

# Green Lane Pre-School Ltd

45-47 Green Lane, New Malden

Surrey KT3 5BU

Tel: 07804 438981

## Safeguarding Policy & Child Protection

The Senior Designated Safeguarding Lead is:

Name: **GIOVANNA HASHAM**

In her absence the Deputy Designated Safeguarding Lead is:

Name: **FOZIA AHAMED**

**SINGLE POINT OF ACCESS TEAM (SPA) – 020 8547 5008**

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**SPA out of hours/weekends telephone: 020 8770 5000**  
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**If you are reporting an allegation against staff this must be reported to the LADO**

**The LADO can be contacted by:**

**Telephone: 020 8891 7370 or 07774 332675**

**Email: [LADO@achievingforchildren.org.uk](mailto:LADO@achievingforchildren.org.uk)**

**Ofsted must be informed about the following:**

- the death of a child
- where a person's suitability to look after children might be affected
- events that might affect the smooth running of the childcare, such as a fire or flooding at the premises
- serious accidents, injuries, or illnesses to a child
- food poisoning or other outbursts affecting 2 or more children

## Introduction

Green Lane Pre-School is committed to providing a safe and secure environment, where children feel safe and are kept safe; all members of staff contribute to the culture of vigilance which is embedded in our setting.

All staff form part of the wider safeguarding system for children. This system is described in the statutory guidance Working together to safeguard children.

Children learn best when they are healthy, safe, and secure, when their individual needs are met and when they have positive relationships with the adults caring for them. This policy sets out how the setting complies with statutory responsibilities relating to safeguarding and promoting the welfare of children who attend the setting.

**Green Lane Pre-School staff are advised to maintain an attitude of ‘it could happen here’** as far as safeguarding is concerned. When concerned about the welfare of a child, staff members should always act in the best interest of the child.

Safeguarding and promoting the welfare of children is defined for the purposes of this guidance as:

- Providing help and support to meet the needs of children as soon as problems emerge
- Protecting children from maltreatment, whether that is within or outside the home, including online
- Preventing impairment of children’s mental and physical health or development
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- Taking action to enable all children to have the best outcomes

## The aims of this policy

**There are three elements to our policy to safeguard children:**

### **Prevention**

Providing an environment in which children feel safe, secure, valued, and respected, feel confident and know how to approach adults if they are in difficulties.

Providing a positive and safe environment, careful and vigilant staff, and accessible support to children with good adult role models.

Where children feel secure, are encouraged to talk, and are actively listened to.

Raising awareness of all staff, of the need to safeguard children and of their responsibilities in identifying and reporting possible cases of abuse.

**Ensuring that all adults within our setting who have access to children have been rigorously checked as to their suitability using safe recruitment procedures.**

### **Protection**

Agreed procedures are followed by all staff, staff are trained and supported to respond appropriately and sensitively to safeguarding concerns.

Concerns are recognised and acted upon.

Through the development of effective working relationships with all other agencies, involved in safeguarding children.

## **Support**

Ensuring that key concepts of Child Protection are integrated within the curriculum and parents and children are educated about risks associated with the new digital technologies. Support to children, who may be at risk where staff respond to their concerns and complete any work that may be required.

Staff are proactive in any child protection plan or on any early help, assessment, and action plan.

## **The Legal framework for this policy**

- Children act (2004/1989)
- Working together to safeguard children 2023
- Statutory Framework for Early Years Foundation Stage 2024
- Safeguarding Vulnerable Groups Act (2006)
- Counter-Terrorism Act and Security Act (2015)
- Multi-Agency Practise Guidelines
- Female Genital Mutilation Act 2003
- The Prevent Duty Guidance 2024
- Data Protection 2018

## **Roles and responsibilities**

### **The role of the provider/registered person**

Our Designated Safeguarding Lead Officer is **GIOVANNA HASHAM** who works together and alongside our Deputy Safeguarding Lead **FOZIA AHMED** to make sure that statutory safeguarding policies and procedures are followed at all time. The DSL will also support and direct staff on safeguarding concerns.

GIOVANNA HASHAM will ensure that people looking after children are suitable to fulfil the requirements of their roles. GIOVANNA HASHAM will ensure there are effective systems in place to ensure that practitioners, and any other person who is likely to have regular contact with children are suitable.

GIOVANNA HASHAM will meet her responsibilities under the Safeguarding Vulnerable Groups Act 2006, including the duty to make a referral to the Disclosure and Barring Service where a member of staff is dismissed (or would have been, had the person not left the setting first) because they harmed a child or put a child at risk of harm.

## The role of the Designated Safeguarding Lead

The **Designated Safeguarding Lead is GIOVANNA HASHAM** who takes the lead responsibility for safeguarding and child protection.

**Deputy safeguarding lead, FOZIA AHMED** has also been appointed to take on the responsibility in the absence of the safeguarding lead.

The Designated Safeguarding Lead provides support, advice, and guidance to any other staff on an ongoing basis, and on any specific safeguarding issue as required. The DSL liaise with the local authority and children's services.

The Designated Safeguarding Lead also co-ordinates the settings representation at Child Protection conferences/core groups or child in need meetings and the submission of written reports for such meetings.

The Designated Safeguarding Lead ensures that if staff members attend a child protection meeting, they have the authority to make decisions and commit resources on behalf of the setting.

The Designated Safeguarding Lead has oversight of the delivery of setting recommendations within Child Protection Plans and will disseminate information to relevant staff members as appropriate.

## The role of the staff

Green Lane Pre-School staff are particularly important as they can identify concerns early, provide help for children, and prevent concerns from escalating. If staff members have any concerns about a child's welfare, they will report the matter to the designated safeguarding lead and record their concerns using the Safeguarding incident/concerns reporting form.

**If a child is in immediate danger or is at risk of harm, the practitioner or safeguarding designated lead must call the policy on 999 immediately.**

Though the responsibility to refer to children's social care lies with the designated safeguarding lead, **anyone can make a referral**. Where referrals are not made by the designated safeguarding lead the designated safeguarding lead will be informed, as soon as possible, that a referral has been made.

If a member of staff has concerns about other staff members, or any other person working with the children they will immediately report their concerns to the DSL this must not delay contact with the Local Authority Designated Officer (LADO).

If the member of staff is unhappy with the response and is still concerned about inappropriate behaviour displayed by other members of staff, they will follow the whistle blowing procedures.

Staff are required to make self-referrals to the DSL in the event that their faculties and suitability to work with children are temporarily compromise due to the use of medications, or any other substances, which might put the children in risk of danger.

## Working with parents and carers

GLPS is committed to working positively, openly and in partnership with parents and carers. GLPS will support parents and carers to understand our legal duty to safeguard and promote the welfare of the children in our setting. This includes our duty to make referrals to Children's Social Care and to assist our colleagues in other agencies with child protection enquiries.

When children join our setting, their parents and carers will be informed of the safeguarding and child protection policy in our setting.

GLPS respects parents' rights to privacy and confidentiality and will not share sensitive information unless we have permission to do so, or it is necessary to do so to safeguard a child from harm.

Any concern will be discussed with the parent/carer unless to do so may place the child at increased risk of harm. A lack of parental engagement or agreement on the concerns the setting has about a child will not prevent the Designated Safeguarding Lead from making a referral to Children's Social Care in circumstances where it is appropriate to do so.

To keep our children safe and provide appropriate care for them, the setting requires parents to provide accurate and up to date information regarding the:

- Full names and contact details of all adults with whom the child normally lives and the child's relationship to the adult with whom s/he lives.
- Full names and contact details of all persons with parental responsibility (if different from above and any details regarding an existing court order).
- Emergency contact details (in addition to above).
- Full details of any other adult authorised by the parent to collect the child from the setting (if different from the above).

**GLPS expects parents to contact them if their child is going to be absent. If the child is absent and the nursery is not contacted staff will first try to contact the parents/carers and then the agreed emergency contacts. If the staff are unable to make any contact, we will follow GLPS unexplained absence policy.**

## Confidentiality and information sharing

All staff will understand that child protection issues warrant a high level of confidentiality, not only out of respect for the child and staff involved but also to ensure that being released into the public domain does not compromise evidence.

Staff should only discuss concerns with the Designated Safeguarding Lead. That person will then decide who else needs to have the information and they will disseminate it on a 'need-to-know' basis.

Child protection information will be stored and handled in line with Data Protection Act 2018 principles, which require that information is:

- Processed for limited purposes
- Adequate, relevant, and not excessive

- Accurate
- Kept no longer than necessary
- Processed in accordance with the data subject's rights
- Secure

Record of concern forms and other written information will be stored in a locked facility and any electronic information will be password protected and only made available to relevant individuals.

Every effort will be made to prevent unauthorised access, and sensitive information will not be stored on laptop computers, which, by the nature of their portability, could be lost or stolen.

The Data Protection Act does not prevent staff from sharing information with relevant agencies, where that information may help to protect a child. Ideally information sharing will be done in writing so that there is an evidence trail however there may be occasions in Child Protection proceedings where this method is too slow.

In cases where agencies ring the setting requesting information, staff will take a message and inform the Designated Safeguarding Lead *immediately*, they will ensure they can identify who is requesting the information before sharing and then record what has been shared, when, why and with whom.

Information about a child will usually only be shared with a third-party agency with the consent of an adult who has parental responsibility, or in their absence, a carer except where a child is at immediate risk.

## Record Keeping

GLPS staff will make timely and accurate recording of safeguarding concerns raised about a child in the setting. The staff will be supported to understand the importance of timely, comprehensive, and accurate recording in line with messages from serious case reviews.

A record of each episode/incident/concern/activity regarding that child, including telephone calls to other professionals, will be recorded on a chronology kept within the confidential file for that child. This will include any contact from other agencies who may wish to discuss concerns relating to a child. Each record will be signed and dated.

Actions will be agreed and roles and responsibility of each agency will be clarified and outcomes recorded. The chronology will be brief and will log activity; the full recording will be on the record of concern.

Written records of concerns will be made even where there is no immediate need to refer to Children's Social Care. If the child moves to another setting or school, the confidential file will be securely sent or taken, as part of the admission/transition arrangements to the Designated Safeguarding Lead at the new setting/school.

## Mobile phone, camera and technological devices

GLPS recognises that staff, students, and volunteers may wish to have their personal mobile phones at work for use in case of emergency. It is acknowledged that staff may also have other technological devices in their possession or within their personal belongings.

However, safeguarding of children within the setting is paramount and it is recognised that personal mobile phones and technological devices with imaging and sharing capabilities have the potential to be used inappropriately. Therefore:

- Personal mobile phones and technological devices including smart watches with imaging and sharing capabilities will be stored in staff lockers or in the staff room.

- Personal mobile phones, personal cameras and personal technological devices including smart watches, Kindles, Tablets, and iPads will not be used on the settings premises when children are present.
- Staff, students, or volunteers who ignore this policy and use a mobile on the setting premises without permission will face disciplinary action.
- Only the camera and technological devices belonging to the setting will be used to take appropriate and relevant images of children. For example, observations, photographs of activities or setting events with parents' permission (see mobile phone, camera and technological devices policy).
- It is not appropriate to take photographs of bruising or injuries on a child for child protection concerns therefore the 'concerns reporting form' will always be used to record factual observations.
- The setting's main telephone number can be used for emergencies by staff or volunteers or by people who need to contact them.
- If at any time there is a suspicion that the material on a mobile phone or technological device may be unsuitable and may constitute evidence relating to a criminal offence, the 'Allegations of Abuse' process will be followed.

### **Intimate care/Nappy change time**

Intimate personal care is discussed with parents to agree on how this is routinely carried out. Any intimate care will be carried out with respect and regard to the child's right to dignity and privacy.

Wherever possible, the child's key person will carry out this care. Staff will always ensure that a child's privacy is protected, whilst ensuring that they are visible to other members of staff and follow the agreed procedures (see nappy change policy).

Only staff who have completed all suitability checks including a DBS check will provide intimate care. Cameras are forbidden in areas where intimate care is carried out.

Intimate care is logged and recorded with the date and time and by whom.

If a member of staff becomes aware of any bruises, marks, soreness, bleeding etc. when providing intimate care, they will pass their concerns to their safeguarding lead and complete a concern reporting form.

### **Inter-agency working**

GIOVANNA HASHAM will ensure that GLPS contributes to inter-agency working in line with statutory guidance 'Working together to safeguard children'.

If there are any concerns about children's safety or welfare, the relevant children's social care services for the child's home address will be notified and, in emergencies, the police.

GLPS will work with social care, the police, health services and other services to promote the welfare of children and protect them from harm. This includes providing a co-ordinated offer of early help when additional needs of children are identified and contributing to inter-agency plans to provide additional support to children subject to child protection plans or child in need plans.

## **Safer recruitment**

The arrangements for recruiting all staff to our setting will follow the requirements set out in the 'Statutory framework for the Early Years Foundation Stage' and guidance from the Disclosure & Barring Service (DBS).

All staff will be subject to stringent safer recruitment best practice including a range of conditions such as satisfactory references and an Enhanced Disclosure and Barring Service (DBS) check.

Volunteers will be subject to an Enhanced DBS Check and they will not work alone with children and they will be always supervised.

Any new member of staff awaiting DBS and/or suitability checks will not be left alone with children or carry out intimate care until checks have been completed

A record will be kept of all vetting checks, which will also include verification of the member of staff's identity, any relevant qualifications and permission to work in the UK.

GLPS ensures that DBS checks are renewed every three years for all staff and will be a condition of service.

This full renewal may be waived where the member of staff subscribes to the DBS update service and the status check is satisfactory and repeated every three years (this will also be recorded).

Further checks will be carried out if the applicant has lived or worked overseas following the guidance from the Home Office.

## **Missing Child**

Providers must inform parents about the procedure the setting will follow in the event of a child going missing within the premises, from the premises or off site during outdoor events.

If the search is unsuccessful, the police will be informed.

Parents will be notified and advised as soon as possible.

Any missing or lost child incident will be considered as a significant incident and the LADO and Ofsted will be informed.

## **Allegation of abuse made against staff (includes volunteers, students etc.)**

Complaints and Allegations are different and are dealt with differently. Parents have the right to make a formal complaint against the action of the setting and/or its employees and such complaints will be dealt with in line with Green Lane Pre-School complaints procedure.

Where it is alleged that a member of staff has:

- Behaved in a way that has harmed a child or may have harmed a child.
- Possibly committed a criminal offence against or related to a child; or
- Behaved towards a child or children in a way that indicates he or she would pose a risk of harm to children.

This is no longer a complaint, but an allegation and the matter will be dealt with in line with the allegations procedure as set out in our policy (see allegation against staff policy).

This means the provider will refer the concern to the Local Authority Designated Person (LADO) who will advise the provider on the course of action and by how and whom it should be investigated by.

The provider will pay regard to the recent revision of notifications to Ofsted.

<https://www.gov.uk/guidance/report-a-serious-childcare-incident>

Green Lane Pre-School takes all allegations made against members of staff seriously. Mechanisms are in place for children, parents/carers, and staff to share any concerns that they might have about the actions of any member of our staff.

Parents will also be advised of their independent right to make a formal complaint to the Police.

Greater detail on the procedures for managing allegations against staff are to be found in our separate policy pertaining to this area as outlined above and the procedures set out in that policy will be followed in these circumstances.

## **Suspension**

Suspension will be considered in any case where there is cause to suspect a child is at risk of significant harm, or the allegation warrants investigation by the police, or is so serious that it might be grounds for dismissal. However, a person will not be suspended automatically, or without careful thought.

The power to suspend is vested in Giovanna Hasham. However, the provider will speak to the LADO who may canvass police/social care views about whether the accused member of staff needs to be suspended from contact with children, to inform the nursery's consideration of suspension.

## **Child on Child abuse**

Staff will recognise that children can abuse other children. GLPS will consider peer on peer abuse seriously.

It must be remembered that children who harm others are likely to have considerable needs themselves and may have witnessed violence in the family or have been exposed to physical or sexual harm.

## **Fabricated or induced illness (FII)**

Fabricated or induced illness (FII) is a rare form of child abuse. It occurs when a parent or carer, usually the child's biological mother, exaggerates or deliberately causes symptoms of illness in the child.

The term FII covers a wide range of cases and behaviours involving parents seeking healthcare for a child. This ranges from extreme neglect (failing to seek medical care) to induced illness.

Behaviours in FII include:

- A parent or other carer who convinces their child they are ill when they are perfectly healthy
- A parent or other carer who exaggerates or lies about their child's symptoms
- A parent or other carer who manipulates test results to suggest the presence of illness – for example, by putting glucose in urine samples to suggest the child has diabetes
- A parent or other carer who deliberately induces symptoms of illness – for example, by poisoning their child with unnecessary medication or other substances

Staff will report any concerns to the safeguarding designated lead.

## **County lines**

County lines is a form of criminal exploitation where gangs and organised crime networks use children and vulnerable adults to transport and sell drugs across different areas, often using dedicated mobile phone lines to manage the operations.

## **On-line safety**

The use of technology has become a significant component of safeguarding children. Technology often provides the platform that facilitates harm. For example, child sexual exploitation, radicalisation, and grooming.

It is essential that children are safeguarded from potentially harmful and inappropriate online material. As such GLPS will ensure appropriate filters and appropriate monitoring systems are in place on any device accessed by the children.

The approach to online safety is to protect and educate the whole nursery community in their use of technology and establish mechanisms to identify, intervene and escalate any incident where appropriate.

We will give parents advice about online safety issues and support them to keep their children safe online. We will teach children rules about using the internet and when gaming to help them to keep themselves safe.

## **Social Media**

When staff are using social networking sites such as Facebook or Instagram, they will maintain confidentiality and always ensure proper practice.

This is to protect the children, parents & families of the setting along with the staff. It is also to guard the nursery reputation and the staff's own personal reputation.

## **Looked after children**

The most common reason for children becoming looked after is because of abuse and/or neglect. GLPS will ensure that staff have the skills, knowledge and understanding necessary to keep looked after children safe.

We will ensure that appropriate staff have the information they need in relation to a child's looked after legal status (whether they are looked after under voluntary arrangements with consent of parents or on an interim or full care order) and contact arrangements with birth parents or those with parental responsibility.

They will also have information about the child's care arrangements and the levels of authority delegated to the carer by the authority looking after him/her. The designated safeguarding lead will have details of the child's social worker and other essential information.

The setting will contribute to the Looked After Plans for children who are looked after including any specific Personal Health Plans or Personal Education Plans for the child and will attend or contribute to Looked After Child Review meetings, as required.

## Children with special educational needs and disabilities

Children with special educational needs (SEN) and disabilities can face additional safeguarding challenges.

The child protection policy reflects the fact that additional barriers can exist when recognising abuse and neglect in this group of children. This can include:

- Assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration
- Children with SEN and disabilities can be disproportionately impacted by things like bullying without outwardly showing any signs; and
- Communication barriers and difficulties in overcoming these barriers.

Awareness of these additional barriers is reflected in the training for staff.

## Female genital mutilation (FGM)

FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs. It is illegal in the UK and a form of child abuse with long-lasting harmful consequences.

It is illegal in the UK to subject any child to FGM. It is also illegal take a child abroad to undergo FGM.

Any member of staff who has an FGM concern should discuss with the designated safeguarding lead who will refer to children's social care as appropriate.

Typical identifiers / triggers are:

- Family comes from a community known to practice FGM
- Family / child may confide that she is going to a 'special ceremony' when on holiday
- Female child is known to have a sister that has already undergone FGM

## Breast ironing

Breast ironing, also known as breast flattening, is a harmful practice and a type of child abuse, where young girls' breasts are compressed or pounded to delay their development.

This is often done using heated objects like stones or spatulas, or by binding the breasts with tight bandages. The practice is typically carried out by female relatives who believe it will protect the girls from harassment, rape, or early marriage.

Signs to be aware:

- Reluctance to undergo medical examination
- Unexplained pain or tenderness in the breast area
- Change in the child's behavior such as withdrawal or aggression

## Extremism and radicalisation – Prevent Duty

Protecting children from the risk of radicalisation it is part of GLPS wider safeguarding duties and is similar in nature to protecting children from other forms of harm and abuse.

Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism. The internet and the use of social media has become a major factor in the radicalisation of young people.

As with other safeguarding risks, staff should be alert to changes in children's behaviour which could indicate that they may need help or protection. Staff should use their judgement in identifying children who might be at risk of radicalisation. We have a duty under section 26 of the Counterterrorism and Security Act 2015, to prevent people from being drawn into terrorism. This duty is known as the Prevent duty.

Even very young children may be vulnerable to radicalisation by others, whether in the family or outside, and display concerning behaviour. This includes the expression of extremist views.

To counter extremism and promote children's welfare we will promote British values as part of our broad and balanced curriculum.

These are the set of four values:

- Democracy: Making decisions together.
- Rule of law: Understanding rules matter.
- Individual Liberty: Freedom for all.
- Mutual respect and tolerance: Treat others as you want to be treated.

We will equip staff to identify children at risk of being drawn into terrorism and to challenge extremist ideas.

If you are concerned about a child or young person at risk from radicalisation or extremism, please follow the normal process for making a referral to Children's Social Care.

## **Witchcraft**

Child abuse linked to faith or belief (CALFB) occurs across the country and can happen in families when there is a concept of belief in:

- Witchcraft and spirit possession, demons or the devil acting through children or leading them astray (traditionally seen in some Christian beliefs)
- The evil eye or djinns (traditionally known in some Islamic faiths) and dakini (in the hindu context)
- Ritual or multi murders where the killing of children is believed to bring supernatural benefits, or use of their body parts is believed to produce potent magical remedies.
- Use of belief in magic or witchcraft to create fear in children to make them more compliant

## **Cuckooing**

It is a type of criminal exploitation in which a drug dealer will take over somebody's home to use as a base for country lines drug trafficking.

Criminals often target vulnerable people.

Victims may often have drug and or mental health issues, single parents and those living in poverty. Coercion, intimidation, violence (including sexual violence) and weapons are often used. Cuckooing will often take place in a multi- occupancy or social housing property.

## **Whistleblowing**

GLPS is committed to developing a culture where it is safe and acceptable for all its staff to raise any concerns about what is happening at Green Lane Pre-School.

There are procedures in place for any member of staff to have their concerns heard and investigated in confidence and without fear of reprisal (please see whistleblowing policy).

This policy was considered and adopted by Green Lane Pre-School in line with their overall duty to safeguard and promote the welfare of children as set out in the Statutory framework for the early years foundation stage (2024)

## Types of abuse and their symptoms

- 1. Physical abuse:** a 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.

<b>Physical abuse indicators</b>	
Physical indicators	Behavioural indicators
<ul style="list-style-type: none"> <li>• Unexplained injuries – bruises / abrasions / lacerations</li> <li>• The account of the accident may be vague or may vary from one telling to another.</li> <li>• Unexplained burns</li> <li>• Regular occurrence of unexplained injuries</li> <li>• Most accidental injuries occur on parts of the body where the skin passes over a bony protrusion.</li> </ul>	<ul style="list-style-type: none"> <li>• Withdrawn or aggressive behavioural extremes</li> <li>• Uncomfortable with physical contact</li> <li>• Seems afraid to go home</li> <li>• Complains of soreness or moves uncomfortably</li> <li>• Wears clothing inappropriate for the weather, in order to cover body.</li> <li>• The interaction between the child and its carer</li> </ul>

- 2. 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 because 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 caregivers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs.

<b>Neglect indicators</b>	
Physical indicators	Behavioural indicators
<ul style="list-style-type: none"> <li>• Unattended medical need</li> <li>• Underweight or obesity</li> <li>• Recurrent infection</li> <li>• Unkempt dirty appearance</li> <li>• Smelly</li> <li>• Inadequate / unwashed clothes</li> <li>• Consistent lack of supervision</li> <li>• Consistent hunger</li> </ul>	<ul style="list-style-type: none"> <li>• Poor social relationships</li> <li>• Indiscriminate friendliness</li> <li>• Poor concentration</li> <li>• Low self-esteem</li> <li>• Regularly displays fatigue or lethargic Frequently falls asleep in class</li> <li>• Frequent unexplained absences</li> </ul>

<ul style="list-style-type: none"> <li>• Inappropriately dressed</li> </ul>	
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**3. 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 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.

Emotional abuse indicators	
Physical indicators	Behavioural indicators
<ul style="list-style-type: none"> <li>• Poor attachment relationship</li> <li>• Unresponsive / neglectful behaviour towards the child’s emotional needs</li> <li>• Persistent negative comments about the child.</li> <li>• Inappropriate or inconsistent expectations</li> <li>• Self-harm</li> </ul>	<ul style="list-style-type: none"> <li>• Low self-esteem</li> <li>• Unhappiness, anxiety</li> <li>• Withdrawn, insecure</li> <li>• Attention seeking</li> <li>• Passive or aggressive behavioural extremes</li> </ul>

**4. 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 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.

Sexual abuse indicators	
Physical indicators	Behavioural indicators
<ul style="list-style-type: none"> <li>• Sign of blood / discharge on the child’s underclothing.</li> <li>• Awkwardness in walking / sitting</li> <li>• Pain or itching – genital area</li> <li>• Bruising, scratching, bites on the inner thighs / external genitalia.</li> <li>• Self-harm</li> <li>• Eating disorders</li> <li>• Enuresis / encopresis</li> <li>• Sudden weight loss or gain</li> </ul>	<ul style="list-style-type: none"> <li>• Sexually proactive behaviour or knowledge that is incompatible with the child’s age &amp; understanding.</li> <li>• Drawings &amp; or written work that is sexually explicit</li> <li>• Self-harm / Suicide attempts</li> <li>• Running away</li> <li>• Substance abuse</li> <li>• Significant devaluing of self</li> <li>• Loss of concentration</li> </ul>

## Responding to a disclosure of abuse

- Listen and be supportive.

- Don't ask leading questions (In cases where criminal proceedings occur, such questioning can cause evidence to become invalid).
- Take the child seriously. Always assume that he/she is telling the truth.
- Do not promise confidentiality – rather explain the process in an age-appropriate way – who do you need to pass the information on to?
- Never stop a child who is freely recalling an event, don't push a child to tell you more than they wish. Be careful about your body language (don't display shock or disbelief)
- Do not ask the child to repeat the incident for another member of staff.
- Speak to the designated person responsible for child protection as soon as possible
- Write an account of the conversation immediately, recording time and date and action taken, and as close to verbatim as possible. If anyone else is present, they should sign it.
- Records should be kept in the Child Protection file which is stored securely.

Review Date: September 2024

Signature: *Giovanna Hasham (Manager)*