

Stay Safe
Safeguarding Policy and Procedures including child protection policies

Statutory Framework for the Early Years foundation Stage
<i>"An effective safeguarding children policy and procedure must be implemented"</i>

Definition of safeguarding as per 'Working together to safeguard children
February 2019:

- Protecting children from maltreatment
- Preventing impairment of children's health and development
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- Taking action to enable all children to have the best outcomes

Designated Safeguarding Lead: Mrs Andrea Askey Deputy Safeguarding Lead: Emily Askey, Lucy Askey, Sarah Kneeshaw.

Child's Play Day Nursery complies with the procedures approved by the Barnsley Safeguarding Children Partnerships. This is displayed in the office. A copy is also kept with this policy in the policy file. The nursery also follows the guidance set out in the publication "What to do if you are worried a child is being abused".

Child's Play recognises its duty under the Education Act 2002, the Children Act 2006, keeping Children safe in Education 2019 and Working Together to Safeguard Children 2019 and the Equality Act 2010. The nursery takes seriously its responsibilities to protect and safeguard the interests of all children. We recognise that effective child protection work requires sound procedures, good inter-agency co-operation and a workforce that is competent and confident in responding to child protection situations.

Child's Play has a duty of care to communicate with Social Care any concerns about a child as children's welfare is always our priority.

Child's Play intends to create an environment where children are safe from abuse and in which any suspicion of abuse is promptly and appropriately responded to.

Child's Plays aims are:

- To ensure that children are never placed at risk while in the charge of nursery staff
- To ensure staff follow all policies and procedures in relation to safeguarding to offer high quality care to children at all times
- To ensure that confidentiality is maintained at all times and all relevant legislation is adhered to
- To ensure that all staff are trained in safeguarding procedures and child protection policies. All staff will receive training at induction and then annually. The Designated Safeguarding Lead, Andrea Askey and deputies, Emily Askey, Lucy Askey and Sarah Kneeshaw will receive advanced training every two years and an annual refresher.

The designated Safeguarding lead will be responsible for ensuring documentation is relevant and up to date.

Definitions

Practitioners and other adults in the nursery are well placed to observe any physical, emotional or behavioural signs which indicate that a child may be suffering significant harm. **Significant harm** is a compilation of significant events, both acute and long-standing, which interrupt, change or damage the child's physical and psychological development. The relationships between staff, children, parents/carers and the public which foster respect, confidence and trust can lead to disclosures of abuse, and/or nursery staff being alerted to concerns. As in the Children Act 2006 a child is anyone who has not yet reached his/her 18th birthday.

Harm means ill-treatment or impairment of health and development, including, for example, impairment suffered from seeing or hearing the ill-treatment of another. Development means physical, intellectual, emotional, social or behavioural development. Health includes physical and mental health. Ill-treatment includes sexual abuse and other forms of ill-treatment which are not physical.

What is abuse?

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 or prevent harm. It can involve any one or more of the following:

- **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, neglect may involve a parent/carer failing to:

Provide adequate food, clothing and shelter (including exclusion from home or abandonment)

Protect a child from physical 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.

Action will be taken if staff have reason to believe that there has been persistent or severe neglect of a child, for example, exposure to any kind of danger including cold and starvation, which results in serious impairment of the child's health or development including failure to thrive.

- **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/carer fabricates the symptoms of, or deliberately induces, illness in a child. Action will be taken if staff believe that there has been a physical injury to a child, including deliberate poisoning. Where there is a definite knowledge or reasonable suspicion that the injury was inflicted or knowingly not prevented.
- **Sexual Abuse-** Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (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. Staff will be aware and vigilant to peer on peer abuse. Staff are also aware of the mandatory duty to report known cases of female genital mutilation.

Action will be taken if staff observe injuries connected to sexual abuse or witness occasions where a child indicates sexual activity through play, drawings or has an excessive pre occupation with sexual matters or has an inappropriate knowledge of adult sexual behaviour.

- **Emotional Abuse**-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 insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or "making fun" of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as over protection 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 seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children to frequently feel frightened or in danger, or the exploitation or corruption of children. Filters are fitted to nursery computers to which children have access. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Action will be taken under this heading if staff have reason to believe that there is severe, adverse effects on the behaviour and emotional development of the child caused by persistent or severe ill treatment or rejection. The settings behaviour policy will be referred to as it promotes Fundamental British Values of non-conflict and working things out to solve problems between children in a democratic way. The staff behaviour policy also sets these values at its heart and staff are expected to be role models for the children.

In addition to the areas of abuse above all staff receive training on the **effects of domestic abuse on children and families**, how to recognise traits/behaviours and what to do. Child's Play takes this very seriously as evidence proves that there are more than 130,000 children in the UK living in homes with domestic abuse where there's a high risk of murder or serious injury. Thousands more live with less serious domestic violence every day. This has a serious impact on children, on their health and wellbeing. Nearly 2 in 3 children (62%) exposed to domestic violence were also directly harmed. Children suffer multiple physical and mental health consequences because of living with domestic violence. Only half of the children previously known to children's social services but 80% were known to at least one public agency (CAADA's 2nd National Policy Report Feb 2014).

What is domestic abuse?

Domestic abuse is any type of controlling, bullying, threatening or violent behaviour between people in a relationship. It can seriously harm children and young people and witnessing domestic abuse is child abuse. It's important to remember domestic abuse:

- Can happen inside and outside the house
- Can happen over the phone, on the internet and on social networking sites
- Can happen in any relationship and can continue even when the relationship has ended
- Both men and women can be abused or abusers

Types of domestic abuse can include emotional, physical, sexual, financial or psychological, such as:

- Kicking, hitting, punching or cutting
- Rape (including in a relationship)
- Controlling someone's finances by withholding money or stopping someone earning
- Controlling behaviour, like telling someone where they can go and what to wear
- Not letting someone leave the house
- Reading emails, text messages or letters
- Threatening to kill someone or harm them
- Threatening to another family member or pet

Signs:

It can be difficult to tell if domestic abuse is happening and those carrying out the abuse can act very different when other people are around. Children and young people might also feel frightened and confused. Keeping the abuse to themselves. Signs that a child has witnessed domestic abuse can include:

- Aggression or bullying
- Anti-social behaviour like vandalism
- Anxiety depression or suicidal thoughts
- Attention seeking
- Bed wetting nightmares or insomnia
- Constant or regular sickness, like colds, headaches and mouth ulcers
- Drug/alcohol use
- Eating disorders
- Problem in school or trouble learning
- Tantrums
- Withdrawal

Effects:

Living in a house where domestic abuse happens can have a serious impact on a child or young person's mental and physical wellbeing, as well as their behaviour. And this last into adulthood.

What's important is to make sure the abuse stops and that children have a safe and stable environment to grow up in.

If a child talks to you about domestic abuse its important to:

- Listen carefully to what they are saying

- Let them know they have done the right thing by telling you
- Tell them its not their fault
- Say you'll take them seriously
- Don't confront the alleged abuser
- Explain what you will do next
- Report what you have been told as soon as possible

Local serious case review into Jack and Paul is worth a read (although upsetting) as it highlights the effect domestic abuse can have within the family.

<https://www.barnsley.gov.uk>media>

How will we respond to suspicions of abuse?

Children whose appearance or behaviour has given cause for concern will be listened to reassured and valued. Changes in a child's appearance/behaviour will be monitored and recorded, through the "Cause for Concern Form".

In general, we would seek to clarify our concerns with the child, as appropriate to their age and understanding and with their parents/carers and if necessary, seek their agreement to make a referral to Children's Social Care unless it is considered such a discussion would place the child at further risk of significant harm.

There may be an occasion when a child reports that they have been hurt/abused by another child in the setting. This concern will be taken seriously and will be dealt with immediately.

The safeguarding lead will need to share the information with Children's Social Care without delay in order for Children's Social Care to consider if there is a need for them to undertake a Child protection Investigation at that point in time.

The safeguarding lead will consult with the Local Authority Designated Officer where there may be concerns about the supervision of the children at the time of the incident or if they wish to have further advice and input into investigating the situation.

Where both children can be identified immediate steps will be taken to ensure the safety of all children; the options could be additional staffing, children attending for different sessions.

The manager will identify, from the rota, all relevant staff who were in the setting at the time of the alleged incident and will interview them all to establish what happened.

Parents/carers will be made aware of the outcome of the investigation and what actions the nursery will be taking to ensure children are safe in the future.

Information needed to make a referral to Social Care

When making a referral to Children's Social Care staff will follow the procedure set out on the Safeguarding Poster and will need the following information:

- The settings full address and telephone number
- The referrer's occupation
- The name of the child, child's address, child's age and child's date of birth.
- Child's ethnicity (if known)
- The name of the child's Social Worker (if he/she has one).
- Any further family details known to us
- Parent/carer names and if they are aware of the referral being made
- Parents/carers address (if different from the child's)
- Names of brothers and sisters (and ages if known)
- Dates of birth of family members (if known)
- Any school or other childcare setting that the child/family members may attend
- Name of family doctor
- Name of family health visitor
- How long have we known the child
- Why are we worried about the child
- What the child has said about the injury/situation
- Any immediate or impending danger to the child
- The current whereabouts of the parents/carers e.g. place of work, times of work, when parents are due home

The designated Safeguarding Lead will inform OFSTED on 0300 121 1231 at latest within 14 days of the allegations being made.

All concerns and investigations will be kept confidential and only shared with staff on a need to know basis. The staff involved will be the child's key person, designated Safeguarding lead and the management team. (refer to allegations against a member of staff policy)

Staff behaviour Policy

It is the responsibility of all staff to report inappropriate behaviour displayed by other staff members or any other person working with the children. This includes inappropriate sexual comments, excessive one-to-one attention beyond the requirements of their usual role and responsibilities, or inappropriate sharing of images. Any such behaviour should be reported immediately. There is opportunity to raise these concerns at the supervision meetings.

Safe Recruitment

All staff and students employed or on placement in the nursery will undergo checks by the Criminal Records Bureau, DBS service prior to appointment. Staff are recruited in line with the settings recruitment policy. Safer recruitment practice includes scrutinising applicants, verifying identity and academic or vocational qualifications, obtaining professional references, checking previous employment history and ensuring that a candidate has the health and physical capacity for the job. All employees will have their right to work in the UK status checked where necessary.

Training

Mandatory training on safeguarding is provided for all staff. This includes how to recognise the symptoms of possible physical abuse, neglect, emotional abuse and sexual abuse and that all staff understand the relevant procedures to follow. All staff will receive training on induction and then annually. The designated Safeguarding Officer's will receive advanced training every two years and refresher updates annually. In house training has been given to all staff on the use of "Cause for Concern" forms which are completed in the nursery in the event that a staff member has any concern about a child.

Designated lead, Andrea Askey also has specific training with regard to safeguarding our most venerable child who have special educational needs and/or disabilities.

Record keeping

Whenever concerns/changes are observed in a child's behaviour or physical appearance or condition a confidential record will be made and a "Cause for Concern form will be completed. These records are separate to the child's usual records of progress and development.

The record will include objective observations regarding the child's behaviour/appearance and where necessary words spoken by the child (verbatim). These files are kept in each child's safeguarding file to enable ease of cross- referencing attendance data, accident and existing injuries forms and are only accessed by the child's key person safeguarding officer or management team.

A copy of the BMBC "Safeguarding Children Policy and Procedures" for information, as well as a copy of "What to do if you are worried a child is being abused-summary" is available in the setting.

Safeguarding issues-further information.

Staff also receive training/information on many other types of abuse as follows:

Breast Ironing/breast flattening

Breast ironing is a traditional practice in some parts of West Africa, usually arranged or performed by a girl's mother to make her less attractive to males by delaying the signs that a girl is maturing into a young woman. It usually starts when a girl begins to develop breasts, generally between 8 and 12 years of age.

Reasons for it include protecting the girl from sexual harassment and discourage pre-marital sex, unwanted pregnancy and early marriage. One of the drivers is often that the mother wants her daughter to avoid pregnancy so she can receive an education.

As breast ironing is a hidden practice, it's difficult to know how common it is. The UN estimate that nearly 4 million girls are affected. There are no official police or government figures for it in the UK, but it is widely acknowledged that it is practiced in this country.

How breast ironing is carried out.

Different methods are used to flatten the breasts, often determined by the region where it takes place. A pestle or grinding stone are most

commonly used. The object is heated in a fire or boiling water until very hot, then applied to the breast. The object will then be pressed, pounded and massaged into the breast for several minutes. Afterwards, the breasts are often tightly bandaged. The pounding or pressing can continue for several months until the breasts have dropped or not developed.

Health Implications

Apart from severe pain, breast ironing causes:

- Burning and scarring
- Long term malformation or disappearance of the breasts
- Abscesses
- Life threatening infections
- Tissue damage
- Interference with breast feeding
- Mastitis
- Psychological problems such as anxiety, fear, depression and PTSD

It may also lead to the development of cysts, skin and breast cancer.

Signs that a girl maybe at risk of breast ironing

- She's embarrassed about her body
- Her mother or close relative has undergone breast ironing
- She talks about breast flattening in conversation, and may tell other children about it
- She asks a teacher or other adult for help if she thinks she's at risk
- Her parents or family consider breast ironing integral to their cultural identity
- Herself or her family have a limited level of integration within the community

Signs a girl is undergoing breast ironing

- She talks about pains in her chest area, even though she might not say exactly why due to embarrassment or fear.
- She may tell a social worker, GP or other medical professional

- She may be reluctant to undergo a medical examination
- She maybe nervous about changing clothes for physical activities due to scars or risk of bandages being seen.

Honour-based violence against women and girls

There is no specific offence of honour-based violence, but the Crown Prosecution Service describes it as an incident or crime which has, or may have, been committed to protect or defend the honour of the family or community. Honour can be the motivation, excuse or justification behind a range of violent acts against women and girls.

Forms of honour- based violence

Honour based violence includes:

- Forced marriage
- Domestic violence (physical, sexual, emotional or financial)
- Sexual harassment
- Threats to kill
- Denial of access to services such as phones or internet
- Isolation from family and friends

Identify honour-based violence

People could be a victim of honour- based violence if they feel threatened or abused should they:

- Separate from their partner or divorce
- Start a new relationship
- Talk to or interact with men
- Become pregnant or give birth outside of marriage
- Have an interfaith relationship, or marry outside a specified religion
- Have sex before marriage
- Marry a person of their own choice
- Try to access higher education without approval of their family

What to do

Victims of honour- based violence or forced marriage should contact:

- National domestic violence helpline
- Forced marriage unit
- Find out more about honour- based violence on the refuge website

Contextual safeguarding

Safeguarding incidents can be associated with, and occur between, children outside of setting. All staff, especially the designated safeguarding lead and their deputies, need to consider the context within which such incidents occur. This is known as contextual safeguarding: assessments of children must consider if wider environmental factors present in a child's life are a threat to their safety and welfare.

Children's social care assessments should consider these factors, so it's important that settings provide as much information as possible as part of a referral. This allows any assessment to consider all the available evidence and the full context of any abuse.

You can find out more on the Contextual Safeguarding Network website. Also in the publication keeping Children Safe in education.

Prevent Duty

To fulfil the Prevent Duty, providers must ensure:

- They focus on children's personal, social and emotional development, making sure learn right from wrong, mix and share with other children, value other's views, know about similarities and differences between themselves and others, and challenge negative attitudes and stereotypes.
- Staff are alert to harmful behaviours by influential adults in the child's life. This may include discriminatory and /or extremist discussions between parents, family and or staff members.
- They take action when they observe behaviour of concern.
- Staff are able to identify children who may be vulnerable to radicalisation, and know what to do when they are identified.
- They assess the risk of children being drawn into terrorism, and work in partnership with local partners such as police, prevent coordinators, channel police practitioners and the safeguarding children's partnership to take account of local risks and respond appropriately.

- Assess their training needs in the light of their assessment of the risk.

If any staff have any concerns a referral to the Police prevent team is needed
TEL: 0114 2523217 (8am-4pm)

Out of hours: dial 101 or in an emergency 999

Crimestoppers : 0800 555 111

Secure email: (prevent concern) prevent@southyorks.pnn.police.uk

Prevent and British Values

As a setting we are required to demonstrate Prevent through the British Values. Ofsted require us to demonstrate how we support children with British Values including learning right from wrong, learning to take turns and share, and challenging negative attitudes and stereotypes.

The Fundamental British Values

- Democracy- making decisions together
- Rule of Law-understanding rules matters
- Individual liberty- freedom for all
- Mutual respect and tolerance for those of different faiths and beliefs- treating others as you want to be treated

County lines, cuckooing and child criminal exploitation

County lines are the organised criminal distribution of drugs from big cities into smaller towns and rural areas using children and vulnerable people. Drugs such as cocaine, heroin and amphetamines are the main focus of county lines, although cannabis is also sometimes linked to this as well.

The main county lines gangs operate from London and Liverpool but other groups work out of large cities such as Manchester, Birmingham and Reading. The gangs are able to operate more easily in quieter areas where they might not be known to police.

The influence of county lines is nationwide: the Met police found gang members from Islington in 14 different police areas.

Young people typically 15/16 but sometimes younger, travel by public transport into rural or coastal areas carrying drugs and a disposable phone. For the gang's security each runner along the delivery chain only knows one other phone number.

Cuckooing

If a drug runner needs a place to stay, the gang will take over the home of a vulnerable person, often after following them home. This is known as cuckooing.

Once in the property drugs and weapons can be stored there, as well as using it as a venue for dealing drugs and the sexual exploitation of girls and young women.

Female genital mutilation (FGM)

The world health organisation defines FGM as all procedures involving partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons.

The consequences of FGM can include:

- Death
- Severe pain and shock
- Broken limbs from being held down
- Injury to adjacent tissues
- Urine retention
- Increased risk of HIV and AIDS
- Uterus, vaginal and pelvic infections
- Cysts and neuromas
- Infertility
- Increased risk of fistula
- Complication in child birth
- Sexual dysfunction
- Difficulties in menstruation
- Trauma and flashbacks

Many affected communities believe that FGM is a necessary custom to ensure that a girl is accepted within the community and eligible for marriage. Families who practice FGM usually see it as a way of safeguarding a girl's future. Other reasons include:

- Perceived health benefits
- Preservation of a girl's virginity
- Cleanliness
- Rite of passage into woman-hood
- Status in the community
- Protection of family honour
- Perceived religious justifications

There are no religions that advocate for FGM.

The signs a girl could be at risk of FGM

- Her mother has undergone FGM or one of her relatives has
- Mother requests re infibulation following childbirth
- Her parents or other family members regard FGM as integral to their cultural or religious identity
- Herself or her family has only limited level of integration within the community
- She is withdrawn from PSHE or sex and relationship education, perhaps due to her parents wanting to keep her uninformed about her body, FGM and her rights.
- She makes reference to FGM in conversation, eg telling other children about it.
- She may say she's having a special procedure or attending a special occasion to become a woman
- She may ask for help from a teacher or other adult if she thinks she's at risk of FGM
- Her parents say she will be out of the country for a long time but are reluctant to say why
- She's taken to a country with high prevalence of FGM, especially during the summer holidays which is known as the cutting season.

Signs FGM has occurred include:

- Prolonged absence from school
- Frequent need to go to the toilet
- Changes in behaviour
- Mentioning something has happen to them that they are not allowed to talk about
- Difficulty in sitting down comfortably
- Complaining about pain between their legs
- Change of dress from tight to loose fitting clothes
- Urinary tract infections
- Menstrual problems

If you are concerned a girl is at risk of FGM a referral must be made to Safeguarding child assessment team. If you are concerned that the girl is in immediate danger contact the police 999.

Fabricated or induced Illness

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

Signs of fabricated or induced illness.

FII covers a wide range of symptoms and behaviours involving parents seeking healthcare for a child. This ranges from extreme neglect (failing to seek medical care) to induced illness. Behaviours in FII include a mother or other carer who:

- Persuades healthcare professionals that their child is ill when they're perfectly healthy
- Exaggerates or lies about their child's symptoms
- Manipulates test results to suggest the presence of illness-for example, by putting glucose in urine samples to suggest the child has diabetes
- Deliberately induce symptoms of illness-for example, by poisoning her child with unnecessary medication or other substances

FII can involve children of all ages but the most severe cases are usually associated with children under 5. FII can also link to parents fabricating allergies, especially food. This happened in the case of Daniel Pelka. He was

starved and beaten to death. He was 4 years old and just started school. The school was told he many food allergies and he could not eat most things. In fact, he was being starved to death!

Toxic Trio

The term is used to describe the issues:

- Domestic abuse
- Mental ill health
- Substance misuse (alcohol and drugs)

Children living in environments where these are all present can be at risk of significant harm.

Domestic Abuse:

This is any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 yrs. or over who have been intimate partners or family members.

the types of abuse that could be experienced are:

- Physical
- Psychological
- Sexual
- Financial
- Emotional
- The abuse can also include honour-based violence, FGM, and forced marriage

Symptoms of domestic violence:

- Victim may take a passive role in meetings/handovers
- Child talks of fighting/shouting that is happening at home
- Evidence of single or repeated injury/visible injury on adult
- Parent may seem frightened
- Parent may portray lack of trust in practitioner
- Child may lose bladder control
- Child may be absent from setting
- Child may become more aggressive/see aggressive behaviour as normal

- Child may become anxious and withdrawn
- Child may display scared emotions towards their parent

Substance misuse

This applies to the misuse of alcohol as well as problematic drug use which has serious negative consequences of a physical, psychological social and interpersonal, financial or legal nature for users and those around them.

Substance misuse becomes relevant to child protection when it begins to impair their parenting capability.

Symptoms of substance misuse:

- Parents may present themselves as irritated, emotionally unavailable or irrational
- Lack of engagement / interest from parents on child welfare/development
- Tiredness or lack of concentration presented by parents when speaking to them
- Parents eyes maybe bloodshot or glazed
- Parent may experience abrupt weight changes
- Parent and child may look unkept
- Parent may present unusual body odours
- Child may have poor attendance
- Child may present a low self esteem

Parental mental ill-health

Parental mental illness does not always have an adverse impact on a child's development needs. However, the absence of a psychological diagnosis doesn't mean the child isn't at harm. Mental ill-health covers a wide range of conditions from eating disorders, mild depression and anxiety to psychotic illnesses such as schizophrenia or bipolar disorder.

Symptoms of parental mental ill health

- A child acting as a young carer for a parent or sibling

- A child may miss nursery regularly as they are being kept at home as a companion for a parent
- Continuous low mood and low self esteem
- Moving or speaking more slowly than usual
- Avoids contact with key person
- Loses temper very quickly at mild things
- Child's physical and emotional needs neglected (may associated with parental depression)
- Seems distant from child.

Child Sexual Exploitation (CSE)

A form of sexual abuse where children are sexually exploited for money, power or status. It can involve, 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 when a child may believe they are voluntarily engaging in sexual activity with the person who is exploiting them. A significant number of children who are victims of CSE go missing from home, care or education at some point.

To understand this topic further 'Three girls' is a true story documentary that you can find and watch online/catch up.

All the above are listed and described in more detail in the 'Keeping Children Safe In Education' document 2019.