

Work Instructions and Expectations for:

SAFEGUARDING AND CHILD PROTECTION (INCLUDING UNCOLLECTED AND MISSING CHILDREN)

Review Cycle *Please specify	1 year cycle	Responsible Department	Applewood nursery
Procedure Owner *Overall responsibility	Head of Faculty – Public Sector Services		
Responsible Person (if different to above) *Responsibility for maintaining document, communicating changes and staff training where appropriate	Manager Head of Faculty – Public Sector Services		
Types of provision this procedure applies to	Applewood Nursery (registered for babies to 5yrs)		
Revision Record			
Rev. No.	June 2024	Annual Review	
0	APPROVED	APPROVED	

E, D & I Statement

This procedure has been reviewed in line with the Equality Act 2010 which recognises the following categories of individual as Protected Characteristics: Age, Gender Reassignment., Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion and Belief, Sex (gender), Sexual Orientation and Disability. We will continue to monitor this procedure to ensure that it allows equal access and does not discriminate against any individual or group of people.

Policy

Applewood Children's Nursery is committed to safeguarding and promoting the welfare of children and young people and expect all staff and volunteers, paid or unpaid to share this commitment. This policy has been written in accordance with the Norfolk Safeguarding Children Board (NSCB), Statutory framework for the Early Years Foundation Stage 2017 requirements, Working Together to Safeguard Children (2023), What to do if you are worried a child is being abused (July 2018) and Information sharing (March 2015).

Definitions

Safeguarding	The action taken to promote the welfare of children and protect them from harm.
Child Protection	The protection of children from violence, exploitation, abuse, and neglect.

Applewood aims of this policy is:

- To ensure every child who attends the setting is safe and protected from harm.
- To ensure all those working in the setting, either paid or unpaid, have a clear understanding of their legal responsibility to safeguard and promote the welfare of all children.
- To ensure parents/carers have a clear understanding of the legal responsibilities relating to safeguarding and promoting the welfare of all children.
- To prevent impairment of children's health or development.
- To enable children to have optimum life chances and enter adulthood successfully.

Applewood Nursery's Ofsted Registration is displayed in the reception area.

We are committed to an inclusive environment that enables children and their families to feel welcomed, safe, and secure. We are committed to ensuring that there are well trained staff, effective management and monitoring systems in place and that practices and policies are reviewed to successfully underpin the care and welfare of children.

Adults in the setting are professional in building strong relationships with parent/carers, maintaining confidentiality in accordance with our setting policy. They are well trained and knowledgeable about safeguarding issues and actively encouraged to think 'child first' when sharing concerns and will follow child protection referral procedures and whistleblowing if required.

All staff and volunteers, paid or unpaid, who work at Applewood Nursery will maintain confidentiality at all times and only share concerns with those that

need to know to protect all children. All records are kept in a locked cabinet and are only accessible to those who need to know to protect the child.

The safeguarding and child protection policy will be reviewed and updated on an annual basis as well as when essential updates from the Safeguarding Children's Board are received. The reviewed policy will be shared with all adults working in the setting who will read and sign to acknowledge the update.

Safeguarding files will be sent recorded delivery/personally handed to/securely emailed to the transfer setting. This will also be recorded that: - it has been sent, who by, the date it has been sent and where it has gone.

UNCOLLECTED CHILD

Policy Statement

If a child is not collected by an authorised adult by their expected collection time, Applewood will put into practice agreed procedures. The child will receive a high standard of care to cause as little distress as possible.

We will inform parents/carers of the procedures so that, if they are unavoidably delayed, they will be reassured that their children will be properly cared for.

MISSING CHILDREN

Policy statement

Children's safety is Applewood's highest priority, both on and off the premises. Every attempt is made, through the implementation of Applewood's outings procedure and our exit/entrance procedure, to ensure the security of children is maintained at all times. In the unlikely event of a child going missing, Applewood's missing child procedure is followed.

This should be read in conjunction with the College of West Anglia's published Safeguarding policy, within which Applewood will operate.

Actions and responsibilities

Role in Setting	Name	Responsibilities	Contact details
Governing Body	The College of West Anglia		01553 761144
	David Pomfret	<i>Principal and Chief Executive</i>	01553 761144
	Paul Harrison	<i>Vice Principal, Corporate Services</i>	01553 815361
	Kerry Heathcote	<i>Vice Principal, Curriculum and Learning</i>	01553 815849
	Paul O'Shea	<i>Assistant Principal, Designated Safeguard Lead DSL</i>	01553 815292
Apple Wood Nominated person	Rachel Boast	<i>Head of Faculty Public Sector Services</i> and Ofsted Nominated person for Applewood Nursery	01553 815892
Applewood Manager Safeguarding Lead Practitioner	Manager Samantha Thompson	<i>Nursery Manager</i> Over-seeing the day to day running of the nursery Safeguarding Lead Practitioner	01553 815348
Applewood Deputy Safeguarding	Chloe Simpson Tanya Johnson Sharon McKeogh	Deputy Safeguarding Lead Practitioners	01553 815348

Training

All Applewood staff paid or unpaid will undertake appropriate safeguarding and child protection training in line with the NSCP guidance and their roles and responsibilities. The setting must have a trained Safeguarding Lead Practitioner (SLP) and a trained SLP deputy – refresher training must be updated every 3 years.

In staff meetings and staff supervisions, we always give everyone the opportunity to discuss any safeguarding concerns.

Applewood strive to maintain a full team of paediatric first aid, and food safety trained staff.

Training needs are discussed during appraisal, appraisal review and supervision meetings.

Safeguarding and child protection training is accessed through courses run by Norfolk County Council or courses organised through the College of West Anglia.

Staff will have opportunities to discuss policies and procedures and make relevant amendments to the policy in staff meetings. Revised policies will be shared with the whole team for comments. Policies will be endorsed by the *College of West Anglia*. The final updated version will be placed in the policy folder and staff members will be asked to read and sign to commit themselves to the updated policy.

Termly supervision meetings take place to ensure the wellbeing of staff and giving them the opportunity to discuss children, practice, training needs and safeguarding.

Staff are trained and reminded over the risks associated with children being vulnerable to radicalisation or being sexually exploited by adults known to them. The College has a clear approach to the Prevent duty to ensure children are kept safe. Similarly, our children are protected and helped to keep themselves safe from bullying, homophobic behaviour, racism, sexism, and any other forms of discrimination. Any such behaviours are challenged and help, and support is given to children to understand about how to treat others with respect.

Parents/carers

At Applewood Nursery we are committed to working in partnership with parents/carers to ensure the best outcome for children's welfare.

Parents/carers will receive safeguarding information in their child's registration pack. Parents/carers are also advised of our responsibility to record and monitor accidents and injuries that occur in nursery and those that have happened at home. When a child starts the setting, we make it clear to parents/carers for them to inform the staff regarding an accident at home and for the parent/carer to complete an existing injury form.

Where necessary leaders, and staff will make clear risk assessments to enable children to take age-appropriate risks as part of their growth and development. Staff respond with clear boundaries about what is safe and acceptable. Positive behaviour is promoted consistently, and we use de-escalation techniques and creative alternative strategies that are specific to the individual needs of the children. Reasonable force is only used in strict accordance with the legislative framework.

Any incident would be reviewed, recorded, and monitored considering the views of the child.

Duty of care and the process to make an allegation against a member of staff are displayed in the foyer, Bumblebees, Ladybirds, Grasshoppers, the staff room and are always available to parents/carers.

Comments/concern forms are available upon request. These comments forms should be sent to a representative of the College of West Anglia (Please see Compliments and Complaints Policy).

As a duty of care to all children Applewood nursery will use safeguarding concern forms to inform the Safeguarding Lead Practitioner (SLP) of their concerns. Once recorded, the SLP will follow the 'What to do if you're worried a child is being abused' procedure. These are displayed in the foyer, Bumblebees, Ladybirds, Grasshoppers, and staff room.

All adults, paid or unpaid, working with children have a duty of care to and must adhere to the staff code of conduct of the College of West Anglia.

Babysitting

We do not operate a babysitting service at Applewood Nursery. We operate during our opening hours. We are not responsible for any arrangements out of these hours. We advise staff not to participate in any babysitting arrangements with families of Applewood Nursery.

What is abuse and neglect?

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger, for example, via the internet. They may be abused by an adult or adults, or another child or children (Working Together to Safeguard Children, 2023).

Physical abuse

Physical abuse is deliberately physically hurting a child. It might take a variety of different forms including hitting, pinching, shaking, throwing, poisoning, burning, or scolding, drowning, or suffocating a child.

Emotional abuse

Emotional abuse is the persistent emotional maltreatment of a child. It is also sometimes called psychological abuse and it can have severe and persistent adverse effects on a child's emotional development.

Sexual abuse

Sexual abuse 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 clothing. It may include non-contact activities, such as involving children in the production of sexual images, forcing children to look at sexual images or watch 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 commit acts of sexual abuse, as can other children.

Neglect

Neglect is a pattern of failing to provide for a child's basic needs, whether it be adequate food, clothing, hygiene, supervision, or shelter. It is likely to result in the serious impairment of a child's health or development.

At Applewood Nursery we recognise that safeguarding also includes and is related to broader aspects of care and education, including:

- Children's health, safety, and well-being
- Use of reasonable force
- Meeting the needs of children with specific medical conditions
- Providing first aid
- Educational visits
- Intimate care and emotional wellbeing
- Online safety
- Local arrangements for children's security

For further guidance on indicators of abuse please see appendix 1

Mobile phones and cameras

Personal mobile phones, tablets, cameras or any other imagery equipment are not permitted in the children's areas of the nursery. Everyone is asked to keep their personal devices out of sight. All staff members and volunteers will store all devices such as mobile phones and tablets in the staff lockers provided. All parents/carers and visitors to the nursery are asked to store their mobile phones when they are on nursery premises.

Applewood is keen to embrace technology. We have a clear expectation with regards to the safe use of cameras/tablets and staff oversee the safe use of technology in the setting.

Information sharing

Information sharing is vital to safeguarding and promoting the welfare of children. The decision about how much information to share, with whom and when, can have a profound impact on individuals' lives. It could ensure the individual receives the right services at the right time and prevent a need from becoming more acute and difficult to meet. Practitioners should use their judgment when making decisions on what information to share and when. The most important consideration is whether sharing information is likely to safeguard and protect a child

The principles of information sharing

- **Necessary and proportionate** – the General Data Protection Regulation 2018 requires you to consider the impact of disclosing information on the information subject and any third parties. Any information shared must be necessary and proportionate to the need and level of risk.
- **Relevant** – only information that is relevant to the purpose should be shared with those who need it. This allows others to do their job effectively and make sound decisions. Need to know basis.
- **Adequate** – information should be adequate for the purpose. Information should be of the right quality to ensure that it can be understood and relied upon.
- **Accurate** – information should be accurate and up to date and should clearly distinguish between fact and opinion. If the information is historical then this should be explained.
- **Timely** – information should be shared in a timely fashion to reduce the risk of harm. Timeliness is key in emergency situations, and it may not be appropriate to seek consent for information sharing if it could cause delays and therefore harm to a child. Practitioners should ensure that sufficient information is shared, as well as consider the urgency with which to share it.

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- **Secure** – wherever possible, information should be shared in an appropriate way. Practitioners must always follow the policy on security for handling personal information.
 - **Record** – information sharing decisions should be recorded whether the decision is taken to share. If the decision is to share, reasons should be cited including what information has been shared and with whom, in line with the nursery procedures. If the decision is not to share record the reason for the decision and discuss with the requester. In information should not be kept any longer than necessary.

Allegations against adults in the setting

- Applewood is committed to ensuring all adults involved in the setting are committed to safeguarding children.
- All adults working in the setting understand they have a duty to report any concerns they may have about the suitability of others to work with children or any other misconduct by following the CWA Safeguarding Policy and/or Whistle-blowing Policy.
- Children rarely make false allegations of abuse. For staff against whom allegations are made the experience can be difficult. They will need support while the enquiries are made into the allegations. Staff working with children must follow the College of West Anglia 'Safe Working Practices,' which make it less likely that false allegations can be made.
- Should a parent/carer have a concern about an adult working in the setting or witness other adults in the setting displaying inappropriate behaviour (e.g. inappropriate sexual comments; excessive one-to-one attention beyond the usual requirements of their role; the inappropriate sharing of images), they should report it to the Safeguarding Lead Practitioner. If the concern is regarding the SLP then the concern must be raised with the Head of Faculty (line manager to SLP) or the CWA designated safeguarding lead or deputy, who will assess the concern and involve the LADO, where relevant.
- Allegation made against an adult working with children should be made to LADO (Local Authority Designated Officer)
- For any allegations of serious harm or abuse against a person working at the setting, whether the allegations relate to harm or abuse and are committed on the premises or elsewhere, the registered provider must inform Ofsted and also notify Ofsted of the action taken in respect of the allegation as soon as reasonably possible, but at the latest within 14 days of the allegation being made.
- In the event of a person working in the setting becoming disqualified, to ensure the safety of the children, the person will no longer be able to continue working in the setting.
- The information must be passed to Ofsted as soon as possible, but at the latest within 14 days of the provider becoming aware of the information.

UNCOLLECTED CHILD

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- Parents/carers are asked to provide the following specific information when their child starts attending Applewood Nursery which is recorded on the Registration Form:
 - Home address and telephone number - if the parent/carer does not have a telephone, an alternative number must be given, a neighbour or close relative.
 - Place of work and telephone number (if applicable).
 - Mobile telephone number (if applicable).
 - Names, telephone numbers and signatures of adults who are authorised by the parents/carers to collect their child from the setting.
 - Name(s) of person(s) with parental responsibility for the child.
 - Information about any person who does not have legal access to the child.
 - On occasions when parents/carers are aware that they will not be at home or in their usual place of work, they inform Applewood in writing of how they can be contacted.
 - On occasions when parents/carers, or the persons normally authorised to collect the child, are not able to collect the child, they provide Applewood with written details of the name and telephone number of the person who will be collecting their child. Applewood will agree with parents/carers how to verify the identity of the person who is to collect their child (usually by a password)
 - Parents/carers are informed that if they are not able to collect the child as planned, they must inform Applewood so that we can begin to take back-up measures. Applewood contact telephone number is 01553 815348.
 - If a child is not collected at their expected collection time, Applewood will follow the procedures below:
 - The child's file is checked for any information about changes to the normal collection routines.
 - If no information is available, parents/carers are contacted at home or at work.
 - If this is unsuccessful, the adults who are authorised by the parents/carers to collect their child - and whose telephone numbers are recorded on the Registration Form - are contacted.
 - All reasonable attempts are made to contact the parents or nominated carers.
 - The child does not leave the premises with anyone other than those named on the Registration Form or in their file or permission is given over the phone from a person with parental responsibility. That person would need a password and ID.
 - If no-one collects the child within one hour of their expected collection time and there is no-one who can be contacted to collect the child, Applewood will apply the following procedures for uncollected children.
 - Contact the local authority children's social care team:
CADS (Children's Advice and Duty Line) 0344 800 8021
 - Ofsted nominated person to be informed

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- The child stays at the setting in the care of two of Applewood's staff members, one of whom will be our manager/ deputy manager or room leader who is in charge on that day, until the child is safely collected either by the parents or by a social care worker.
 - Social care will aim to find the parent/carer or relative. If they are unable to do so, the child will become looked after by the local authority.
 - Under no circumstances will Applewood staff go to look for the parent/carer, nor leave the setting premises with the child.
 - Applewood will ensure that the child is not anxious, and staff do not discuss their concerns in front of them.
 - A full written report of the incident is recorded in the child's file.
- Depending on circumstances, Applewood reserve the right to charge parents for the additional hours worked.

MISSING CHILDREN

Child going missing on the premises

- As soon as it is noticed that a child is missing, the staff will alert the setting manager or in their absence, the Room Lead/SLP.
- The register is checked to make sure no other child has also gone astray.
- Person in charge will carry out a thorough search of the building and garden.
- Doors and gates are checked to see if there has been a breach of security whereby a child could wander out.
- If the child is not found, the manager, or deputy in her absence calls the police immediately and reports the child as missing. If it is suspected that the child may have been abducted, the police are informed of this.
- The DSL for CWA and CWA SMT are informed.
- The parent(s) are then called and informed.
- A recent photo and a note of what the child is wearing is given to the police.
- The Manager (or deputy in their absence) talks to our staff to find out when and where the child was last seen and records this.
- The manager contacts (Ofsted nominated person) and reports the incident. They will come to the Applewood immediately to carry out an investigation.
- Ofsted contacted immediately.

Child going missing on an outing

This describes what to do when Applewood staff have taken a small group on an outing, leaving the manager and/or other staff back in our setting premises. If the

manager has accompanied children on the outing, the procedures are adjusted accordingly.

- As soon as it is noticed that a child is missing, the staff members on the outing ask children to stand with their designated carer and carry out a headcount to ensure that no other child has gone astray.
- One staff member searches the immediate vicinity but does not search beyond that.
- Our senior staff member on the outing contacts the police and reports that child as missing.
- Our manager (or deputy in her absence) is contacted immediately (if not on the outing) and the incident is recorded.
- Our manager contacts the parent(s).
- Our staff take the remaining children back to the setting as soon as possible.
- According to the advice of the police, a senior member of staff, or our manager where applicable, should remain at the site where the child went missing and wait for the police to arrive.
- A recent photo and a description of what the child is wearing is given to the police.
- The manager contacts Ofsted nominated person and reports the incident.
- CWA SMT and designated safeguarding lead are informed.
- Applewood staff will keep calm and do not let the other children become anxious or worried.

The Investigation

- Ofsted are informed as soon as possible and kept up to date with the investigation.
- Ofsted Nominee will carry out a full investigation, taking written statements from all our staff and volunteers who were present.
- The manager will speak with the parent/carers and explain the process of the investigation.
- The parent/carers may also raise a complaint with us or Ofsted.
- Each member of staff present writes an incident report detailing:
 - The date and time of the incident.
 - Where the child went missing from e.g. the setting or an outing venue.
 - Which staff/children were in the premises/on the outing and the name of the staff member who was designated as responsible for the missing child
 - When the child was last seen in the premises/or on the outing, including the time it is estimated that the child went missing.
 - What has taken place in the premises or on the outing since the child went missing.

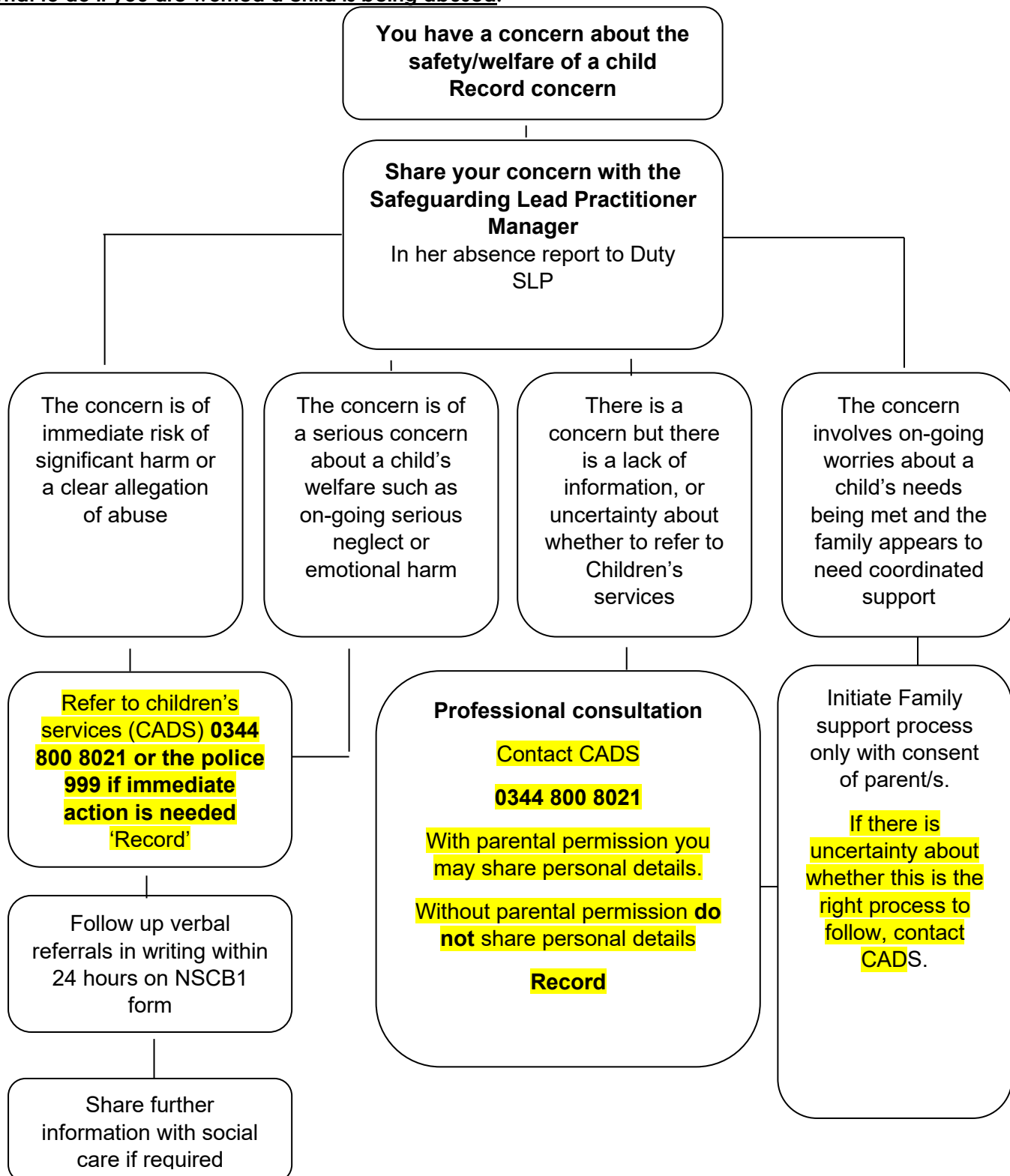
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- The report is counter-signed by the senior member of staff and the date and time added.
 - A conclusion is drawn as to how the breach of security happened.
 - If the incident warrants a police investigation, all our staff co-operate fully. In this case, the police will handle all aspects of the investigation, including interviewing staff and parents. Children's social care may be involved if it seems likely that there is a child protection issue to address.
 - In the event of disciplinary action needing to be taken, Ofsted are advised.
 - The insurance provider is informed.

Managing people

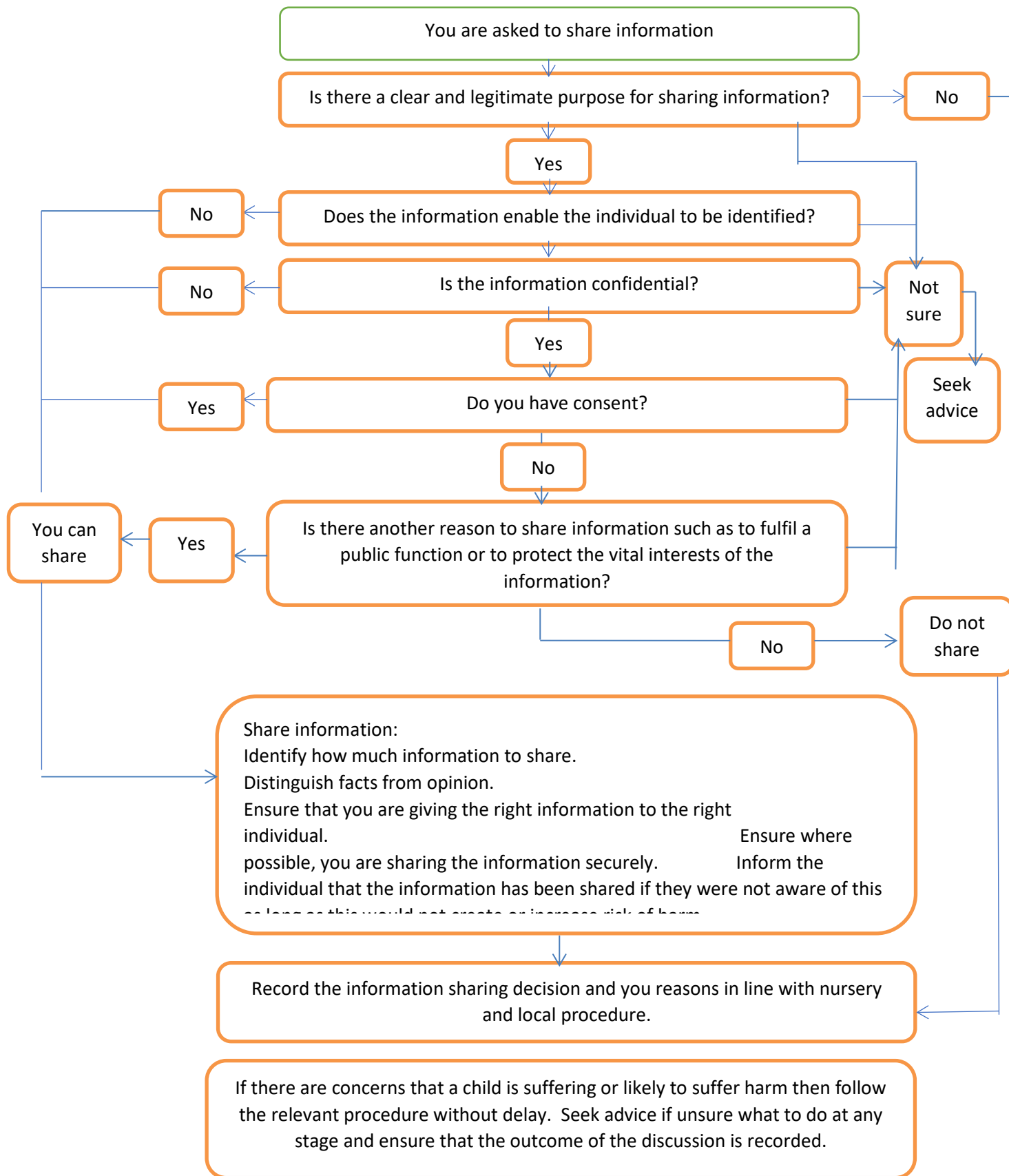
- Missing child incidents are very worrying for all concerned. Part of managing the incident is to try to keep everyone as calm as possible.
- Our staff will feel worried about the child, especially the key person or the designated carer responsible for the safety of that child for the outing. They may blame themselves and their feelings of anxiety and distress will rise as the length of time the child is missing increases.
- They may be the understandable target of parental anger and they may be afraid. Our manager ensures that any staff under investigation are not only fairly treated but receive support while feeling vulnerable.
- The parents will feel angry, and fraught. They may want to blame our staff and may single out one staff member over others; they may direct their anger at our manager. When dealing with a distraught and angry parent, there should always be two members of staff one of whom is our manager and the other should be our [chair or another representative of the management committee, director, or owner]. No matter how understandable the parent's anger may be, aggression or threats against our staff are not tolerated, and the police should be called.
- The other children are also sensitive to what is going on around them. They too may be worried. Our remaining staff caring for them need to be focused on their needs and must not discuss the incident in front of them. They should answer children's questions honestly, but also reassure them.
- In accordance with the severity of the outcome, our staff may need counselling and support. If a child is not found, or is injured, or worse, this will be an exceedingly challenging time. The senior management team will use their discretion to decide what action to take.

Further Information and Guidance

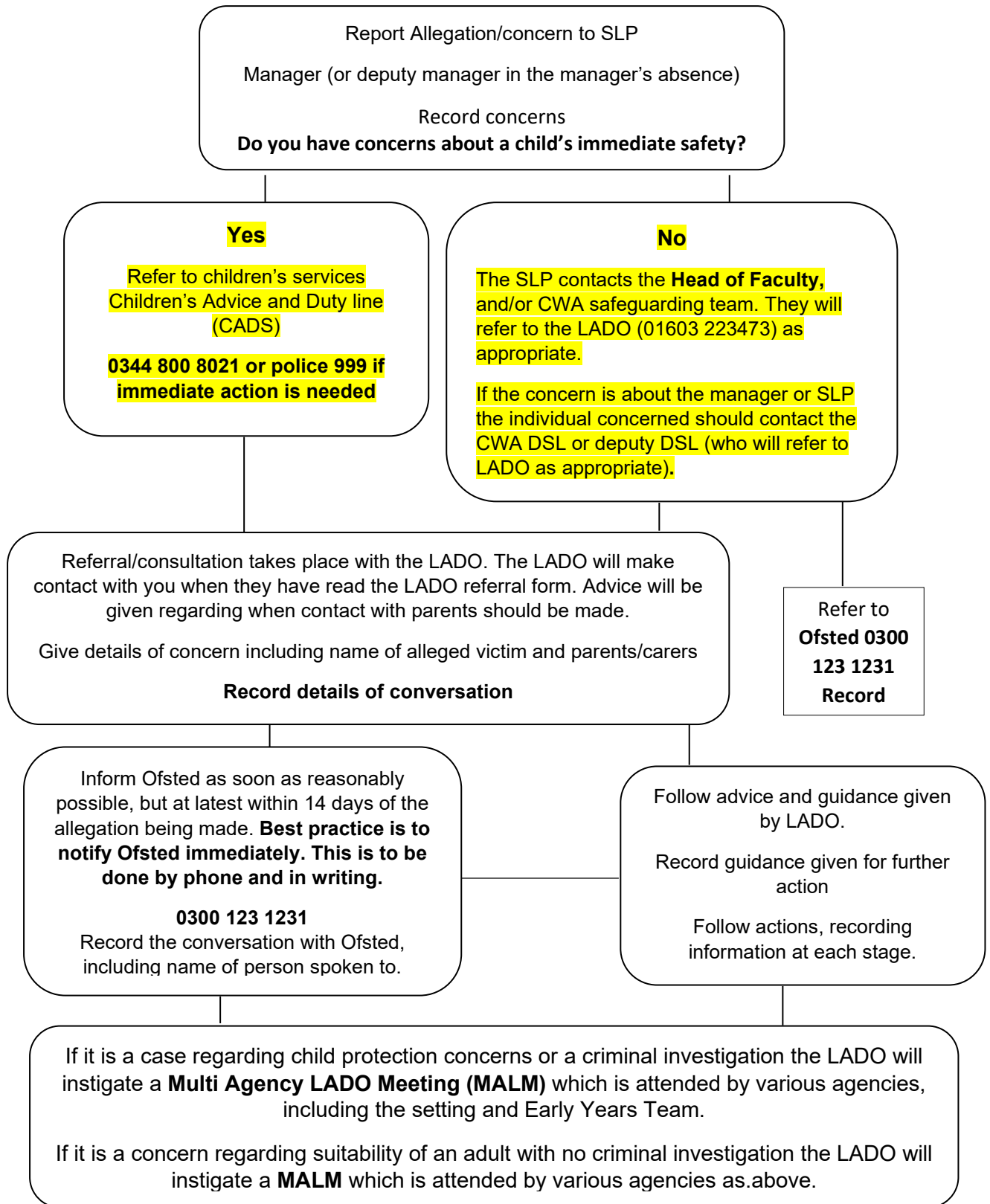
What to do if you are worried a child is being abused:



Please note a safeguarding or LADO referral form can be found
Flow chart of when and how to share information



What to do if you are concerned about the suitability of adults who work with children at Applewood:



Associated Documents

Accident and injury Procedure
Applewood Existing injuries form
Admissions Policy
Nappy Changing and Personal Care Policy
E-Safety Policy
Confidentiality
Whistle Blowing Policy
Safeguarding Cause for Concern form (revised Nov 2015)
Safeguarding and Child Protection Policy (CWA)
Staff Health Declaration form
Safeguarding referral form
Norfolk Safeguarding Children's Partnership (NSCP) Referral form
NSCP1 Guidance notes for referrers
Multi-Agency Child Protection Conference report form (revised Aug 2017)
Guidance Notes for Multi-Agency Conference Report
LADO Consultation Referral Guidance
LADO Referral/Consultation Form
Working Together to Safeguard Children



APPENDIX 1

Definitions and indicators of abuse

Caution should be used when referring to lists of signs and symptoms of abuse.

Although the signs and symptoms listed may be indicative of abuse there may be alternative explanations. In assessing the circumstances of any child, any of these indicators should be viewed within the overall context of the child's individual situation including any disability. It is not appropriate to try to determine the cause of any injury of indicators of abuse. Advice must be sought through Children's Services.

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 as far as they meet the needs of another person.
- Not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.
- 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 participation in normal social interaction.
- Seeing or hearing the ill-treatment of another.
- Serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or exploitation or corruption of children.

Emotional abuse – indicators

- Physical, mental, and emotional development delays
- Sudden speech disorders
- Continual self-deprecation ('I am stupid, ugly, worthless' etc.)
- Overreaction to mistakes
- Inappropriate response to pain ('I deserve this')
- Unusual physical behaviour (rocking, hair twisting, self-mutilation) – considered within the context of any form of disability such as autism
- Extremes of passive or aggression
- Children suffering from emotional abuse may be withdrawn and emotionally flat. One reaction is for the child to seek attention constantly or to be over familiar. Lack of self-esteem and developmental delay are again likely to be present.

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- **Babies** – feeding difficulties, crying, poor sleep patterns, delayed development, non-cuddly, apathetic, non-demanding.
 - **Toddler/pre-school** – head banging, rocking, bad temper, 'violent,' clingy. Spectrum from overactive too apathetic, noisy too quiet. Developmental delay – especially language and social skills.
 - **School age** – wetting and soiling, relationship difficulties, mediocre performance at school, non-attendance, antisocial behaviour, feels worthless, unloved, inadequate, frightened, isolated, corrupted, and terrorised.
 - **Adolescents** – depression, self-harm, substance abuse, eating disorder, poor self-esteem, oppositional, aggressive, and delinquent behaviour.
 - Child may be underweight and/or growth delay.
 - Child may fail to achieve milestones, fail to thrive, experience academic failure or under achieve.
 - Child may have difficulty in expressing their emotions and what they are experiencing and whether this has been impacted on by factors such as age language barriers or disability.

Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Neglect - is a 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), failing to protect a child from physical and emotional harm or danger, failure to ensure adequate supervision (including the use of inadequate care-givers) i.e. failure to ensure access to appropriate medical care or treatment. It may also include neglect of or unresponsiveness to, a child's basic emotional needs.

Neglect – indicators

There are occasions when all parents find it difficult to cope with the many demands of caring for children. But this does not mean that their children are being neglected. Neglect involves on-going, severe failure to meet a child's needs. Many of these signs and symptoms can occur across any age group.

Physical signs;

- Constant hunger.

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- Poor personal hygiene
 - Constant tiredness.
 - Emaciation
 - Untreated medical problems.
 - The child seems underweight and is small for their age.
 - The child is poorly clothed, with inadequate protection from the weather.
 - Neglect can lead to failure to thrive, manifested by fall away from initial centile lines in weight, height, and head circumference. Repeated growth measurements are crucially important.
 - Signs of malnutrition include wasted muscles and poor condition of skin and hair. It is important not to miss an organic cause of failure to thrive; if this is suspected, further investigation will be required.
 - Infant and children with neglect often show rapid growth catch-up and improved emotional response in a hospital environment.
 - Failure to thrive through lack of understanding of dietary needs of a child or inability to provide an appropriate diet; or they may present with obesity through inadequate attention to the child's diet.
 - Being too hot or too cold – red swollen and cold hands and feet or they may be dressed in inadequate clothing.
 - Consequences arising from situations of danger – accidents, assaults, poisoning.
 - Unusually severe but preventable physical condition owing to lack of awareness of preventative health care or failure to treat minor conditions.
 - Health problems associated with lack of basic facilities such as heating.
 - Neglect can also include failure to care for the individual needs of a child including any additional support the child may need because of any disability.

Behavioural signs;

- No social relationships
- Compulsive scavenging
- Destructive tendencies
- If they are often absent from school for no apparent reason
- If they are regularly left alone, or in charge of younger brothers or sisters
- Lack of stimulation can result in developmental delay, for example, speech delay, and this may be picked up opportunistically or at format development checks
- Craving attention or ambivalent towards adults, or may be very withdrawn
- Delayed development and failing at school (poor stimulation and opportunity to learn).
- Difficult or challenging behaviour.

Physical abuse - It is important to always obtain a medical diagnosis regarding any suspected abusive injury, but also to be mindful that no injury is 100% symptomatic of abuse. Look for unexplained recurrent injuries or burns, improbable excuses or refusal to explain injuries.

Physical signs

- Bald patches
- Bruises, black eyes, and broken bones
- Untreated or inadequately treated injuries
- Injuries to parts of the body where accidents are unlikely, such as thighs, back, abdomen.
- Scolds and burns.

General appearance and behaviour of the child may include;

- Concurrent failure to thrive; measure height, weight and in the younger child, head circumference.
- Frozen watchfulness; impassive facial appearance of the abused child who carefully tracks the examiner with their eyes

Consider the age of child;

- Any bruising to a young baby
- It is unusual to a child under the age of 1 year to sustain a fracture accidentally
- Injuries that are not consistent with the story; too many, too severe, wrong place or pattern, child too young for the activity described.

Bruising

- Bruising pattern can suggest gripping (finger marks), slapping or beating with an object.
- Bruising on the cheeks, head or around the ear and black eyes can be the result of non-accidental injury.
- Bruise on black children will be more difficult to identify.
- Mongolian blue spots may be mistaken for bruises. The Mongolian spot is a congenital developmental condition exclusively involving the skin. Usually, as multiple spots or one large patch, it covers one or more of the lower back, buttocks, flanks, and shoulders. Mongolian spot is most prevalent among Mongols, Turks, and other Asian groups, such as the Chinese, Koreans, Japanese, etc. Several East Asian infants are born with one or more Mongolian spots. Mongolian blue spot usually fades over the years and is most frequently gone by the time the child reaches adolescent.
- Recent research indicates that bruises cannot be aged accurately. Estimates of the age of the bruise are currently based on an assessment of the colour of the bruise with the naked eye.

Other injuries;

- Bite marks may be evident form an impression of teeth
- Small circular burns on the skin suggest cigarette burns
- Scalding inflicted by immersion in hot water often affect buttocks or feet and legs symmetrically
- Red lines occur with ligature injuries
- Tearing of the fraenum of the upper lip can occur with force-feeding. However, any injury of this type must be assessed in the context of the explanation given, then child's developmental stage, a full examination, and other relevant investigations as appropriate
- Retinal haemorrhage can occur with head injury and vigorous shaking of the baby.
- Fractured ribs; rib fractures in a young child are suggestive of non-accidental injury
- Other fracture; spiral fracture of the long bones is suggestive of non-accidental injury.

Behavioural signs

- Wearing clothes to cover injuries, even in hot weather.
- Refusal to undress in gym
- Chronic running away
- Fear of medical help of examination
- Self-destructive tendencies
- Fear of physical contact – shrinking back if touched
- Admitting that they are punished, but the punishment is excessive (such as a child being beaten every night to 'make him study')
- Fear of suspected abuser being contacted
- Injury that the child cannot explain or explains unconvincingly
- Becoming sad, withdrawn or depressed
- Having trouble sleeping
- Behaving aggressively or being disruptive
- Showing fear of concern adults
- Having a lack of confidence and low self-esteem
- Using drugs or alcohol
- Repetitive patterns of attendance; recurrent visits, repeated injuries
- Excessive compliance
- Hyper-vigilance

Physical Abuse – Accidental or Abuse

	Accidental	Abusive
Injury	Where? Shins, knees, outside of arms, random shapes	Soft, fleshy areas Well-protected areas Neck, inside of arms and thigh. Buttocks. Shapes of object used clusters
What child says	Lots of detail Likes being asked Enjoys telling people what happened	Sticks to bare necessities Description not plausible or does not match injury Reluctant to discuss to discuss Morose Aggressive.

Sexual abuse - involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving an elevated 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 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

In young children behavioural changes may include;

- Regressing to younger behaviour patterns such as thumb sucking or bringing out discarded cuddly toys.
- Being overly affectionate – desiring elevated levels of physical contact and signs of affection such as hugs and kisses.
- Lack of trust or fear of someone they know
- Behaviour or language, particularly if the behaviour or language is not appropriate for their age.
- Starting to wet again, day or night; nightmares.

Behaviour changes in older children might involve;

- Extreme reactions, such as depression, self-mutilation, suicide attempts, running away, overdoses, anorexia.
- Personality changes such as becoming insecure or clingy
- Sudden loss of appetite or compulsive eating.
- Being isolated or withdrawn
- Inability to concentrate
- Becoming worried about clothing being removed
- Suddenly drawing sexually explicit pictures
- Trying to be 'ultra-good' or perfect; overreacting to criticism.
- Genital discharge or urinary tract infections
- Marked changes in the child's general behaviour. For example, they may become unusually quiet and withdrawn, or aggressive. Or they may start suffering from what may seem to be physical ailments, but which cannot be explained medically.
- The child may refuse to attend school or start to have difficulties concentrating so that their schoolwork is affected.
- They may show unexpected fear, distrust of a particular adult, or refuse to continue with their usual social activities.
- The child may describe receiving special attention from a particular adult, or refer to a new, 'secret' friendship with an adult or young person.
- Children who have been sexually abused may demonstrate inappropriate sexualised knowledge and behaviour.
- Low self-esteem, depression and self-harm are all associated with sexual abuse.

Physical signs and symptoms for any age child could be;

- Medical problems such as chronic itching, pain in the genitals, venereal diseases
- Stomach pains or discomfort walking or sitting
- Sexually transmitted infections
- Any features that suggest interference with the genitalia. These may include bruising, swelling, abrasions or tears.
- Soreness, itching or unexplained bleeding from penis, vagina, or anus.
- Sexual abuse may lead to secondary enuresis or faecal soiling and retention.
- Symptoms of a sexually transmitted disease such as vaginal discharge or genital warts, or pregnancy in adolescent girls.

Listening to a child talking about abuse

- The child has chosen to speak to you because they feel that you will listen and that they can trust you. You need to listen to what the child has to say and be incredibly careful not to 'lead' the child or influence in any way what they say.
- Stay calm

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- Listen and be supportive
 - Do not ask any leading questions, interrogate the child, or put ideas in the child's head, or jump to conclusions.
 - Do not stop or interrupt a child who is recalling remarkable events
 - Never promise the child confidentiality – you must explain that you will need to pass on information to keep them safe.
 - Avoid criticising the alleged perpetrator
 - Tell the child what you must do next (you must follow the safeguarding process)
 - Record what was said immediately as close to what was said as possible. Also record what was happening immediately before the child spoke to you. Be sure to sign and date the record in ink.
 - Contact your designated person immediately
 - Seek support for yourself

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

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

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