



Safeguarding Children & Young People Procedure

People & Performance / Safeguarding

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OLDBURY COTTAGE CARE FARM

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1. Purpose and scope of the Protection of Children and Young People Procedures

1.1 The overall aim of the Protection of Children and Young People Procedures is to:

- Ensure the protection from abuse of children and young people with whom Oldbury Cottage Care Farm (OCCF) staff and volunteers come into contact.
- Give appropriate advice to OCCF staff in their dealings with children and young people.
 - All children and young people under the age of 18, who receive services from OCCF or otherwise come into contact with OCCF staff and volunteers are deemed to be vulnerable and have the right to be protected from abuse.
 - Through their day to day contact with children and young people and direct work with families, all staff and volunteers have a crucial role to play in noticing indicators of possible abuse or neglect. They have a duty to report actual or suspected abuse.
 - OCCF acknowledges that its staff and volunteers are not specialists in recognising where abuse may occur, or has already taken place. However, if abuse is suspected advice should always be sought from the Safeguarding team since all staff and volunteers have a 'duty of care' under the law.
 - This document provides a framework within which all staff and volunteers will operate, in their dealings with children and young people.

2. Preventing Abuse

2.1 While it is not possible to prevent all abuse, there are a number of steps staff and volunteers can take to reduce the risk of abuse occurring. Staff and volunteers should:

- Know what abuse is
- Understand how it can happen
- Be alert to indicators of potential abuse situations
- Know the procedures for reporting concerns and poor practice
- Provide appropriate support for the child



3. Definition

3.1 Who is a child or young person in need of protection?

In England a child is someone who has not yet reached their 18th birthday. Once they turn 18, they are legally an adult.

4. Recognising abuse

What is abuse?

- Abuse is a violation of an individual's human and civil rights.
- Abuse may consist of a single act or repeated acts.
- Abuse may be physical, sexual, emotional, neglect or other sources of stress, including bullying, radicalisation, deprivation of liberty and racist abuse.

Children may be vulnerable to neglect and abuse or exploitation from within their family and from individuals they come across in their day-to-day lives. These threats can take a variety of different forms, including: sexual, physical and emotional abuse; neglect; exploitation by criminal gangs and organised crime groups; trafficking; online abuse; sexual exploitation and the influences of extremism leading to radicalisation. Whatever the form of abuse or neglect, staff and volunteers should put the needs of children first when determining what action to take.

For detailed definition of Abuse – see Appendix 2

For detailed indicators of Abuse – see Appendix 3

4.2 Who may be the abuser?

Children and young people can be abused by anyone with whom they come into contact. Statistically, children are more likely to be abused by someone they know and trust rather than by a stranger.

4.3 Where might abuse occur?

Abuse can take place in any context. Children may be abused in a family or in an institutional or community setting.



5. Child protection procedures

5.1 Introduction

All forms of abuse perpetrated by both adults and other children or young people, can have an extremely serious impact on children and young people both at the time the abuse is occurring and afterwards. The effects can sometimes last well into adulthood. It is important to note that according to a wealth of evidence from research, children who suffer from a learning difficulty or a disability are at between 2 and 3 times the risk of some forms of abuse, i.e. sexual abuse and neglect, when compared with children who are not disabled. This means that many of the children with whom OCCF will come into contact will constitute a highly vulnerable group, possibly coupled with other disabilities. It is therefore essential that all are alert to the indicators of abuse and are confident in their knowledge of how to report abuse which they may become aware of. With appropriate intervention the chance of abuse occurring can be radically reduced or prevented; and where abuse has already occurred, the child or young person can be appropriately protected from further abuse.

6. Child protection concerns

6.1 A child protection concern may come to your attention in a number of ways including:

- A child or young person may communicate about abuse they have experienced. They decide to tell you because they see you as someone they can trust. Sometimes children try to tell adults in a variety of indirect ways. They may write about the abuse in a letter or story or act out the abuse in play or through drama. Sometimes children may tell you that the abuse is happening to someone else rather than to them.
- A third party, perhaps another child, family member or colleague sharing their concerns with you.

6.2 You may also become concerned through:

- A bruise or injury which is unusual e.g. on a part of the body which is not normally prone to such injuries.
- Injuries which require, but have not received, medical attention.
- An injury for which the explanation seems inconsistent. For example, linear bruising which a child tries to explain as an accident, such as falling off their bike.
- Repetitive injuries, especially to the soft tissue of the body, e.g. cheeks, thighs. Such injuries can include grasp marks or 'fingertip bruising' on the parts of the body that an adult can grab hold of such as the upper arms or around the neck.
- Unexplained changes in behaviour, either over time or suddenly e.g. becoming aggressive, defensive, quiet or withdrawn, running away or non-attendance at projects or activities.
- A child or young person being the subject of an allegation being made by another person.



- A child or young person who appears not to trust adults, or who is wary of certain people e.g. parent, carer, staff member or volunteer, peer with whom you would usually expect them to have, or once had, a close relationship.
- Age inappropriate sexual knowledge. (N.B. The older the child, the more difficult it becomes to determine what is appropriate knowledge).
- Sexually inappropriate behaviour, for example excessive or public masturbation which appears to be obsessive and which the child cannot be dissuaded from doing.
- Urinary tract infections.
- A child or young person being unable to make friends or discouraged from socialising with others.
- A child or young person having impaired development, for example in relation to their learning, health or social development.
- A child or young person becoming unusually dirty or unkempt.
- Changes to eating patterns or fluctuations in weight.
- A child or young person developing a disturbed sleeping pattern e.g. nightmares, bed wetting/soiling.
- A child or young person harming or attempting to harm themselves.
- A child or young person not having been seen for a period of time, or having regular unexplained absence from a usual activity e.g. from a unit, project, school, college or group activity.
- An uneasy feeling (sometimes called a 'gut feeling') that something is not right. You may have concerns that are difficult to explain – or find a reason for.

6.3 Many children will exhibit some of these indicators at some time and the presence of one or more should not be taken as proof that abuse is occurring. There may well be other reasons for changes in behaviour such as a death or crisis in the family or the birth of a child or a medical condition which may explain psychological changes or impaired development, e.g. withdrawn, tired, sensitive and emotional, learning difficulties. Your knowledge of a child or young person over a period of time may help you to understand whether there is cause for you to be concerned. Careful consideration of all available information is required. Even if the concern is not a child protection matter it may still require some attention or action to promote the welfare of the child or young person. If in any doubt at all about whether or not a child may be the victim of abuse, **always** talk over your concerns with your manager and report to the Director of OCCF.

The indicators of abuse given above are not exhaustive. See **Appendix 3** for further indicators of abuse.

7. Procedure – responding to actual or suspected abuse

- 7.1 When you have any cause for concern that a child or young person may be, is being, or has been in the past, the subject of abuse, **YOU MUST ALWAYS:**
- Take concerns, allegations or disclosures of abuse seriously, however insignificant they may seem.



- **Act without delay**; the child or young person, or other children or young people may be at risk. If you think that the child or young person may be in danger you should immediately locate your most appropriate manager or Director of OCCF or in the partner agency, in order to report your concern. If this is not possible, you must call the appropriate emergency services. This will usually be Children's Services at the local authority or the emergency services in a medical emergency.
- Give absolute priority to the child or young person's health and safety.
- Respond to the child or young person calmly and with reassurance, so as not to frighten or cause concern.
- Carefully listen to what the child tells you. Avoid interrupting and keep questions to an absolute minimum – you are **NOT** investigating. Questioning a child can contaminate evidence and make it impossible for the police to take the action they might need to take in order to protect the child in the longer term or compromise an investigation.
- Carefully consider all the available information with an open mind. Do not make assumptions or jump to conclusions either by overreacting or underestimating the extent of concern or danger for the child or young person.
- Never promise a child that you will keep what they have told you confidential. Instead explain that you are not allowed to keep information about a child coming to harm to yourself. Explain that you may have to tell certain people in order to help the child and to make sure that s/he is safe. If at all possible, keep the child informed about what actions you are taking. See page 4 in 'OCCF Safeguarding Children Code of Conduct for more information about confidentiality

8. Allegations Against Members of Staff and Volunteers

- 8.1 An allegation may be made against a member of staff or volunteer by a child, young person parent/carer, member of the public or by another member of staff or volunteer. Closely adhering to the Safeguarding Code of Conduct will minimise the chances of a member of staff having an allegation made against them. However, it is impossible to eliminate the risk of such allegations altogether.
- 8.2 Whistle blowing is the mechanism by which staff and volunteers can voice their concerns about another member of an organisation, in good faith, without the fear of repercussion. All staff and volunteers have a responsibility to bring matters of concern about a colleague's conduct to the attention of the appropriate senior manager, usually one's line manager. This is particularly important when the welfare of a child may be at risk.
- 8.3 Where the concern, allegation or disclosure is against the person to whom you have to report, then you should go to the Safeguarding Team **IMMEDIATELY** and report the concern.



- 8.4 You / your manager/Director (OCCF) has a duty to:
- 1 Collate the information and assess the situation.
 - 2 Not make the decision in isolation.
 - 3 Discuss the situation with the Directors in OCCF and, where appropriate, your manager in the partner agency and agree whether a referral should be made to Children's Services at the local authority and / or the police.
- 8.5 If the situation is deemed not to meet the threshold for a criminal offence the decision may be taken to carry out an internal investigation only (which must be conducted promptly, with full records being kept).
- 8.6 However, where there is still cause for concern, OCCF and/or partner agency must report this to the appropriate Children's Services department / LADO and / or the police. These agencies are specifically charged with undertaking statutory duties relating to child abuse, including investigation. A reported concern may simply result in advice being given to the person against whom the allegation has been made; or it may go further depending on the context and evidence being offered. All staff must cooperate fully with any subsequent investigation.

See Child Protection Concern Flowchart page 10

- 8.7 It may be necessary to suspend a member of staff or volunteer from duty, if allegations of abuse have been made against them. If this decision is taken, suspension should be actioned promptly to ensure that risk of further abuse is minimised. The decision to suspend should be made in consultation with the People Services Team / Volunteering and Safeguarding and in line with the OCCF Disciplinary Policy and Procedures for either Staff or Volunteers. Suspension is a neutral act and may be necessary in order to undertake an investigation to determine if the person against whom the allegation has been made is, in fact, a risk.
- 8.8 As soon as possible (but by the end of the same working day at the latest), you must make a written record of your concerns on OCCF Safeguarding Record of Concern by contacting a manager or Director on telephone number 07718319303. This must be done whether or not the concern is reported to the Children's Services and/or the Police. Also make a record on the child or young person's file that a Record of Concern has been completed. OCCF will separately and securely store all records of concern and provide a Safeguarding Reference number which should be recorded on the critical information pages of the child's record /perpetrators record.
- 8.9 N.B. Write your report as factually as possible. This means writing information that can be substantiated in fact. You may include your opinion, but this must always be based on fact. For example, 'Jilly was sobbing and shaking, and it seemed to me that she was distressed' rather than 'Jilly seemed upset'. Remember that your record may be used as evidence in court. Do not delay reporting the concern, in order to record the concern. Recording can be completed *after* reporting the concern.



- 8.10 The OCCF will maintain a register of concerns detailing all concerns raised and actions taken. Do not record sensitive information on the child's electronic record. Information should only be available to those on a need to know basis.
- 8.11 Care must be taken to ensure that records and personal details are maintained in accordance with the General Data Protection Regulation (GDPR).
- 8.12 Where an adult discloses their own or another's childhood abuse, they should be sensitively encouraged to talk to, and to seek advice from, an appropriate agency. The perpetrator of the abuse may still have access to children, and it is possible that an historical investigation could be undertaken. The adult that was abused may need appropriate support to understand the potential seriousness of the matter. However, adults are not compelled to report the abuse they experienced.

9. Child Protection Concern Flowchart

Concerned about a child or the behaviour of staff / volunteer / other?

Emotional Abuse

Physical Abuse

Neglect

Sexual Abuse

Other Concerns incl. poor standards of practice, exploitation, bullying / hate crime/, radicalisation

Act now, do not delay

You must Speak to: your Line Manager or Directors on 07718319303 immediately (and Partner Agency when on contract)

Staff must: complete the Safeguarding Record of Concern Form contact the as above. As soon as possible on the same day or next working day if out of hours.

Are there concerns that the child may be at risk of significant harm / is a 'Child in Need' of protection or support?

No, team to continue to liaise with Safeguarding, monitor, signpost to non-statutory support services work with consent of parents

Yes

- Nominated person from OCCF must report to Children's Social Care dept / health and /or police without delay
- Parental consent is not required if it puts the child at risk to do so
- Say you have a Child Protection / Child in Need concern
- Report the concern, giving subjects name, DOB, contact details, members of the household, detail of concern, what, when, where and who else is involved, all captured in a safeguarding referral
- You will be advised of any action to be taken

- Complete appropriate Record of Concern Form for Local Children's Social Care or other agency and
- Follow up as directed by the Statutory agency
- A set timetable of periodic case reviews must be held with Directors and Manager in OCCF



For urgent concerns - if you have an urgent child protection concern and need to get in touch with us, call the Front Door on **01926 414144**.

Lines are open:

- Monday to Thursday - 8.30am – 5:30pm
- Friday - 8.30am – 5:00pm

You will then need to complete and return a [Multi-Agency Contact Form \(MAC\)](#) and send via email to the Front Door team:

Please email - TriageHub@Warwickshire.gov.uk

Out of hours - if you need to get in touch out of usual office hours, please contact the Emergency Duty Team immediately on **01926 886922**.

10. Sign-off

Signature	Position	Date
	Director	
	Director	
	Director	



APPENDIX 1 Legislation and Guidance that underpins the OCCF Safeguarding Policy, Procedures and Code of Conduct: See Safeguarding Vulnerable Groups Policy

The following policies, procedures and processes are in place to help safeguard children and young people and OCCF' employees and volunteers:

- Staff/volunteers selection, recruitment and induction policies
- Supervision and appraisal for staff
- Safeguarding Training and development
- Communication and reporting systems
- Disciplinary and grievance procedures staff and volunteers
- Complaints policy
- Equal Opportunities policy
- Appropriate Health and Safety procedures within OCCF and any other agencies in which OCCF' activities are undertaken.



APPENDIX 2

Definitions of Abuse

Children may be vulnerable to neglect and abuse or exploitation from within their family and from individuals they come across in their day-to-day lives. These threats can take a variety of different forms, including: sexual, physical and emotional abuse; neglect; exploitation by criminal gangs and organised crime groups; trafficking; online abuse; sexual exploitation and the influences of extremism leading to radicalisation. Whatever the form of abuse or neglect, practitioners should put the needs of children first when determining what action to take.

Physical Abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Emotional Abuse

Emotional abuse is the persistent emotional ill treatment 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 in so far as they meet the needs of another person. It may feature 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 participating in normal social interaction. It may involve seeing or hearing the ill treatment of another. It may involve serious bullying causing children to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of ill treatment of a child, though it may occur alone.

Sexual Abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape, buggery) or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, sexual on-line images, watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born it may involve a parent or carer failing to:



- provide adequate food, 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)
- ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Other sources of Stress for Children and Young People

Research has shown that children can be significantly affected by other factors such as domestic violence, parental drug or alcohol misuse or parental mental illness. These sources of stress may have a negative impact on a child's health and development because they affect the parent's capacity to respond to a child's needs. It is important that OCCF staff and volunteers recognise if these factors are affecting a child or young person adversely and take similar steps for the other described forms of abuse.

Bullying

All staff should be familiar with appropriate OCCF policies.

Bullying may be defined as deliberately hurtful behaviour, usually repeated over a period of time, where it is difficult for those bullied to defend themselves.

Bullying can include:

- Physical pushing, kicking, hitting, pinching, etc. Verbal name calling, sarcasm, spreading rumours, persistent teasing.
- Disabled children may be more vulnerable.
- Emotional tormenting, ridicule, humiliation and continual ignoring of individuals. Racial taunts, graffiti and gestures.
- Sexual abusive comments and unwanted physical contact

OCCF staff/volunteers should identify, deter and report any form of bullying behaviour.

Exploitation

This can include any of the other forms of abuse, where a young person is taken advantage of, this can be by adults or other children.

It can also include using a child to carry out criminal activities including '**County Lines**' where children carry drugs and other stolen goods/ money from one location to another often by train, coach or bus so that criminals avoid being identified. Also includes:

Human Trafficking and **Modern Slavery** where children are moved across borders, Country and County for exploitation see all of the above categories which can apply.

Links between Animal Abuse and Child Abuse¹

¹ The information contained within this section of the procedures has been taken from an NSPCC leaflet, 'Understanding the Links: child abuse, animal abuse and domestic violence' The entire leaflet is available from www.nspcc.org.uk/inform



Evidence of the inter-relationships between child abuse, animal abuse and domestic violence comes mainly from studies in the USA, which relate to serious cases of abuse. There is growing evidence from research in the United Kingdom of similar findings.

It is important to understand the links so that professionals can intervene as early as possible to detect and/or prevent abuse to children vulnerable adults and/or animals. Link for more information: <http://www.thelinksgroup.org.uk> Check valid and what this is??

Messages from research:

If a child is cruel to animals this may be an indicator that the child may have been a victim of serious neglect and abuse. Low level ill-treatment of animals by children is quite widespread, however, in a smaller number of extreme cases there seems to be a link with abuse of the child and/or abusive behaviour by the child. Such behaviour has been linked to an increased likelihood of violent offending behaviour against humans when the child becomes an adult.

If there is serious animal abuse within a family, it may indicate an increased probability of family violence. If children are part of the family, they could be at increased risk of abuse. Abusing or torturing animals may in some extreme cases be used to coerce, control and intimidate women and children to remain in, or keep silent about, being in an abusive situation. The threat of abuse against a guide dog or pet can prevent women from leaving a situation where there is domestic violence.

Where an animal has been abused in a family, children and other family members may be at increased risk of being attacked or bitten by the abused animal.

If a child shows extreme aggression or sexualised behaviour towards animals, this may indicate a greater likelihood that the child will later abuse other children or vulnerable adults unless the behaviour is recognised and treated.

Animal abuse is defined by the NSPCC as 'the intentional harm of an animal. It includes, but is not limited to, wilful neglect, inflicting injury, pain or distress, or malicious killing of animals'.

The NSPCC lists three categories of animal abuse as follows:

- Physical Abuse includes kicking, punching, throwing, burning, microwaving, drowning, asphyxiation or giving the animal drugs or poisons.
- Sexual Abuse is defined as any use of an animal for sexual gratification
- Neglect is the failure to provide adequate food, water, shelter, companionship or veterinary attention.

It is important, therefore, that at OCCF' worker is observant about the care and treatment of OCCF and other family pets as part of their work with the child and/or the family, whatever setting they may work within.



Reporting Concerns

OCCF staff and volunteers **must always** report concerns about the abuse of animals by adults or by children without delay by contacting your most immediate manager or Director. Unfortunately, exemplary treatment of animals does not necessarily indicate that children will necessarily be well cared for. Such good treatment of animals, including OCCF, should not therefore be seen as an indication that no risk exists.

The Prevent Strategy - Section 29 of the Counter-Terrorism and Security Act

2015 places a duty on Local Authorities to have “due regard to the need to prevent people from being drawn into terrorism”. The aim of this piece of legislation is to prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support; OCCF staff/volunteers who come into contact with children need to be familiar with Prevent and know what to do in the event that they have concerns where a child may be at risk, share information and seek guidance from Safeguarding and their relevant local authority. All staff/volunteers working with children must complete the mandatory Prevent training online learning programme and advice to be sought from the Safeguarding Team regarding any concerns.

LPS Liberty Protection Safeguards (Formerly DoLS) –16 and 17 year olds

The Liberty Protection Safeguards will provide protection for people aged 16 and above who are or who need to be deprived of their liberty in order to enable their care or treatment and lack the mental capacity to consent to their arrangements. People who might have a Liberty Protection Safeguards authorisation include those with dementia, autism and learning disabilities who lack the relevant capacity.

LPS (formerly DoLS) is rooted firmly within the Mental Capacity Act 2005 (MCA) and all the key principles of the MCA fully apply.

LPS will:

- Create a new simplified legal framework that is accessible and clear to all affected parties, delivering improved outcomes for persons deprived of their liberty and their family/unpaid carers.
- Ensure that the Mental Capacity Act works as intended, by placing the person at the heart of decision-making and is compliant with Articles 5 and 8 of the European Convention on Human Rights.
- Provide a comprehensive, proportionate and lawful mechanism by which deprivations of liberty for young people aged 16 and 17 can be authorised.
- Ensure increased compliance with the law, improve care and treatment for people lacking mental capacity and provide a system of authorisation in a cost-effective manner.



APPENDIX 3 Indicators of Abuse

Recognising Child Abuse

Recognising child abuse is not easy, and it is **not** your responsibility to decide whether or not child abuse has taken place or if a child is at significant risk. **You do**, however, have a responsibility to report any concerns you may have appropriately in accordance with these procedures.

The following information is not designed to turn you into an expert but it will help you to be more alert to the signs of possible abuse.

Physical abuse

Most children will sustain cuts and bruises in their daily life. These are likely to be in places where there are bony parts of their body, like elbows, knees and shins and will result from them exploring their environment. The pattern of accidental injuries is usually random, e.g. a scratch here and a bump there.

Some children, however, will have bruising which can almost only have been caused non-accidentally. An important indicator of physical abuse is where bruises or injuries are unexplained or the explanation does not fit the injury, or when it appears on parts of the body where accidental injuries are unlikely, e.g. on the cheeks or thighs. The injuries may be more uniform as is the case with linear bruising where the outline of an implement used to beat the child may be visible. A delay in seeking medical treatment when it is obviously necessary is also a cause for concern.

Bruising may be more or less noticeable on children with different skin tones or from different racial groups and specialist advice may need to be taken.

The physical signs of abuse may include:

- unexplained bruising, marks or injuries on any part of the body particularly if they are recurrent
- refusal to discuss injuries / Improbable explanations for injuries
- bruises which reflect hand marks or fingertips (from slapping or pinching)
- cigarette burns
- bite marks
- broken bones
- scalds

Changes in behaviour which can also indicate physical abuse:

- fear of parents being approached for an explanation
- aggressive behaviour or severe temper outbursts
- bullying

- flinching when approached or touched
- reluctance to get changed, for example wearing long sleeves in hot weather



- depression
- over-compliant behaviour or a watchful attitude
- withdrawn behaviour
- running away from home
- significant changes in behaviour without explanation
- unexplained pattern of absence which may serve to hide bruises or other physical injuries

Emotional abuse

Emotional abuse can be difficult to determine; often children who appear well cared for may be emotionally abused by being taunted, put down or belittled. They may receive little or no love, affection or attention from their parents or carers. Parents/carers may over-rely on their child for emotional support to such an extent that the child becomes burdened with adult problems. Emotional abuse can also take the form of children not being allowed to mix/play with other children.

The physical signs of emotional abuse may include:

- a failure to thrive or grow, particularly if the child puts on weight in other circumstances, e.g. in hospital or away from their parents' care
- sudden speech disorders
- developmental delay, either in terms of physical or emotional progress

Changes in behaviour which can also indicate emotional abuse include:

- continual self-deprecation
- inappropriate emotional responses to painful situations
habitual, self-comforting behaviour, e.g. hair twisting, rocking
- air of detachment – 'don't care' attitude
- does not join in/ has few friends
- desperate attention-seeking behaviour
- depression/withdrawal
- being unable to play
- fear of making mistakes
- self harm
- fear of parent being approached regarding their behaviour

Sexual abuse

Adults who use children to meet their own sexual needs can abuse both girls and boys of all ages, including infants and toddlers.

Usually, in cases of sexual abuse it is the child's behaviour which may cause you to become concerned, although physical signs can also be present. Less frequently, the child or young person will tell you about the abuse. Children who talk about sexual abuse do so because they want it to stop. It is important, therefore, that they are listened to and taken seriously.



The physical signs of sexual abuse may include:

- bruises, scratches, burns or bite marks on the body
- injury to the genital/anal area
- scratches, abrasions or persistent infections in the genital/anal area
- sexually transmitted disease
- frequent, obsessive public masturbation
- wetting/soiling
- stomach pains
- discomfort when walking or sitting down
- pregnancy

Changes in behaviour which can also indicate sexual abuse include:

- sudden or unexplained changes in behaviour, e.g. becoming aggressive or withdrawn, tearful or anxious
- fear of being left with a specific person or group of people having nightmares
- running away from home
- sexual knowledge which is beyond their age or developmental level
- sexual drawings or language
- attempts to teach other children about sexual activity
- eating problems such as overeating or anorexia
- self harm or mutilation, sometimes leading to suicide attempts
- saying they have secrets they cannot tell anyone about
- substance or drug abuse
- suddenly having unexplained sources of money
- not allowed to have friends (particularly in adolescence)
- acting in a sexually explicit way towards adults

Neglect

Neglect can be a difficult form of abuse to recognise, yet it can result in some of the most lasting and damaging effects on children.

The physical signs of neglect may include:

- constant hunger, sometimes stealing food from other children
- constantly dirty or 'smelly'
- loss of weight, or being constantly underweight
- inappropriate dress for the conditions



Changes in behaviour which can also indicate neglect may include:

- complaining of being tired all the time
- not requesting medical assistance and/or failing to attend appointments
- low self-esteem
- having few friends
- mentioning their being left alone or unsupervised
-

The above lists are not meant to be definitive but rather a **guide** to assist you. It is important to remember that many children and young people will exhibit some of these indicators at some time, and the presence of one or more **should not be taken as proof** that abuse is occurring.

There may well be other reasons for changes in behaviour, such as a death or the birth of a new baby in their family, relationship problems between their parents/carers etc. Any concern about a child which does not have a clear explanation should be discussed further with the Manager, Directors or partner organisation to determine what intervention may be called for.