parenting. Indicators include:

- Failure by parents or carers to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene and medical care
- A child seen to be listless, apathetic and unresponsive with no apparent medical cause
- Failure of child to grow within normal expected pattern, with accompanying weight loss
- Child thrives away from home environment
- Child frequently absent from or late for college
- Child left with adults who are intoxicated or violent
- Child abandoned or left alone for excessive periods
- Compulsive stealing or scavenging

Recognising Sexual Abuse

Boys and girls of all ages may be sexually abused and are frequently scared to say anything due to guilt and / or fear. This is particularly difficult for a child to talk about and full account should be taken of the cultural sensitivities of any individual child / family.

Recognition can be difficult, unless the child discloses and is believed. There may be no physical signs and indications are likely to be emotional / behavioural.

Some behavioural indicators associated with this form of abuse are:

- Inappropriate sexualised conduct
- Sexually explicit behaviour, play or conversation, inappropriate for the child's age
- Continual and inappropriate or excessive masturbation
- Self-harm (including eating disorder, self-mutilation and suicide attempts)
- Involvement in prostitution or indiscriminate choice of sexual partners
- An anxious unwillingness to remove clothes for e.g. sports events (but this may be related to cultural norms or physical difficulties)
- Concerning changes in behaviour or general presentation
- Regressive behaviour
- Distrust of a particular adult
- Unexplained gifts of money
- Sleep disturbances or nightmares
- Phobias or panic attacks

Some physical indicators associated with this form of abuse are:

- Pain or itching of genital area
- Blood on underclothes
- Pregnancy in a younger girl where the identity of the father is disclosed
- Physical symptoms such as injuries to the genital or anal areas, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen in vagina, anus, external genitalia or clothing
- Wetting or soiling