Linskill Nursery Safeguarding Policy 2026

Statement of Intent

Linskill and North Tyneside Community Development Trust (LNTCDT) values and encourages the involvement of children and young people both in its own work and in the work of partner organisations. Through this Child Safeguarding Policy, LNTCDT is committed to promoting the wellbeing, safety and welfare of all children and young people who access its services, activities, projects, facilities or events.

LNTCDT recognises that safeguarding is everyone's responsibility. The organisation is committed to creating and maintaining a culture of safety that places children and young people at the centre of practice.

The welfare of children and young people is paramount.

Linskill Nursery has produced the following policy to ensure the safeguarding of all children within the care of the nursery. When this policy refers to 'staff' it includes and applies to all paid staff, volunteers and individuals working for the organisation, who have direct contact with children within the Linskill Nursery. This policy supports the procedures set out by North Tyneside Local Safeguarding Children' Partnership (NTLSCP).

Contact details for North Tyneside Council Front Door services can be found at the end of policy. Hard copies of Safeguarding information and essential documents are displayed in the nursery office, and Safeguarding information for parents is displayed in the corridor.

Legislative Framework

This policy has been written in accordance with:

- The Children Act 1989
- The Children Act 2004
- The Children and Social Work Act 2017
- Working Together to Safeguard Children 2026
- Keeping Children Safe in Education 2025
- The Children's Wellbeing and Schools Act 2026
- The Safeguarding Vulnerable Groups Act 2006
- The Data Protection Act 2018
- UK GDPR

- The Online Safety Act 2023
- The Prevent Duty Guidance
- North Tyneside Safeguarding Children Partnership procedures.

The nursery recognises its responsibilities under the Children's Wellbeing and Schools Act 2026 to promote children's welfare, support effective multi-agency working, and contribute to the early identification and safeguarding of vulnerable children.

Safeguarding children is defined in Working Together to Safeguard children as:

- protecting children from maltreatment
- preventing impairment of children's health or development
- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
- taking action to enable all children to have the best outcomes

This policy will:

- Ensure safe practice is executed regarding recruitment by checking the suitability of staff and volunteers to work with children in Linskill Nursery.
- Ensure that all staff have appropriate qualifications, training, skills and knowledge and a clear understanding of their roles and responsibilities. Managers will support staff to access on-going training needs through performance and development appraisals.
- Create an environment where children can learn and develop in safety in line with Ofsted's welfare requirements and in accordance with other relevant policies that support safeguarding children and protect children from harm and maltreatment.
- Help children develop the skills needed to keep themselves safe throughput the curriculum, particularly in the delivery of Personal, Social and Emotional education – children be encouraged to talk freely and will be taken seriously -ensuring the child's voice is present throughout the service and practices.
- Ensure staff create a culture of safety that puts children at the centre of the process, that includes creating a physical environment that is safe for children; share open and

transparent processes for Safeguarding children with parents and carers, including via the Parent/Carer Handbook.

- Ensure staff are aware of the procedures for identifying and reporting cases, or suspected cases, of abuse
- Make sure staff know how to support children who have been abused in accordance with his/her agreed Child Protection Plan
- Adopt a multi-agency approach with relevant agencies and co-operate with their enquiries regarding child protection matters including attending case conferences where necessary.
- Use Early Help Assessment to record concerns about children.
- Ensure all records are kept securely in a locked location.
- Comply with information sharing requirements and GDPR

This policy will be reviewed at regular intervals to ensure it reflects emerging good practice and legislative requirements.

Recruitment and Selection

By following the 'best practice' guidelines on recruitment selection, Linskill Nursery will:

- Ensure that the most suitable person for the post is appointed to paid positions or volunteer roles. People applying for positions which give them access on a sustained or regular basis to children (more than 3 days in a 30 day period), must declare all previous convictions and have a DBS to indicate suitability.
- All individuals who are working or volunteering MUST have an Enhanced Disclosure and Barring Service check, obtained from the DBS via a registered body, prior to the member commencing duties involving access to children. This will include any temporary support staff and regular volunteers (who are volunteering more than 3 days in a 30 day period).
- LNTCDT endeavours that all DBS checks obtained via the 'Update Service'. The Update Service is an online subscription that lets employers carry out a free, instant online check to view the status of an existing standard or enhanced DBS certificate.

This can only be done if:

- the employer has the individual's consent
- the employer could legally request a new DBS check for the role that the individual is applying for
- it is for the same workforce, where the same type and level of criminal record check is required

- Ensure that people looking after children are suitable to fulfil the requirements of their roles we have effective systems in place to ensure that our staff and any other person who is likely to have regular contact with children (including working on the premises), are suitable. Senior leaders may assess suitability over a period of up to three months or more.
- Meet their responsibilities under the Safeguarding Vulnerable Groups Act 2006, which includes a duty to make a referral to the Disclosure and Barring Service (DBS) where a member of staff is dismissed (or would have been, had the person not left the setting first) because they have harmed a child or put a child at risk of harm.
- Interview all staff to ensure suitability for the post.
- At least one Senior leader responsible for shortlisting, setting interview questions and interviewing will undertake the Safer Recruitment training to ensure best practice through all recruitment processes.
- DBS checks issued within the last three years from previous/current employers are accepted whilst awaiting to obtain a DBS check through the Linskill organisation/Update Service.
- During the period of Induction, all staff are required to read the Safeguarding Policy and all sub section policies within the first two week of employment and demonstrate competency in their Safeguarding responsibilities as identified through line managers observations of practice and professional discussions.
- Linskill Nursery uses a reputable childcare agency from which to use agency staff. It is part of the service level agreement that those individuals have current safeguarding training.

- All volunteers, students and sessional/agency staff will be issued with a leaflet regarding the key points of Safeguarding and those individuals must familiarise themselves with the content prior to working/visiting the children.

Staff Deployment

- Linskill Nursery adheres to Ofsted ratios and staffing requirements found in the EYFS Welfare Requirements in order to keep children safe.
- A manager or Deputy Manager shall be on site wherever possible. In circumstances where a manager cannot be on site, a suitable practitioner holding a relevant qualification L3 or above, who has a minimum of two years' experience and is deemed competent by managers, will be named as *person in charge*. Wherever possible, if a manager cannot be on site but is working, they will be contactable. For example, working from home or off-site on training.
- A Designated Safeguarding Lead will always be available either on site or via telephone during nursery opening hours. The telephone number of the DSL on duty (if a DSL if not on site) is displayed in the nursery office.
- The room senior is responsible for ensuring staff are deployed around the room and during activities that maximise child safety. This includes particular care on deployment when children are eating, sleeping and playing outside, or engaging in *risky play*.

Training

- Develop and implement safeguarding procedures as suggested by North Tyneside Local Safeguarding Children's Partnership (NTLSCP) to ensure a quick and effective response to concerns about the physical, sexual, emotional abuse and neglect.
- All staff are to attend the muti agency full day (or equivalent) Safeguarding training with North Tyneside Safeguarding Children Partnership as soon as practicably possible after commencing the post (unless there is certification evidence that it has been completed within North Tyneside within the last three years).

- Once the Multi Agency Safeguarding training has been completed, refresher training will be completed once per year (a half day training session). This may be inhouse if delivered by Louise Cervantes as she is a trained associated Safeguarding trainer for the local authority. This refresher training will take place on a nursery INSET day. If a staff member cannot attend, this refresher training will be accessed online or in person with the NTLCSP.
- Annual safeguarding refresher training will include emerging safeguarding themes such as Artificial Intelligence, AI-generated child sexual abuse material (AI-CSAM), image manipulation, online safety risks, deepfakes, and other emerging themes as advised from sources such as the NSPCC and the North Tyneside Safeguarding Children Partnership.
- Risks Outside the Home (*or Contextual Safeguarding*) issues are explored via Multi-agency Safeguarding training and the annual refresher training specifically in Prevent Duty and County Lines via online training and this is carried out yearly. For Early Years practice, "Risks Outside the Home" can also include:

- exposure to domestic abuse
- criminal exploitation
- county lines
- online harm
- radicalisation
- unsafe adults outside the family home
- community-based risks
- harmful peer influences

- One DSL has Vulnerable Babies training to support the safeguarding of babies in the setting.
- Four nursery managers are DSLs and have specialist training as determined by the NTLSCP to enable them to carry out the DSL role.
- To embed training and prove knowledge, Safeguarding is a standing agenda item at every staff meeting – this will ensure local and national updates are shared, child safeguarding quizzes and scenario are carried out. Every two months, the nursery sub

group meets and Safeguarding is a standing agenda item to review local and legislative changes and inform policies.

- The lead DSL receives NSPCC weekly updates directly for research and policy information, and amends policies and procedures as necessary at the time – which are then shared with the team.
- The policies are as standard reviewed yearly by the lead DSL and are checked by the appointed Safeguarding member of the Board of Trustees.
- Team members have staff supervisions every 8-12 weeks.

What to do if you have Safeguarding and/or child protection concerns:

- It is the responsibility of all staff to be alert to signs of actual or suspected abuse and to take action on the day the concerns arise.
- A Designated Safeguarding Lead will be informed immediately of any concerns.
- Any immediate action necessary to Safeguard a child/children will be taken.
- In the event of a child sharing information of their experience of abuse involving someone who *is not* a member of staff – the staff member will remain calm; will talk to the child at a level of understanding appropriate to their level of cognition; will not promise confidentiality; will reassure the child in ways that are appropriate.
- If there is an allegation of abuse, or if abuse is known/suspected, and it **is against a staff member/volunteer from Linskill Nursery or the wider organisation**, the Whistle Blowing Policy will be referred to.
- If necessary, a referral to the Front Door service in North Tyneside will be made in accordance to the procedures detailed on the website, and where a referral is made by telephone call to the designated line, the referral must be followed up with the digital online referral as soon as it is possible and must not be any more than 24 hours later.
- If it is uncertain as to whether a referral should be made, the Multi Agency Safeguarding Hub Professionals Advice Line can be accessed who can advise.

- If an allegation of abuse, or if abuse is known/suspected and the person has access to children but **is not** a member of staff the Local Authority Designated Officer (LADO) must be informed.
- If a child is believed to be at immediate risk of harm, staff must contact emergency services via 999.

Artificial Intelligence (AI) image incident specific protocols :

- Any concern relating to AI-generated child sexual abuse material (AI-CSAM), manipulated images of children, "nudified" photographs or other AI-generated indecent imagery must be treated as a child protection concern.
- Where staff become aware of such material they must:
- immediately inform the Designated Safeguarding Lead (DSL)
- not forward, copy, download, print, save or share the image or video under any circumstances
- avoid viewing the material unless specifically directed by the DSL where professionally necessary
- preserve information which may assist an investigation, including usernames, website addresses or messages, without retaining copies of indecent images
- support the child and family sensitively, recognising the potential emotional impact

Information Sharing and GDPR

- Information will only be shared on a “need to know” basis where it is necessary to safeguard and promote the welfare of a child.
- Staff must ensure that information shared is relevant, accurate, factual, timely and proportionate.
- Safeguarding concerns may be shared without parental consent where there is a risk of harm to a child or where doing so is in the child’s best interests.
- Staff must not promise confidentiality to children or families where safeguarding concerns are identified.

- The nursery will work in partnership with other professionals and agencies including Social Care, Health Services, Early Help, Police and Education providers to safeguard children effectively.
- Information received from other professionals must be treated sensitively, stored securely and only discussed with appropriate individuals.
- Safeguarding records and reports must be kept securely in line with GDPR and data protection requirements -locked cabinets and/or in password protected digital systems.
- Original handwritten safeguarding notes must be retained alongside any electronic records.
- When a child transitions to another setting or school, the designated safeguarding lead should ensure a copy of their child protection file is transferred to the new school or college as soon as possible, and within 5 days for an in-year transfer or within the first 5 days of the start of a new term to allow the new setting or school to have support in place for when the child arrives. The designated safeguarding lead should ensure secure transit, and confirmation of receipt should be obtained. This will be done via recorded and signed for postal delivery.

Once the information has been confirmed as successfully transferred, any copies or originals will be destroyed in line with GDPR compliance (cross cut shredded).

The exception to this is any substantiated, unfounded and unsubstantiated allegations. It is important that the following information is kept on the file of the person accused:

• a clear and comprehensive summary of the allegation

• details of how the allegation was followed up and resolved

• a note of any action taken, decisions reached and the outcome i.e. substantiated, unfounded or unsubstantiated

• a copy provided to the person concerned, where agreed by local authority children's social care or the police, and

• a declaration on whether the information will be referred to in any future reference.

These records will be retained at least until the accused has reached normal pension age or for a period of 10 years from the date of the allegation if that is longer.

Details of allegations following an investigation that are found to have been malicious or false should be removed from personnel records unless the individual gives their consent for retention of the information.

- Staff must immediately report any concerns regarding information sharing, confidentiality breaches or data security to the Designated Safeguarding Lead (DSL).

Artificial Intelligence (AI), Images and Safeguarding

Linskill Nursery recognises that advances in Artificial Intelligence (AI) present new safeguarding risks for children, including the manipulation of photographs to create indecent or sexualised images.

Whilst children attending Linskill Nursery are very young and are highly unlikely to create or access AI-generated material themselves, the nursery recognises that photographs of children may be vulnerable to misuse by others.

The nursery recognises that AI-generated child sexual abuse material is illegal regardless of whether the image has been created entirely by AI or manipulated from an existing photograph.

To reduce risk the nursery will:

- only take photographs and videos for legitimate educational, safeguarding or promotional purposes
- ensure all photographs are stored securely in accordance with GDPR
- regularly review parental image consent
- clearly explain to parents how images may be used, stored and shared
- remind families that consent may be changed or withdrawn at any time
- avoid publishing unnecessary identifying information alongside children's images
- regularly review online content to ensure it remains appropriate

- continue to educate staff regarding emerging online safeguarding risks including AI image manipulation.

Practitioner practice: Where appropriate, age and stage of development permitting, practitioners will begin introducing simple concepts of privacy, permission and asking before taking photographs, supporting children's early understanding of consent.

Refer to page 8 for specific concerns and incident protocols and procedures.

Child absence - procedures

- In the event of a child not attending for a booked session, the parents must notify the nursery at the earliest convenience advising of reason for absence with detail i.e. not reporting simply 'sick', or 'unwell'. This expectation is detailed in the Parent Handbook. It is important for the team to be made aware of the nature of the absence to monitor absences for reasons such as managing outbreaks and take extra hygiene measures.
- If a parent notifies on the Famly app or on the telephone, but does not give specific reason for absence, the key worker, senior or manager should seek the reason for absence by making contact with the parent on the same day. Parent or practitioner to record on the App. Advise a manager of a child's absence who will record the absence on the Absence Tracker.
- If a child is absent, but no communication comes in as to why, a nursery member of staff should contact the parent after 1 hour of the child's expected arrival time. I.e. booked at 8am – no show and no message: parent to be contacted at 9am. If contact is successful, the parent or practitioner will record the specific reason for absence on the Famly app.
- If there is no response to the contact, (including via the app, telephone, email), it must be recorded on the Absence Tracker. A manager will attempt to establish the reason for absence by contacting those on the emergency contact list.
- A manager will review the Absence Tracker monthly and report concerning patterns to the DSL and any necessary course of action taken.

Allegations against a staff member

The Whistle Blowing Policy will be referred to.

If the complaint or allegation is made to a staff member they must immediately inform the Nursery Manager who will in turn inform the Community Programme Manager (Louise Cervantes).

If the allegation/concern is made against the Nursery Manager and/or a Deputy Nursery Manager, the matter will be raised to the Community Programme Manager -the Lead DSL.

If the allegation/concern is against the Community Programme Manager, the matter will be raised to the LNTCDT Chief Officer.

If the Nursery Manager and/or Community Programme Manager decide that the complaint falls within the Safeguarding category the member of staff complained about will be told that an allegation has been made. The staff member, however, must not be told the details of the complaint at this stage.

Subsequent procedures include

- contacting the LADO -he/she will advise of the procedures to follow
- the staff member may be assigned duties that do not involve contact with children
- the staff member may be suspended.
- It may mean immediate dismissal dependent upon the circumstances.
- Ofsted may will be informed of the referral and any subsequent investigations and actions.
- Under no circumstances must the member of staff against whom the complaint/allegation has been made be allowed to care for children.
- Under no circumstances must staff interrogate the child or push for an explanation.
- If someone other than the parent/carer has made the complaint, then the parent/carer must be informed as soon as possible and invited to return to the Nursery to discuss the matter.
- Parent/carers will need to be reassured and supported throughout the process of the

subsequent investigation. A named person will be designated at the start of the investigation as the parent/carer single point of contact for ease of communication. It will be this person's responsibility to keep the parent/carer informed of the process and progress of the investigation and to ensure that the needs of the parent/carers are taken into account when meetings are arranged etc.

- During the investigation process, a Senior Leader from the organisation will be identified to support the staff member/volunteer under investigation throughout the process.

Contact Details for Services

Front Door Service Contact Details:

Telephone: 0345 2000 109 (office hours)

Telephone Out of Hours: 03303337475 (evenings and weekends)

***This is also the number to ring if reporting an allegation against a member of staff to report to the Local Authority Designated Officer (LADO).**

MASH advice line: 0191 643 5555 between 8:30am and 5.00pm Monday to Thursday and 8:30am to 4:30pm on Fridays.

In the event of concerns about a child being in immediate danger, the police should be contacted on telephone number **999.**

LINSKILL NURSERY

WORRIED A CHILD IS BEING ABUSED, HAS BEEN ABUSED OR IS AT RISK OF HARM?

QUICK GUIDE – STEPS TO TAKE

WHAT TO DO – STEP BY STEP

1 RECOGNISE YOUR CONCERN

- You may notice something a child says or does, or changes in behaviour, appearance or attendance.
- Trust your instincts – your concern is important.

2 LISTEN AND RESPOND APPROPRIATELY

If the child is of an age to talk:

- Listen calmly and take what the child is saying seriously.
- Reassure the child they have done the right thing by telling you.
- Do not promise secrecy.

If the child is a baby or not able to talk:

- Notice and trust your professional judgment.
- Look for non-verbal signs, changes in behaviour or unexplained injuries.
- Respond with care and ensure the child is safe and comfortable.

3 RECORD

- Write down what was said or seen as soon as possible.
- Use the child's exact words where possible.
- Note the date, time, any visible injuries and who was present.
- Handwritten notes must be kept.

4 REPORT IMMEDIATELY

- Pass your concern to the Designated Safeguarding Lead (DSL) without delay.
- If the concern is about a member of staff, or if the person has access to children, contact the LADO (Local Authority Designated Officer) via the DSL.
- Do not investigate or ask leading questions.

5 DSL TAKES ACTION

- The DSL will assess the information and decide the next steps.
- This may include: Early Help, speaking with parents (where appropriate), referral to Children's Social Care (NT Front Door) or seeking advice from partners.
- The DSL will keep you informed of what you need to know.

6 MONITOR AND SUPPORT

- Continue to support the child and observe.
- Record any further concerns and share with the DSL.

IF YOU THINK A CHILD IS IN IMMEDIATE DANGER – RING 999

Then inform the DSL as soon as possible.

KEY CONTACTS AT LINSKILL NURSERY

DESIGNATED SAFEGUARDING LEAD (DSL)

Lead DSL:

Louise Cervantes

Contact via SLT office or reception

DEPUTY DSLs

Debra Dunn – **Nursery Manager**
(Contact via nursery office)

Rachel Brunton – Deputy Nursery Manager
(Contact via nursery office)

Karen Kelly – Deputy Nursery Manager
(Contact via nursery office)

IF A CHILD IS IN IMMEDIATE DANGER
CALL 999

For all other safeguarding concerns contact
NT Front Door
0345 2000 109

Out of Hours (evenings, weekends, bank holidays):
03303337475

Ensure all records are kept securely in a locked location and shared in line with our Safeguarding Policy, GDPR and information sharing requirements.
This guide should be read alongside the Linskill Nursery Safeguarding Policy 2026.

Appendix 1

Signs and Indicators of Abuse

Whilst there are no absolute criteria to rely on when judging what constitutes significant harm, consideration should be given to:

- The severity of the ill-treatment including the degree of harm
- The extent and frequency of abuse and/or neglect
- The impact this is likely to have or is having to the child / children involved.

This may be a single traumatic event, e.g. a violent assault, suffocation or poisoning or it can be a combination of events, both acute and long-standing, that impairs the physical, intellectual, emotional, social or behavioral development of the child.

Definition of abuse and neglect, and possible signs and indicators

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by harming them, or by failing to prevent harm. Children may be abused within a family, institution, or community setting by those known to them, or a stranger(s), (an adult or adults or another child or children).

The signs and indicators listed below may not necessarily indicate that a child has been abused, but will help indicate that something may be wrong, especially if a child shows a number of these symptoms or any of them to a marked degree.

Some of the signs and indicators may be more likely observed in older children but we have a duty of care to 'think family' as we may observe siblings or other family members to be at risk of harm or abuse.

Physical abuse:

May involve hitting, shaking, throwing, poisoning, burning, 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, or where an adult knowingly does not prevent an injury to a child.

Signs and indicators may include:

- Unexplained recurrent injuries or burns other than those normally seen in a young child
- Improbable excuses or refusal to explain injuries
- Wearing clothes to cover injuries, even in hot weather
- Aggression towards others
- Fear of physical contact - shrinking back if touched including fear of suspected abuser (not always the case)
- Admitting that they are being physically hurt.

Suspected non-accidental bruising and non- accidental sub-conjunctival hemorrhage

Very young children are categorised as more vulnerable to abuse, and, therefore, particular caution must be exercised when concerns arise, particularly regarding the non-mobile infant. 'Bruising was the most common injury in children who have been abused. It is also a common injury in non-abused children, the exception to this being pre-mobile infants where accidental bruising is rare (0-1.3%). www.gov.uk

Accidental bruising is very unlikely in an infant that cannot yet roll or crawl.

In the event of a non-mobile infant presenting with a bruise, this must be reported via Front Door to be reviewed by a health professional who has the appropriate expertise to assess the nature and presentation of the bruise, any associated injuries, and to appraise the circumstances of the presentation including the developmental stage of the child, whether there is any evidence of a

medical condition that could have caused or contributed to the bruising, or a plausible explanation for the bruising– the Front Door service will advise how this is to be arranged.

The parent/carer will be informed that it is an essential procedure and that they must not leave the premises with the child. If they leave with the child, the nursery will phone the police. This procedure is outlined in the Parent/Carer handbook.

In relation to Non-accidental Head Injury or Abusive Head Trauma (formerly *Shaken Baby Syndrome),* it is vital practitioners are aware of the signs and indicators. In the event of an infant (under 1 year) presenting with a sub-conjunctival hemorrhage (a bloodshot eye), this must be reported via the Front Door to be reviewed by a health professional who has the appropriate expertise to assess the nature and presentation of the injury, any associated injuries, and to appraise the circumstances of the presentation including the developmental stage of the child, whether there is any evidence of a medical condition that could have caused or contributed to the bruising, or a plausible explanation for the bruising– the Front Door service will advise how this is to be arranged.

In the event of a child aged 4 and under presenting with a sub-conjunctival hemorrhage, and the explanation is absent or does not fit/correspond with the presenting injury, and/or there are other concerning injuries, then maltreatment must be considered and therefore, referred to the Front Door.

The parent/carer will be informed that it is an essential procedure and that they must not leave the premises with the child. If they leave with the child, the nursery will phone the police. This procedure is outlined in the Parent/Carer handbook.

Fabricated and Induced Illness (FII):

A type of physical abuse. This is where a child is presented with an illness that is fabricated by the adult carer. The carer may seek out unnecessary medical treatment or investigation. The signs may include a carer exaggerating a real illness or symptoms, complete fabrication of symptoms or

inducing physical illness e.g. through poisoning, starvation, inappropriate diet. This may also be presented through false allegations of abuse or encouraging the child to appear disabled or ill to obtain unnecessary treatment or specialist support.

Female Genital Mutilation (FGM) - Please refer to the separate policy for Female Genital Mutilation (FGM)

Emotional abuse:

Is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects in 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 little or no contact or love given to the child from the abuser; this could also include a child being left with no stimulation or adult support for a sustained amount of time.

It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying, causing children to frequently feel frightened or in danger, or the exploitation or corruption of children.

Signs and indicators may include:

- Physical, mental and emotional development lags
- Sudden speech disorders
- Overreaction to mistakes
- Extreme fear of any new situation
- Neurotic behaviour (rocking, hair twisting, self-mutilation)
- Extremes of passivity or aggression.

Domestic Abuse

It is often difficult to tell if domestic abuse is happening, because it
usually takes place in the family home and abusers can act very differently when

other people are around.

Children who witness domestic abuse may:

- become aggressive
- display anti-social behavior
- suffer from depression or anxiety
- not do as well at nursery/school - due to difficulties at home or disruption of moving to and from refuges.
- Parents or carers may underestimate the effects of the abuse on their children because they don't see what's happening.
- Children witnessing domestic abuse is recognised as 'significant harm' in law.

Domestic abuse can also be a sign that children are suffering another type of abuse or neglect

Sexual abuse

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

Signs and indicators may include:

- Being overly affectionate or knowledgeable in a sexual way inappropriate to the child's age
- Medical problems such as chronic itching, pain in the genitals, venereal diseases
- Other extreme reactions, such as depression, self-mutilation, suicide attempts,

running away, overdoses, anorexia

- Personality changes such as becoming insecure or clingy
- Regressing to younger behaviour patterns such as thumb sucking or bringing out discarded cuddly toys
- Sudden loss of appetite or compulsive eating
- Being isolated or withdraw
- Inability to concentrate
- Lack of trust or fear of someone they know well, such as not wanting to be alone with a carer
- Becoming worried about clothing being removed
- Suddenly drawing sexually explicit pictures or acting out actions inappropriate for their age
- Using sexually explicit language.

Online Safety – Please refer to the separate policy for Online Safety

Neglect

Is the persistent failure to meet a child's basic physical and / or psychological needs, likely to result in 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 (e.g. shoes may be too small on a persistent basis) or shelter (including exclusion from the 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.

Signs and indicators may include:

- Poor attendance at nursery due to not be taken
- Not engaging with the child's education
- Not be taken to medical appointments
- Constant tiredness
- Poor state of clothing or clothing such as shoes being too small / big, and/or hurting the child when wearing them
- Untreated medical problems
- Compulsive scavenging
- Destructive tendencies.
- Poor personal hygiene / nappies remaining unchanged for a significant period of time
- Constant hunger

An Early Help Assessment (EHA) with a multi-agency approach should be undertaken when the cause of neglect is thought to be circumstantial.

Prevent Duty – please see our separate policy regarding anti radicalisation

Peer on Peer Abuse – please see separate policy

12. Policy Review

This policy will be reviewed:

- annually by the Lead DSL and
- following safeguarding incidents
- following legislative changes
- following local safeguarding partnership updates.

Date: 14/06/26 Reviewer: Louise Cervantes

Date: _____ Reviewer:_____

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