



Safeguarding Policy

2025

Author	Louisa Godfrey
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Safeguarding Personnel and Contact Numbers

Safeguarding Personnel	Contact Details
Director responsibility for Safeguarding:	Louisa Godfrey
Other Directors	Andrew Godfrey
Designated Safeguarding Person:	Louisa Godfrey
Deputy Safeguarding Person:	Andrew Godfrey
2nd Deputy Safeguarding Person:	Laura Godfrey
3rd Deputy Safeguarding Person:	N/A

N. B. All staff will have access to this policy, which can be found on their Bright HR login. They will be required to read it and acknowledge that they have understood it.

1. Description of our Company

Godfrey Group Facilities is an industry leader, providing cleaning services to holiday parks, schools, offices, housing associations, popular venues and shopping centres, as well as building and maintenance services to housing associations, estates and private properties.

We are based in the town of Denbigh, North Wales, however, we hold contacts and employ staff all over the United Kingdom. We provide efficiency, reliability and professionalism across all services. We apply innovative technology ensuring nothing gets side-lined, and progress is reported electronically. We deliver fairness and equality, a passion for the Welsh Language and Culture, respect for ideas and bespoke training for each employee, to the specifications of our sites.

Due to the nature of our business, our staff may come into contact with children, young people, elderly people and vulnerable adults. Therefore, we understand the need for a robust Safeguarding Policy which is understood and followed by all staff. We also understand the need for clear Safeguarding Procedures that can be understood and followed by all staff.

2. Policy Formation and Consultation Process

This policy took account of the following key documents:

- Welsh Government Circular: 283/2022 Keeping Learners Safe and other documents listed in Circular 158/2015
- Together we'll Keep Children and Young People Safe as we rebuild from COVID-19 Non – statutory guidance for practitioners July 2020
- Welsh Government Circular No: 009/2014 Safeguarding Children in Education - Handling allegations of abuse against teachers and other staff
- Procedures for Reporting Misconduct and Incompetence in the Education Workforce in Wales Guidance 168/2015
- Staffing of Maintained Schools (Wales) (Amendment) Regulations 2014
- Welsh Government Guidance 'Model' Safeguarding Policy
- Wales Safeguarding Procedures 2019
- Social Services and Wellbeing Act -2014

3. New legislation in England and Wales

3.1

The [Care Act 2014](#) came into force in England on 1 April 2015. The [Social Services and Wellbeing Act 2014](#) came into force in Wales on 1 April 2016. The acts introduce new duties and responsibilities on local authority adult social services as the lead agencies in protecting adults at risk. This gives public services and government clear responsibility to make sure that people in the most vulnerable situations are safe from abuse or neglect.

3.2

Godfrey Group supports the principles in the acts and believes that safeguarding is everyone's business. We know how important it is for organisations to work together and create shared strategies to protect people.

3.3

We're committed to taking action quickly, effectively and professionally when abuse takes place.

4. What is safeguarding?

4.1

Safeguarding is a term we use to describe how we protect adults and children from abuse or neglect. It is an important shared priority of many public services, and a key responsibility of local authorities.

4.2

Safeguarding is about protecting certain people who may be in vulnerable circumstances. These people may be at risk of abuse or neglect due to the actions (or lack of action) of another person. In these cases, it is vital that public services work together to identify people at risk, and put steps in place to help prevent abuse or neglect.

Godfrey Group fully recognises the importance of understanding child protection and safeguarding. The terms 'child protection' and 'safeguarding' mean different things to different people and it is for this reason that the Welsh Government have defined the terms; the definitions may be viewed at **Appendix A**.

The Company's Safeguarding Leadership Structure is as follows:

Company Directors - Strategic Overview

Designated Safeguarding Lead	-	Overall Leadership
Managers	-	Operational Management & Administration
All Staff	-	Legal duty to record and report child protection and safeguarding concerns

This policy applies to all staff who are employed by Godfrey Group.

All staff MUST record and report any child protection or safeguarding concerns or suspicions to the Designated Safeguarding Lead with minimal delay and on the day of the concern together. The Designated Safeguarding Officer for Godfrey Group will then make a referral, if required, to Social Services within the relevant Local Authority. The Designated Safeguarding Lead Officer for Godfrey Group will also report the concern to the company/site/organisation at which the concern has been logged. A record will be kept of the incident and the referral.

This is not a matter of individual choice but a duty on individual staff to report concerns as outlined in the Wales Safeguarding Procedures 2019.

The Prevent Duty – What to do If you have a concern about a person?

Due regard – means that Godfrey Group should place an appropriate amount of weight on the need to prevent people being drawn into terrorism.

Radicalisation and extremism are defined as the process by which a person comes to support terrorism and forms of extremism leading to terrorism (HM Government Prevent Strategy)

If a member of staff has a concern about a particular person or family your normal company safeguarding procedures should be followed, including discussing the Prevent concern with your designated safeguarding lead in in Godfrey Group, who will then make a referral through to the relevant local authority children's or adult's social care referral teams.

Contact with the Police Prevent Officer, for that area, will also be made to gain advise and guidance.

5. Godfrey Group's Safeguarding Obligations

5.1 The Directors

- Ensure the company has effective policies and procedures in place to deal with child protection and safeguarding matters.

- Ensure the company follows safe recruitment processes employment checks, including enhanced DBS checks where they are required.
- Ensure the company has effective policies and procedures in place to deal with allegations of abuse against members of staff.
- Ensure the company staff receive termly updates on safeguarding actions and measures in within the company and these are recorded in staff meetings
- Ensure that a safeguarding risk assessment is completed annually in line with Health and Safety procedures.
- Monitor compliance with those policies and procedures.
- Ensure any deficiencies in relation to safeguarding arrangements are brought to its attention and remedied without delay.
- Ensure all staff undertake the appropriate training commensurate with their job role.
- Review its policies and procedures annually.
- Ensure that there is a designated senior member of staff, who has undertaken the appropriate and enhanced training required of the role. This role will be called the Designated Safeguarding Lead; the name of the Designated Safeguarding Lead and Deputy Safeguarding Person will be made available to all staff.
- Ensure that a named Safeguarding Lead is always on site at the office or that appropriate arrangements are in place to ensure any safeguarding/Child Protection issues are dealt with by a trained and named Safeguarding Person.
- Ensure that any matter is referred on the day of the concern being raised to the company.
- Work closely with the Designated Safeguarding Lead who will oversee the Company's safeguarding and child protection policy and practice.
- Ensure every member of staff knows:
 - The name of the Designated Safeguarding Lead and their role,
 - That they have individual duty for referring safeguarding and child protection concerns to the designated safeguarding lead within the agreed timescales,
 - That they have individual responsibility to take forward concerns to a Deputy Safeguarding Person if the Designated Safeguarding Lead is unavailable,
- Ensure that members of staff are aware of the need to be alert to signs of abuse and know how to respond to a child, young person, elderly person or vulnerable adult who may tell of abuse and know how to respond to the person who may disclose abuse.
- Provide training for all staff so that they know:
 - Their Individual Responsibility,
 - The Agreed Company Procedures,

- The Need To Be Vigilant In Identifying Cases Of Abuse.
- **Appendix B** provides the definitions of abuse/neglect/significant harm
- **Appendix C** provides the indicators of abuse/neglect/harm
- Ensure written records are kept of concern (noting the date, event, persons present during discussions, action taken, the reasons any decisions were taken including, if the decision is not to report), even where there is no need to refer the matter to Social Services.
- Ensure all records are kept secure and in locked locations (see Record Keeping Procedure).
- Ensure that the recruitment and selection procedures are made in accordance with Welsh Government Circular: 283/2022 Keeping Learners Safe Chapter 5 and to work closely with your service provider in the application and monitoring of these employment checks.

5.3 The Designated Safeguarding Lead:

- Undertake the appropriate and enhanced training required of this role.
- Be available in the office, or ensure that appropriate arrangements are in place in their absence, to ensure any safeguarding/child protection issues are dealt with by a trained and named Designated Safeguarding person.
- Refer the matter on the day of the concern being raised to them
- Work closely with all staff to oversee the company's safeguarding policy and practice.

5.4 All staff:

- All Staff have a duty to record and report any child protection/Safeguarding concerns or suspicions to the Designated Safeguarding Lead as soon it is identified and practically possible and within the day of the concern being raised.
- Understand their role and responsibilities to safeguard and promote the welfare of children, young people, elderly people and vulnerable adults.
- Be familiar with and follow the company's procedures and protocols for safeguarding
- Be alert to indicators of abuse and neglect.
- Have received safeguarding training to a level commensurate with their role and responsibilities.
- Know that if any person has knowledge, concerns or suspicions that a child, young person, elderly person or vulnerable adult is suffering, has suffered or is likely to be at risk of harm, it is their legal duty to ensure that the concerns are referred to

Children's Services or the Police, who have statutory duties and powers to make enquiries and intervene when necessary.

6. Safer Recruitment

The company, when providing staff to work in schools or Local Authority buildings and housing associations will adhere to the Welsh Government Circular: 283/2022 Keeping Learners Safe/Chapter 5. All members of staff will be required to hold an up to date Disclosure and Barring Service (DBS) disclosure certificate. The company will maintain a record of all staff DBS disclosure dates and ensure that renewals are timely.

The Director retains responsibility for ensuring that all persons attending site are appropriately risk assessed in circumstances where DBS disclosures are unavailable.

The company will also adhere to safer recruitment practice with regard to receiving and checking references of people prior to appointment, person specifications, candidate information packs, job descriptions, interviews, and induction training.

7. North Wales Safeguarding Board (NWSB)

North Wales Safeguarding Board (NWSB) is a statutory body which co-ordinates, monitors and challenges its partner agencies in safeguarding children in North Wales. The objectives of the NWSB are to PROTECT children in its area who are experiencing or at risk of abuse, neglect or other kinds of harm and PREVENT children who are experiencing or at risk of experiencing abuse, neglect or other kind of harm.

Godfrey Group is aware of the work of the Safeguarding Board.

<https://www.northwalessafeguardingboard.wales/wales-safeguarding-procedures-coming-soon/>

8. Confidentiality & Information Sharing

Godfrey Group recognises that all matters relating to safeguarding are confidential, however there is a balance between safeguarding and the right to privacy, as outlined below.

There must be a legal basis for sharing information and a legitimate purpose for doing so. When dealing with confidential information we will need to be satisfied that there is either:

- a statutory obligation to disclose
- expressed or implied consent from the persons involved or
- an overriding public interest in disclosing information

The Data Protection Act is not a barrier to sharing information but provides a framework to ensure that personal information about living persons is shared appropriately.

We are fully aware of the Data Protection Act and the guidance surrounding the sharing of information:

- Wales Accord on the Sharing of Public Information (WASPI) framework www.waspi.org/

9. Compliance with this Policy

All staff must read and understand this policy, including the appendices. All staff will indicate via Bright HR, that they have read and understood the policy.

10. Appendix A - Definitions of Safeguarding

Definition of Safeguarding

Safeguarding and Protecting is everybody's responsibility

(Wales Safeguarding Procedures 2019)

Safeguarding is protecting children, young people and vulnerable adults from abuse, neglect or other kinds of harm, and educating those around them to recognise the signs and dangers.

Definition of Child Protection

Child protection is a part of safeguarding and promoting welfare. This refers to the activity, which is undertaken to protect specific children who are suffering or are at risk of suffering significant harm as a result of abuse or neglect

11. Appendix B – Categories of Risk of Harm

Categories

The category, or combination of categories, used in registration will indicate to those consulting the register the primary presenting concerns at the time of registration

(Wales Safeguarding Procedures 2019)

A child is abused or neglected when somebody inflicts harm, or fails to act to prevent harm. Children may be abused in a family or in an institution or community setting, by those known to them or more rarely by a stranger. A child or young person **up to the age of 18 years** can suffer abuse or neglect and require protection via an inter-agency child protection plan.

Physical Abuse

May involve hitting, slapping, over or misuse of medication, undue restraint, or inappropriate sanctions,

Emotional and Psychological Abuse

Threats of harm or abandonment, coercive control, humiliation, verbal or racial abuse, isolation or withdrawal from services or supportive networks, witnessing abuse of others

Sexual Abuse

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, including: physical contact, including penetrative or non – penetrative acts: non -contact activities such as involving children looking at. or in the production of , pornographic material or watching sexual activities or encouraging children to behave in sexually inappropriate ways,

Financial

This category will be less prevalent for a child but indicators could be

Not meeting their needs for care and support which are provided through direct payments or:

Complaints personal property is missing.

Neglect

Failure to meet basic physical, emotional, or psychological needs which is likely to result in impairment of health or development.

12. Appendix C - Indicators of Harm

Indicators of Harm

1 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.

Indicators in the Child

Bruising - It is often possible to differentiate between accidental and inflicted bruises. The following must be considered as non-accidental unless there is evidence or an adequate explanation provided:

- Bruising in or around the mouth
- Two simultaneous bruised eyes, without bruising to the forehead (rarely accidental, though a single bruised eye can be accidental or abusive)
- Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally, for example the back, mouth, cheek, ear, stomach, chest, under the arm, neck, genital and rectal areas
- Variation in colour possibly indicating injuries caused at different times
- The outline of an object used, e.g. belt marks, hand prints or a hair brush
- Linear bruising at any site, particularly on the buttocks, back or face
- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting
- Bruising around the face
- Grasp marks to the upper arms, forearms or leg
- Petechial haemorrhages (pinpoint blood spots under the skin), commonly associated with slapping, smothering/suffocation, strangling and squeezing

Fractures - Fractures may cause pain, swelling and discolouration over a bone or joint. It is unlikely that a child will have had a fracture without the carers being aware of the child's distress. If the child is not using a limb, has pain on movement and/or swelling of the limb, there may be a fracture. There are grounds for concern if:

- The history provided is vague, non-existent or inconsistent
- There are associated old fractures
- Medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement

Rib fractures are only caused in major trauma such as in a road traffic accident, a severe shaking injury or a direct injury such as a kick.

Skull fractures are uncommon in ordinary falls, i.e. from three feet or less. The injury is usually witnessed, the child will cry, and if there is a fracture, there is likely to be swelling on

the skull developing over 2 to 3 hours. All fractures of the skull should be taken seriously.

Mouth Injuries - Tears to the frenulum (tissue attaching upper lip to gum) often indicates force-feeding of a baby or a child with a disability. There is often finger bruising to the cheeks and around the mouth. Rarely, there may also be grazing on the palate.

Poisoning - Ingestion of tablets or domestic poisoning in children under 5 is usually due to the carelessness of a parent or carer, but it may be self-harm even in young children.

Fabricated or Induced Illness - Professionals may be concerned at the possibility of a child suffering significant harm as a result of having illness fabricated or induced by their carer. Possible concerns are:

- Discrepancies between reported and observed medical conditions, such as the incidence of fits
- Attendance at various hospitals, in different geographical areas
- Development of feeding/eating disorders, as a result of unpleasant feeding interactions
- The child developing abnormal attitudes to their own health
- Non-organic failure to thrive - a child does not put on weight and grow and there is no underlying medical cause
- Speech, language or motor developmental delays
- Dislike of close physical contact
- Attachment disorders
- Low self-esteem
- Poor quality or no relationships with peers because social interactions are restricted
- Poor attendance at school and under-achievement

Bite Marks - Bite marks can leave clear impressions of the teeth when seen shortly after the injury has been inflicted. The shape then becomes a more defused ring bruise or oval or crescent shaped. Those over 3cm in diameter are more likely to have been caused by an adult or older child. A medical/dental opinion, preferably within the first 24 hours, should be sought where there is any doubt over the origin of the bite.

Burns and Scalds - It can be difficult to distinguish between accidental and non-accidental burns and scalds. Scalds are the most common intentional burn injury recorded. Any burn with a clear outline may be suspicious, e.g. circular burns from cigarettes, linear burns from hot metal rods or electrical fire elements, burns of uniform depth over a large area, scalds that have a line indicating immersion or poured liquid. Old scars indicating previous burns/scalds, which did not have appropriate treatment or adequate explanation. Scalds to the buttocks of a child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

The following points are also worth remembering:

- A responsible adult checks the temperature of the bath before the child gets in.
- A child is unlikely to sit down voluntarily in a hot bath and cannot accidentally scald its bottom without also scalding his or her feet.
- A child getting into too hot water of his or her own accord will struggle to get out and there will be splash marks

Scars - A large number of scars or scars of different sizes or ages, or on different parts of the body, or unusually shaped, may suggest abuse.

Emotional/behavioural presentation

- Refusal to discuss injuries
- Admission of punishment which appears excessive
- Fear of parents being contacted and fear of returning home
- Withdrawal from physical contact
- Arms and legs kept covered in hot weather
- Fear of medical help
- Aggression towards others
- Frequently absent from school
- An explanation which is inconsistent with an injury
- Several different explanations provided for an injury

Indicators in the Parent

- May have injuries themselves that suggest domestic violence
- Not seeking medical help/unexplained delay in seeking treatment
- Reluctant to give information or mention previous injuries
- Absent without good reason when their child is presented for treatment
- Disinterested or undisturbed by accident or injury
- Aggressive towards child or others
- Unauthorised attempts to administer medication
- Tries to draw the child into their own illness
- Past history of childhood abuse, self-harm, false allegations of physical or sexual assault
- Parent/carer may be over-involved in participating in medical tests, taking temperatures and measuring bodily fluids
- Observed to be intensely involved with their children, never taking a much-needed break, nor allowing anyone else to undertake their child's care
- May appear unusually concerned about the results of investigations which may indicate physical illness in the child
- Wider parenting difficulties may (or may not) be associated with this form of abuse
- Parent/carer has convictions for violent crimes

Indicators in the family/environment

- Marginalised or isolated by the community
- History of mental health, alcohol or drug misuse or domestic violence
- History of unexplained death, illness or multiple surgery in parents and/or siblings
- Past history of childhood abuse, self-harm, false allegations of physical or sexual assault or a culture of physical chastisement

2 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 overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber-bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Indicators in the Child

- Developmental delay
- Abnormal attachment between a child and parent/carer, e.g. anxious, indiscriminate or no attachment
- Aggressive behaviour towards others
- Child scapegoated within the family
- Frozen watchfulness, particularly in pre-school children
- Low self-esteem and lack of confidence
- Withdrawn or seen as a 'loner' - difficulty relating to others
- Over-reaction to mistakes
- Fear of new situations
- Inappropriate emotional responses to painful situations
- Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)
- Self-harm
- Fear of parents being contacted
- Extremes of passivity or aggression
- Drug/solvent abuse
- Chronic running away
- Compulsive stealing
- Low self-esteem
- Air of detachment – 'don't care' attitude
- Social isolation – does not join in and has few friends
- Depression, withdrawal
- Behavioural problems, e.g. aggression, attention seeking, hyperactivity, poor attention
- Low self-esteem, lack of confidence, fearful, distressed, anxious
- Poor peer relationships including withdrawn or isolated behavior

Indicators in the Child

- Domestic abuse, adult mental health problems and parental substance misuse may be features in families where children are exposed to abuse.
- Abnormal attachment to child, e.g. overly anxious or disinterest in the child
- Scapegoats one child in the family
- Imposes inappropriate expectations on the child, e.g. prevents the child's developmental exploration or learning, or normal social interaction through overprotection.
- Wider parenting difficulties may (or may not) be associated with this form of abuse.

Indicators of in the Family/Environment

- Lack of support from family or social network.
- Marginalised or isolated by the community.
- History of mental health, alcohol or drug misuse or domestic violence.
- History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
- Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

3 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 or carer failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- Protect a child from physical and emotional harm or danger;
- Ensure adequate supervision (including the use of inadequate care-givers); or
- Ensure access to appropriate medical care or treatment
- May also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Indicators in the Child - Physical Presentation

- Failure to thrive or, in older children, short stature
- Underweight
- Frequent hunger
- Dirty, unkempt condition
- Inadequately clothed, clothing in a poor state of repair
- Red/purple mottled skin, particularly on the hands and feet, seen in the winter due to cold
- Swollen limbs with sores that are slow to heal, usually associated with cold injury
- Abnormal voracious appetite
- Dry, sparse hair
- Recurrent/untreated infections or skin conditions, e.g. eczema or persistent head lice, scabies, diarrhea
- Unmanaged/untreated health or medical conditions, including poor dental health

- Frequent accidents or injuries

Indicators in the Child - Development

- General delay, especially speech and language delay
- Inadequate social skills and poor socialisation

Indicators in the Child - Emotional/Behavioural Presentation

- Attachment disorders
- Absence of normal social responsiveness
- Indiscriminate behaviour in relationships with adults
- Emotionally needy
- Compulsive stealing
- Constant tiredness
- Frequently absent or late at school
- Poor self-esteem
- Destructive tendencies
- Thrives away from home environment
- Aggressive and impulsive behaviour
- Disturbed peer relationships
- Self-harming behaviour

Indicators in the Parent

- Dirty, unkempt presentation
- Inadequately clothed
- Inadequate social skills and poor socialisation
- Abnormal attachment to the child, e.g. anxious
- Low self-esteem and lack of confidence
- Failure to meet the basic essential needs, e.g. adequate food, clothes, warmth, hygiene
- Failure to meet the child's health and medical needs, e.g. poor dental health, failure to attend or keep appointments with health visitor, GP or hospital, lack of GP registration, failure to seek or comply with appropriate medical treatment, failure to address parental substance misuse during pregnancy
- Child left with adults who are intoxicated or violent
- Child abandoned or left alone for excessive periods
- Wider parenting difficulties may (or may not) be associated with this form of abuse

Indicators in the Family/Environment

- History of neglect in the family
- Family marginalised or isolated by the community.
- Family has history of mental health, alcohol or drug misuse or domestic violence.
- History of unexplained death, illness or multiple surgery in parents and/or siblings. Family has a past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.
- Dangerous or hazardous home environment including failure to use home safety equipment; risk from animals

- Poor state of home environment e.g. unhygienic facilities, lack of appropriate sleeping arrangements, inadequate ventilation (including passive smoking) and lack of adequate heating
- Lack of opportunities for child to play and learn

4 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.

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.

Indicators in the Child - Physical presentation

- Urinary infections, bleeding or soreness in the genital or anal areas
- Recurrent pain on passing urine or faeces
- Blood on underclothes
- Sexually transmitted infections
- Vaginal soreness or bleeding
- Pregnancy in a younger girl where the identity of the father is not disclosed and/or there is secrecy or vagueness about the identity of the father
- Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing

Indicators in the Child - Emotional/Behavioural Presentation

- Makes a disclosure.
- Demonstrates sexual knowledge or behaviour inappropriate to age/stage of development, or that is unusually explicit
- Inexplicable changes in behaviour, such as becoming aggressive or withdrawn
- Self-harm, e.g. eating disorders, self-mutilation and suicide attempts
- Poor self-image, self-harm, self-hatred
- Reluctant to undress for PE

- Running away from home
- Poor attention or concentration (in a world of their own)
- Sudden changes in school work habits, become a truant
- Withdrawal, isolation or excessive worrying
- Inappropriate sexualised conduct
- Sexually exploited or indiscriminate choice of sexual partners
- Wetting or other regressive behaviours, e.g. thumb sucking
- Draws sexually explicit pictures
- Depression

Indicators in the Parents

- Comments made by the parent/carer about the child.
- Lack of sexual boundaries
- Wider parenting difficulties or vulnerabilities
- Grooming behaviour
- Parent is a sex offender

Indicators in the Family/Environment

- Marginalised or isolated by the community.
- History of mental health, alcohol or drug misuse or domestic violence.
- History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
- Past history of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement
- Family member is a sex offender

This list is not exhaustive. For a fuller and deeper understanding of indicators of harm.