**Recognising indicators of abuse and neglect**

All staff should **read and understand** **Part 1 and Annexe A** of Keeping Children Safe in Education September 2018.

2018

The guidance defines four types of abuse and neglect:

* Physical
* Emotional
* Sexual
* Neglect

The DFE provide the following guidance:

**All school and college staff should be aware 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.**

**Abuse**: a form 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 others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults or by another child or children.

**Physical Abuse**: form of abuse which 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.

**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 from 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**: 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. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

**Neglect**: 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, for example, 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

**It is important to remember that staff and volunteers should discuss any concern about a child’s welfare without delay with the school or setting’s Designated Safeguarding Lead or Deputy or senior member of staff without feeling they need to determine the type of abuse.**



The DFE guidance ‘What to do if you’re worried a child is being abused’ reminds us of the need to be alert to the signs of abuse and neglect and to consider the behaviour of children and parents/carers. It is important that **all staff and volunteers read this guidance in full** and remain focused on the child. Staff and volunteers should receive training to help them become more aware of physical and behavioural indicators or changes in children that might be due to abuse or neglect. It is important to remember that children may be unable or afraid to disclose their concerns.

**The NSPCC also provide extensive on-line resources to support staff to recognise abuse and neglect:**

[**https://www.nspcc.org.uk/preventing-abuse/**](https://www.nspcc.org.uk/preventing-abuse/)

**The following are examples of indicators of harm. Importantly you should also consider the specific indicators associated with specific forms of abuse e.g. female genital mutilation or child sexual exploitation. The child may:**

* be regularly missing from school
* drug taking or alcohol abuse
* experience peer-to-peer abuse including initiation/hazing type violence and rituals
* have poor attendance including unexplained absences or punctuality or is often collected late from school
* lack concentration at school, fall behind with their work or fail to reach developmental milestones
* ask you if you will keep a secret before offering to tell you something
* talk about a friend who has a problem
* have unexplained or untreated injuries
* have repeated injuries
* talk of being in pain or discomfort
* be unwilling to change in front of other children
* be unwilling to discuss injuries, marks or bruises
* always cover their arms and legs even in hot weather
* be fearful of medical help or parents being contacted
* be afraid of parents or carers and unwilling to go home
* be fearful of particular adults
* have sudden behavioural changes including becoming aggressive, irritable, lethargic or withdrawn
* have low self-esteem, self-harm or feel suicidal
* display extreme anger or sadness or depression, display aggression or attention seeking behaviour
* flinch when approached
* be clingy
* continually run away or talk about running way
* be left in unsupervised or in unsafe situations or be involved in risk taking behaviour
* have sudden changes in weight (loss or gain) or eating disorders
* scavenge or scrounge food
* be constantly hungry or tired
* have poor social relationships or be socially isolated
* display sudden speech disorders
* be frequently unclean, inappropriately or inadequately dressed
* experience being constantly ‘put down’, insulted, sworn at or humiliated
* display sexualised behaviour seemingly inappropriate for their age including sexualised behaviour towards others
* present artwork, play or write displaying sexual themes
* take on a parental role within the home
* be concerned for younger siblings without explaining why
* have unexplained amounts of money
* talk about terrifying dreams
* soil or wet themselves or regress to other childhood behaviours including thumb sucking
* have difficulty sleeping or start wetting the bed
* begin or revisit ‘rocking’ behaviour
* have urinary infections
* have soreness or bleeding in genital or anal areas or in the throat
* misuse drugs or alcohol

Staff and volunteers need to be familiar with the different signs of abuse and harm that might indicate specific forms of abuse associated with, as examples:

* child sexual exploitation
* criminal exploitation
* domestic abuse
* female genital mutilation
* forced marriage
* fabricated or induced illnesses
* faith abuse
* gender based violence
* gang activity
* sexting
* trafficking

**How to respond if a child discloses to you**

**Receive**

* Remain calm, providing a safe place for the child to disclose (away from other children)
* Listen to the child without interrupting them
* Show concern by taking the child seriously, but avoid becoming upset
* Do **not** show shock or embarrassment, or express anger towards the abuser

**Reassure**

* Tell them they are not to blame for what has happened
* Acknowledge that they have done right thing by telling you and this must have taken

courage

* Consider saying to them:

 “I’m glad you told me”

 “I am sorry this has happened to you”

 “You are not to blame for what has happened. This is not your fault”

 “You have been brave telling me this”

 “I will help ensure you receive help”

**React**

* Do ask open questions like "*Is there anything else that you want to tell me?*’

*‘Do you want to tell me what happened?’*

* Let them know that you will need to tell the Designated Safeguarding Lead
* Do **not** promise confidentiality (to keep a secret)
* Do **not** ask leading questions or prompt them
* Do **not** probe for further information
* Do **not** express disbelief
* Do **not** investigate or question the child, except to clarify what you have heard
* Do **not** ask the child to repeat what they have said to another member of staff
* Do **not** ask the child to write down their concerns. (However, they may ask if they can

write down their concerns)

**Report and Record**

* Share your concerns verbally **without delay** with the Designated Safeguarding Lead

or member of the safeguarding team and consider if the child is in immediate danger or needs emergency medical care. Consider the need to ring 999 or ring Children’s Services directly.

* Write down what the child said using their actual words including any slang terms or

words you may be uncomfortable with

* Write down the time the child disclosed to you and anyone who was present
* Be factual and do **not** make assumptions
* Place your written notes in the hand of the Designated Safeguarding Lead

**Hearing the voice of the child**

A key message from serious case reviews both locally and nationally is that agencies don’t listen sufficiently to the child’s views and wishes when assessing their needs and determining if the support is effective. This can include not interpreting the child’s behaviours and changes in their presentation, particularly when there are barriers to the communication including their age, language acquisition or disability.

The serious case reviews following the tragic deaths of Daniel Pelka, Keanu Williams and Tia Riggs highlight the need to listen to children’s views and wishes and interpret more effectively their behaviours and their interactions with significant adults in their lives.

**Working together to safeguard children (2018): A guide to inter-agency working to safeguard and promote the welfare of children states that children have said that they need:**

* *Vigilance: to have adults notice when things are troubling them*
* *Understanding and action: to understand what is happening; to be heard and*

 *understood; and to have that understanding acted upon*

* *Stability: to be able to develop an on-going stable relationship of trust with those*

 *helping them*

* *Respect: to be treated with the expectation that they are competent rather than not*
* *Information and engagement: to be informed about and involved in procedures,*

*decisions, concerns and plans*

* *Explanation: to be informed of the outcome of assessments and decisions and*

*reasons when their views have not met with a positive response*

* *Support: to be provided with support in their own right as well as a member of their*

*family*

* *Advocacy: to be provided with advocacy to assist them in putting forward their views*
* *Protection: to be protected against all forms of abuse and discrimination and the right*

 *to special protection and help if a refugee*

**Ofsted conclude there are five main messages with regard to the voice of the child. In too many cases:**

* *the child was not seen frequently enough by the professionals involved, or was not*

*asked about their views and feelings*

* *agencies did not listen to adults who tried to speak on behalf of the child and who*

*had important information to contribute*

* *parents and carers prevented professionals from seeing and listening to the child*
* *practitioners focused too much on the needs of the parents, especially on vulnerable parents, and overlooked the implications for the child*
* *agencies did not interpret their findings well enough to protect the child.*

**Keeping Children Safe in Education (DFE, 2018)** is clear that *systems should be in place for children to express their views and give feedback.*

Whilst it is not a school’s role to investigate child abuse. Schools should report their concerns to children’s services and when required police who may require the school and other agencies to work together to contribute effectively to a holistic assessment of the child and family.

**Reminder:** Schools should ring children's services without delay to refer **child protection** concerns when they believe a child is **suffering significant harm or likely to suffer significant harm.** This should be followed up in writing by completion of the MARF (multi-agency referral form). Consent of the parents/carers is not needed to make a child protection referral to children’s services. However, the parent/carer may be informed of the need to make a referral and the referral discussed with them unless it would jeopardise a police or children’s services investigation or place the child or others at risk of harm.

Schools should draw upon the **Local Safeguarding Children Board’s Responding to Need Guidance and Levels of Need Framework when determining if early help or a referral to children’s services in needed.**

Schools should **not** compromise a police or children’s services investigation by asking leading or probing questions where there are child protection concerns.  This is particularly important when a criminal offence may have occurred including physical and sexual abuse.

**Scenarios:**

**A child says to an adult: *'My head is sore. Mummy hit me with a stick on the head and hurt me'****.*

An example of an **inappropriate leading question**:

*‘Does mummy do this when she has been drinking?’*

*‘Did daddy do this to you?’*

*‘Where you in your bedroom when this happened?*

An example of an **inappropriate probing question**:

*‘Why do you think mummy does this?’*

**A child says to an adult: *'Mummy’s friend put his hand inside my knickers and touched my private parts*.’**

An example of an **inappropriate leading question**:

*‘Did he ask you keep a secret?’*

An example of an **inappropriate probing question:**

*‘How often has this happened?’*

In both of the above situations the school needs to ring Children’s Services **without delay to refer child protection concerns.** If there is an injury to the child’s head they may also need to seek emergency medical assistance.

The member of staff should draw upon the child’s own words when making a referral. Occasionally when a school has contacted Children's Services to refer child protection concerns a Social Worker may ask the school to ask a further question of the child to clarify the concerns. However, the school should be clear as to how the question should be asked.

**Reminder:** There are many occasions when a child presents in a way or says something that may require the member of staff to ask an appropriate question to ascertain if there are any safeguarding concerns.

**Examples of safe questions:**

* *You seem upset, is something worrying you?*
* *Your knee looks sore, how did that happen?*
* *Why aren’t you wearing a coat today?*
* *You said your mummy screamed at you, do you want to tell me about it?*
* *Where is your pack lunch box today?*
* *You said daddy caused the bruise on your leg, do you want to tell me what*

 *happened?*

* *You said somebody hurt you, do you want to tell me what happened?*

**It is important to remind ourselves that children don't always disclose abuse or may be unable to because of their age or communication difficulties hence adults working with children should be vigilant to physical or behavioural indictors of harm and changes in the child. We should always ensure we speak to the child in their preferred/first language especially when speaking to them in English may act as a barrier for them.**