



Definitions, Specific Safeguarding Issues And Recognising And Responding To Abuse And Neglect

1. Definitions Of Abuse/Neglect

1.1 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. They may be abused by an adult or adults or another child or children.

1.2 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.

1.3 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 feature age or developmentally inappropriate expectations being imposed on children. These include interactions that are beyond a child's developmental capability as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

1.4 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 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) 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.

1.5 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 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.

2. Specific Safeguarding Issues With Particular Relevance To Primary Age Pupils

- Child Missing from Education
- Child missing from home or care
- Child sexual exploitation (CSE)
- Bullying including cyberbullying
- Domestic violence
- Drugs
- Fabricated or induced illness
- Faith abuse
- Female genital mutilation (FGM)
- Forced marriage
- Gangs and youth violence
- Gender-based violence/violence against women and girls (VAWG)
- Mental health
- Private fostering
- Preventing Radicalisation
- Peer on peer abuse including Sexting
- Teenage relationship abuse
- Trafficking

2.1 Child Missing From Education

All children, regardless of their circumstances, are entitled to a full time education which is suitable to their age, ability, aptitude and any special educational needs they may have. Local authorities have a duty to establish, as far as it is possible to do so, the identity of children of compulsory school age who are missing education in their area.

A child going missing from education is a potential indicator of abuse or neglect. School staff should follow the school's procedures for dealing with children that go missing from education, particularly on repeat occasions, to help identify the risk of abuse and neglect, including sexual exploitation, and to help prevent the risks of their going missing in future.

Our school constantly monitors attendance to ensure any child who goes missing from education, particularly on repeat occasions is identified.

Staff are alert to signs to look out for and the individual triggers to be aware of when considering the risks of potential safeguarding concerns such as travelling to conflict zones, FGM and forced marriage.

The law requires all schools to have an admission register and, with the exception of schools where all pupils are boarders, an attendance register. All pupils must be placed on both registers.

Reasons for deletion include:

- the child has been taken out of school by their parents and are being educated outside the school system e.g. home education;
- the child has ceased to attend school and no longer lives within reasonable distance of the school;
- the child has been certified by the school medical officer as unlikely to be in a fit state of health to attend school before ceasing to be of compulsory school age, and neither he/she nor his/her parent has indicated the intention to continue to attend the school after ceasing to be of compulsory school age;
- the child has been permanently excluded.

We inform the local authority of any pupil who is missing and only delete them from our register once the LA has sanctioned this action. It is essential that we comply with this duty, so that local authorities can, as part of their duty to identify Children of compulsory school age who are missing education, follow up with any child who might be in danger of not receiving an education and who might be at risk of abuse or neglect.

We inform the local authority of any pupil who fails to attend school regularly, or has been absent without the school's permission for a continuous period of 10 school days or more.

2.2 Child Missing From Home Or Care

See [‘Statutory guidance on children who run away or go missing from home or care.’ January 2014](#)

2.3 Child Sexual Exploitation

See Guidance [‘Child sexual exploitation. Definition and a guide for practitioners, local leaders and decision makers working to protect children from child sexual exploitation.’ February 2017](#)

Statutory definition of Child Sexual Exploitation: Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of

Perpetrators of child exploitation are found in all parts of the country and are not restricted to particular ethnic groups. Sexual exploitation can take many forms ranging from the seemingly ‘consensual’ relationship where sex is exchanged for affection or gifts, to series organised crime by gangs and groups. What marks out exploitation is an imbalance of power in the relationship. The perpetrator always holds some kind of power over the victim which increases as the exploitative relationship develops. Sexual exploitation involves varying degrees of coercion, intimidation or enticement, including unwanted pressure from peers to have sex, sexual bullying including cyberbullying and grooming. However, it's also important to recognise that some young people who are being sexually exploited do not exhibit any external signs of the abuse

Frontline practitioners from voluntary and statutory sector organisations (including, for example, health and education) should be aware of the key indicators of children being sexually exploited which can include:

- Going missing for periods of time or regularly coming home late;
- regularly missing school or education or not taking part in education;
- appearing with unexplained gifts or new possessions;
- associating with other young people involved in exploitation;
- having older boyfriends or girlfriends;
- suffering from sexually transmitted infections;
- mood swings or changes in emotional wellbeing;
- drug and alcohol misuse; and
- displaying inappropriate behaviour.

Practitioners should also be aware that many children and young people who are victims of sexual exploitation do not recognise themselves as such.

2.4 Bullying Including Cyber Bullying

All incidences of bullying, including cyber-bullying and prejudice-based bullying will be recorded and reported and will be managed through our behaviour and tackling-bullying procedures. See our ['Bullying and Harassment Policy'](#).

2.5 Domestic Violence

[See Lewisham Safeguarding Board guidance on domestic violence.](#)

Domestic abuse can affect children in many ways. They may feel frightened, become withdrawn, aggressive or difficult, bedwet, run away, have problems at school, lack concentration and suffer emotional upset.

Domestic abuse places children at risk of significant harm and professional support is needed. Children do hear, they do see and they are aware of violence at home, even if parents/carers think they do not. Children react in different ways to violence and research suggests that they are more likely to become abusers or victims later in life.

Long-term abuse is much more likely to cause problems for a child or young person as they get older. The longer children are exposed to violence, the more severe the effects on them are. These can include a lack of respect for the non-violent parent, loss of self-confidence (which will affect their ability to form relationships in the future), being over-protective of a parent or behaving violently themselves.

Staff at The Eliot Bank and Gordonbrock Schools Federation are sensitive to signs in children of domestic violence. If they suspect that Domestic Violence might have occurred they will immediately report this to the DSL. If there is a risk of immediate serious harm to a child, a referral will be made to children's social care immediately.

The Federation also provides advice and guidance to parents/carers who might be a victim of domestic violence. In particular, referrals can be made to The Athena service, Lewisham which provides confidential, non-judgmental support to those living in the London Borough of Lewisham who are experiencing gender-based violence.

2.6 Fabricated Or Induced Illness

See statutory guidance [‘Safeguarding children in whom illness is fabricated or induced’](#). Department of Health, Department for Education and Home Office First published: 15 March 2008.

There are three main ways of a parent or carer fabricating illness in a child. These are not mutually exclusive and include:

- fabrication of signs and symptoms. This may include fabrication of past medical history;
- fabrication of signs and symptoms and falsification of hospital charts and records, and specimens of bodily fluids. This may also include falsification of letters and documents;
- induction of illness by a variety of means.

2.6.1 Identification

Fabricated or induced illness is often, but not exclusively, associated with emotional abuse. There are a number of factors that teachers and other school staff should be aware of that can indicate that a pupil may be at risk of harm. Some of these factors can be:

- frequent and unexplained absences from school, particularly from PE lessons;
- regular absences to keep a doctor’s or a hospital appointment; or
- repeated claims by parent(s) that a child is frequently unwell and that he/she requires medical attention for symptoms which, when described, are vague in nature, difficult to diagnose and which teachers/early years staff have not themselves noticed eg headaches, tummy aches, dizzy spells, frequent contact with opticians and/or dentists or referrals for second opinions.

2.7 Faith Abuse

See [‘National Action plan to tackle child abuse linked to faith or belief.’](#)

Child abuse is never acceptable wherever it occurs and whatever form it takes. Abuse linked to belief, including belief in witchcraft or possession, is a horrific crime which is condemned by people of all cultures, communities and faiths.

Everyone working or in contact with children has a responsibility to recognise and know how to act on evidence, concerns and signs that a child may be suffering, or is likely to suffer, significant harm.

Standard child safeguarding procedures apply in all cases where abuse or neglect is suspected, including those that may be related to particular belief systems.

2.8 Female Genital Mutilation (FGM)

[See Multi-Agency Practice Guidelines: Female Genital Mutilation](#)

Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a girl being at risk of FGM, or already having suffered FGM. Section 5B of the Female Genital Mutilation Act 2003 (as inserted by section 74 of the Serious Crime Act 2015) places a statutory duty upon teachers along with regulated health and social care professionals in England and Wales, to report to the police where they discover (either through disclosure by the victim or visual evidence) that FGM appears to have been carried out on a girl under 18.

There is a range of potential indicators that a child or young person may be at risk of FGM, which individually may not indicate risk but if there are two or more indicators present this could signal a risk to the child or young person. Victims of FGM are likely to come from a community that is known to practise FGM. Professionals should note that girls at risk of FGM may not be aware of the practice or that it may be conducted on them, so sensitivity should always be shown when approaching the subject. Warning signs of FGM may be about to take place, or may have taken place, can be found on pages 16-17 of the Multi-Agency Practice Guidelines referred to above. Staff should activate local safeguarding procedures ([see Female Genital Mutilation \(FGM\): Guidance for professionals in Lewisham](#)), using existing national and local protocols for multi-agency liaison with police and children's social care.

2.9 So- Called 'Honour Based' Violence

So-called 'honour-based' violence (HBV) encompasses crimes which have been committed to protect or defend the honour of the family and/or the community, including Female Genital Mutilation (FGM), forced marriage, and practices such as breast ironing. All forms of so called HBV are abuse (regardless of the motivation) and should be handled and escalated as such. If in any doubts staff should speak to the designated safeguarding lead. Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a child being at risk of HBV, or already having suffered HBV.

There are a range of potential indicators that a child may be at risk of HBV. Guidance on the warning signs that FGM or forced marriage may be about to take place, or may have already taken place, can be found on pages 38-41 of the Multi agency statutory guidance on FGM (pages 59-61 focus on the role of schools and colleges) and pages 13-14 of the Multi-agency guidelines: Handling case of forced marriage.

If staff have a concern regarding a child that might be at risk of HBV they should activate local safeguarding procedures, using existing national and local protocols for multi-agency liaison with police and children's social care.

2.10 Gangs And Youth Violence

See 'Addressing youth violence and gangs Practical advice for schools and colleges'

2.11 Private Fostering

See ['Statutory Guidance Children Act 1989: private fostering.'](#) Department for Education First published: 25 July 2005

A private fostering arrangement is essentially one that is made privately (that is to say without involvement of a local authority) for the care of a child under the age of 16 (under 18, if disabled) by someone other than a parent or close relative with the intention that it should last for 28 days or more. Private foster carers may be from the extended family, such as a cousin or great aunt. However, a person who is a relative under the children Act 1989 i.e. a grandparent, brother, sister, uncle or aunt (whether of the full or half blood or by marriage) or step-parent will not be a private foster carer. A private foster carer may be a friend of the family, the parent of a friend of the child, or someone previously unknown to the child's family who is willing to privately foster carer should be continuous, but that continuity of not broken by occasional short break. Exemptions to this definition are set out in Schedule 8 to the Children Act 1989.

If a member of staff, governor or volunteer becomes aware that a child or young person may be living in a Private Foster arrangement it is the responsibility of that person to report this to the Safeguarding Designated Lead and this person may need to make further enquiries to try and establish this.

The Safeguarding Designated Lead should seek advice from Children's Social Care as to whether the child or young person is a privately fostered child under the regulations. If so, a referral must be made to Children's' Social Care.

2.12 Preventing Radicalisation

See our 'Preventing Extremism and Radicalisation Safeguarding Policy.'

2.13 Peer On Peer Abuse

This will always be taken seriously and acted upon, under the appropriate policy e.g. safeguarding, bullying.

Peer-on-peer abuse can take many different forms, including sexual, physical, verbal, emotional and psychological abuse. It can include sexting, cyberbullying and sexual assaults

Any and all of these forms of abuse may be damaging for the person experiencing it and should be taken seriously. It will not be dismissed as ‘banter’ or ‘part of growing up’.

The Designated Safeguarding Lead will use their professional judgement to determine whether an incident between children is abusive, or would be more suitably categorised as bullying or sexual experimentation.

2.14 Children Who May Have Been Trafficked

See [‘Guidance ‘Safeguarding children who may have been trafficked.’](#) Department for Education and Home Office First published: 18 October 2011

Children trafficked into the country may be registered at a school for a term or longer, before being moved to another part of the UK or abroad. This pattern of registration and de-registration may be an indicator that a child has been trafficked. However, practitioners should always bear in mind that not all children who go missing from education have been victims of trafficking. For example, there may be instances of children from communities that move around – Gypsy, Roma, traveller or migrant families – who collectively go missing from school.

Setting/circumstance where a child may be identified as a trafficked child	Practitioner or volunteer who may identify a child who has been trafficked	Initial action & assessment within a single agency where there are concerns that a child may have been trafficked
Schools, colleges, education (Application for school place, child starts/is attending school, talks to school nurse or unexpectedly leaves school)	Teacher, school nurse, classroom assistant, other support staff, reception/administrator	<ul style="list-style-type: none"> • The practitioner discusses concerns with the senior designated member of staff with responsibilities for safeguarding children • The concerns should be considered in the light of information about trafficked children in this guidance. • Staff should not do anything which would heighten the risk of harm or abduction to the child. They should refer the case to children’s social care or the police.

3. Responding To A Child Making An Allegation Of Abuse

- Stay calm, listen carefully to what is being said.
- Find an appropriate early opportunity to explain that it is likely that the information will need to be shared with others – never promise to keep secrets.
- Allow the child to continue at his/her own pace.
- Ask questions for clarification only and at all time avoid asking questions that suggest a particular answer.
- Reassure the child that they have done the right thing in telling you.
- Tell them what you will do next and with whom the information will be shared.
- Record in writing what was said using the child's own words as soon as possible, note the date, time, any names mentioned, to whom the information was given and ensure that the record is signed and dated.
- Under no circumstances is the designated person to attempt to carry out any investigation into the allegation
- Consider having a colleague present.

3.1 Helpful Statements To Make

Showing acceptance of what the child says, using phrases such as....

- That must have been upsetting / frightening.
- I am glad you felt able to tell me.
- It's not your fault.
- I will try to get the best help for you.

Do not say

- Why didn't you tell anyone before?
- I can't believe it!
- Are you sure that this is true?
- Why? Who? When? Where?
- Never make false promises such as agreeing to keep information confidential – you can't.