Maidenhead Synagogue Safeguarding and Child Protection Child Policy

(revised February 2024)

Safeguarding is an action, or actions, that promotes the welfare of children and vulnerable adults and protects them from harm. It enables them to live safely, with no risk of abuse, neglect, or exploitation and with all their physical and emotional needs being met.

'The necessity to safeguard children applies both to charities working in the UK and other countries where children may face different or additional risks of abuse or exploitation. The safeguards should include a child protection policy and procedures for dealing with issues of concern or abuse (*for the purposes of child protection legislation the term 'child' refers to anyone up to the age of 18 years.' (The Charity Commission - Strategy for dealing with safeguarding issues in charities 2017*).

Introduction

Maidenhead Synagogue aims to provide a safe and welcoming environment where children are respected and valued, feel confident and know how to approach adults if they are in difficulties.

The Synagogue fully accepts, endorses and will implement the principles enshrined in the Children Acts of 1989 and 2004, UN Convention on the Rights of the Child 1989 and Working together to Safeguard Children 2018. The Department of Education (DFE) defines Safeguarding and promoting the welfare of children as:

• protecting children from maltreatment;

• preventing impairment of children's health or development;

• taking action to enable all children to have the best outcomes;

• ensuring children are growing up in circumstances consistent with the provision of safe and effective care.

We are committed to the protection of children and young people within our community. Whilst local authorities play a lead role, safeguarding children, promoting their welfare and protecting them from harm is everyone's responsibility: everyone who comes into contact with children and families has a preventative and assistance role to play.

Policy Statement:

The Synagogue Council will foster and encourage best practice by setting standards for working with children and young people. It will work with statutory bodies to promote the safety of children and young people. It is committed to acting promptly whenever a concern is raised about a child or young person or about the behaviour of an adult, and will work with the appropriate statutory bodies when an investigation into child abuse is necessary.
Safeguarding and child protection are the responsibility of the whole community, not just the Council, Safeguarding and Child Protection Coordinator, Designated Safeguarding Leads, paid employees or volunteers who work with children.

It is people who protect, not just procedures.

The aim is to create a culture of informed vigilance at all levels of the Synagogue by:

• raising awareness of the issues involved in protecting children in the Synagogue;

• addressing the needs of children in all their diversity;

• responding to the needs of children who have been abused, in partnership with other professionals and agencies;

• supporting and training those who work with children, encouraging them to work together to follow good practice;

• caring appropriately for those in the Synagogue community who have abused children.

Members of the Synagogue with specific responsibilities for implementing this policy:

• Chair of Synagogue
• Safeguarding and Child Protection Trustee
• Designated Safeguarding Leads
• Head of Religion School
• Head of Ganon
• Youth Trustee.

Responsibilities of the Council:

The Chair of the Synagogue Council accepts the duty of care placed upon the Council to ensure the well-being of children and young people in the community.

The Council will:

• Adopt and implement this Safeguarding and Child Protection Policy and procedures. Review the implementation of the child protection policy, procedures and good practice annually;

• Create a culture of informed vigilance which takes children seriously;

• Liaise with Reform Judaism and other appropriate national bodies for support in protecting children;

• Ensure that the Rabbi, paid staff and volunteers who come into contact with children within the Synagogue operate within the policy, procedures and good practice which will ensure that children are safeguarded and nurtured within a culture of informed vigilance.

• Take allegations of abuse seriously, fully cooperating with the LADO (Local Authority Designated Officer) in any matter concerning the welfare of children and young people. It acknowledges the prime responsibility of statutory agencies to investigate any significant harm to a child. *The Synagogue will never investigate incidents of suspected child abuse and will fully cooperate with statutory agencies in their investigations.*

• Work with statutory agencies to manage the presence in our congregation of anybody who has been convicted of offences against children including those who are on the Sex Offenders Register;

• Ensure that all those working with or are in direct and regular contact with children in a paid or voluntary capacity will be carefully recruited and their backgrounds checked at the appropriate level through the checking of references and Disclosing and Barring Service (DBS) and receive appropriate Safeguarding and Child Protection training as part of their induction;

• Appoint a member of the Council, i.e. the Trustee for Education, to be responsible for implementing the policy and procedures (Safeguarding and Child Protection Coordinator). The Safeguarding and Child Protection Coordinator will report directly to the Chair of the Council and will be provided with appropriate financial, organisational and management support

Responsibilities of the Safeguarding and Child Protection Coordinator:

The Safeguarding and Child Protection Coordinator will be responsible for working with the Chair of the Council and Designated Safeguarding Leads (DSL), to implement the policy, procedures and good practice. That person will:

• Evaluate and manage any risks to children or young people posed by individuals or activities within the Synagogue. This includes Religion School, Ganon, and youth clubs, but is not limited to these activities;

• Ensure that procedures for safe recruitment of paid and voluntary staff have been followed correctly by DSLs and references and DBSs have been obtained;

• Ensure that all paid workers and volunteers who come into contact with children are provided with training and support on Safeguarding and Child Protection;

• Ensure that any concerns about a child or the behaviour of an adult are appropriately reported to the statutory agencies and the Chair of the Council and support the Council in following the procedures set out in this policy

• Display the Childline telephone number on Synagogue notice boards

• Ensure that those who may pose a threat to children and young people are effectively managed and monitored.

Responsibilities of the Designated Safeguarding Leads:

The Designated Safeguarding Leads will be responsible for working with the Synagogue Safeguarding and Child Protection Officer to implement the policy, procedures and good practice that are applicable to their areas of Synagogue activity.

General Guidelines for Synagogue staff, volunteers and helpers:

• treat all children with dignity and respect;

• ensure that you can recognise and respond appropriately if you have any concerns about a child in your care;

• ensure that you share any concerns that you have about any inappropriate behaviour of an adult with children with the DSL and/or the Safeguarding and child protection coordinator;

• ensure that you understand and follow the recording and reporting procedures identified in this policy document, recognising that you are responsible for safeguarding the well-being of children who you come in contact with in the Synagogue;

• ensure that you follow the good practice when working with children identified by your Designated Safeguarding Lead.

Responding to concerns about possible abuse:

Staff and volunteers should follow this procedure if they suspect abuse:

Recognise the signs and behaviour which may be cause for concern (read appendix 1);

Respond to the child or young person sensitively;

Refer the situation to the Designated Safeguarding Lead; they will decide what further action to take and inform the relevant safeguarding agencies as necessary.

Safeguarding is 'everyone's responsibility' (Lord Lamming)

The Rabbi, Religion School staff, Ganon teachers and Youth workers are most likely to become aware of potential problems but anyone who is worried about the behaviour of another member of the congregation or who is concerned about the demeanour of a child has a duty to voice those concerns to their line manager (where applicable) the Designated Safeguarding Lead, and/or the Synagogue Safeguarding and Child Protection Coordinator. It is important that anyone expressing concerns should be respected and his or her anxieties taken seriously.

Anyone formally hearing an allegation should keep a careful record of all conversations and all decisions and actions taken. These records should be signed and dated and kept in a secure place and in accordance with data protection requirements.

Disclosures from children:

• must be taken seriously - listen to the child as soon as possible and offer assurance that action will be taken;

• do not question the child;

• do not promise confidentiality as others will need to be involved and it is a promise you cannot keep;

• make a written record and pass to the Designated Safeguarding Lead (see below for what to include);

• never speak directly to the person against whom allegations have been made;

• never attempt to investigate the situation yourself.

Recording suspicions of abuse and disclosure:

Where a child makes comments to a member of staff that give cause for concern, or a member of staff observes signs or signals that give cause for concern, eg significant changes in

behaviour, deterioration in general well-being, unexplained bruising or signs of possible abuse of neglect, that member of staff will:

• make an objective written record of the observation or disclosure that includes the exact words spoken by the child as far as possible, the name of the person to whom the concern was reported with the date and time;

• very young children may not be able to talk about abuse. Adults working with them should be vigilant about recognising signs of abuse and take them seriously. Staff working in Ganon or the Religion School should record their observations as above and notify the Designated Safeguarding Lead;

• all records of written disclosures must be kept in a secure place (in a locked cabinet/drawer) in the Admin Office.

After a disclosure, the Safeguarding and Child Protection Coordinator, or Designated Safeguarding Lead should:

• make a referral to the Social Services (LADO) seeking advice about who else should be told, for example the parents;

• follow up the referral in writing within 48 hours;

• social services will give feedback within one working day. If necessary an initial assessment will be completed within 7 working days;

• continue to support the child and seek support for yourself; the community might be able to suggest a counselling volunteer or an external party.

If a child needs immediate medical help, this should be the first consideration and the hospital staff informed of the child protection concerns. If it is deemed dangerous or if the child is unwilling to return home, the emergency social services should be contacted through the police.

If you are not certain that abuse has occurred you must still discuss your concerns with your line manager, the DSL or Safeguarding and child protection Coordinator.
It is possible to discuss concerns without disclosing names to social services. If in doubt it is always better to make a referral to social services rather than do nothing.

Disclosures of abuse by adults:

If an adult speaks of concerns regarding a child or the behaviour of an adult within the Synagogue community the disclosure should be recorded (as in the procedures for children) and the Designated Safeguarding Lead or the Safeguarding and Child protection Coordinator should be informed and a referral made to the social services

Confidentiality:

• All matters relating to child protection are confidential;

• Personal information about a child or young person will only be disclosed to other members of staff on a 'need to know' basis;

• Good practice in Safe Information Sharing will be followed
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Investigation into an allegation of child abuse by a member of the Synagogue:

If there is an allegation of child abuse against a member of the Synagogue it will be immediately referred to the LADO (Local Authority Designated Officer.) The Safeguarding and Child Protection Coordinator will be responsible for liaising with the authorities during an investigation.

.The highest degree of confidentiality should be maintained and information will be shared on a 'need to know' basis.

The Safeguarding and Child Protection Coordinator should ensure that the insurance company is informed at an early stage. The Safeguarding and Child Protection Coordinator should decide in consultation with the statutory authorities and after taking legal advice, the Chair and the Rabbi of the Synagogue whether the individual should be suspended from attending any religious events or community activities while the investigation is taking place.
Suspension should be seen as a neutral act. A person should always be suspended if he or she is charged with a criminal offence against a child or young person.

During the investigation, the DSL Lead and Child Safeguarding and Child Protection Coordinator will ensure that the child or young person and their family have somebody to support them as does the alleged offender. These parties should be uninvolved with the investigation or disciplinary proceedings and should not communicate with each other about the allegations.
Keep a factual account of the investigation and an assessment of any continuing risk should be provided by the agencies undertaking the investigation. This should be considered by the Council to agree a plan of action. The Council in consultation with the investigating agencies and after taking legal advice should consider the need for continued disciplinary action and a professional risk assessment should be carried out to ascertain whether it is safe for the person to continue work that brings them into contact with children. Depending on the outcome of the assessment it may be necessary to ban the person from working with children, provide further

training and supervision or to redeploy the person in another post. Rehabilitation should only be considered with the agreement of the local child protection agencies. It may also be necessary to consider the risks associated with their ongoing membership/participation in community activities.

At the end of an investigation, court case or disciplinary procedure all those affected must be informed of the result and arrangements made, where appropriate for continued support, counselling or treatment. This should be led by the Chair of the Council. The Council may decide to evaluate the procedures and good practice following the incident.

Safe Recruiting within the Synagogue Community:

Although many if not all volunteers having direct contact with children and young people at Maidenhead Synagogue are recruited from within the community and may be well known to us the 'safe from harm' code of practice asks voluntary organisations to carry out safe recruiting. However, not every volunteer role will be recruited formally, for example where parents accompany children to events such as Purim, Chanukah Fair or party, Mitzvah Day etc.

Prospective appointees should:

• be regarded as job applicants and have a defined role including a job description;

• complete an application form;

• name two referees, one of which should be from the current employer or previous Synagogue;

• complete a Confidential Declaration Form;

• have an appropriate interview;

If the decision is made to appoint, the appointee should:

• complete a DBS (Disclosure and Barring Service) check;

• be offered the post subject to a probationary period ;

• have the appointment confirmed in writing by the Synagogue Council:

•be asked to read the safeguarding policy and confirm in writing that he/she has read and understood it; this confirmation should be signed.

Best Practice for Safeguarding and Child Protection:

Maidenhead Synagogue will exclude known abusers from working directly with children and young people by applying safe recruiting procedures.

Adults working with children and young people will be supervised by a line manager. They will ensure that they are not totally isolated from other people behind closed doors. They will not accompany children to the toilet alone or change nappies alone.

All adults who work with children or young people will be trained on identifying signs of abuse and how to respond (see next paragraph).

Anti semitic abuse:

If a child is subjected to anti semitic bullying at school or in a sports club, the parents need to be informed and encouraged to escalate the matter up the institution's hierarchy.

Staff Training:

All adult teachers, teaching assistants, youth leaders, the Rabbi and Head Teacher should be trained to recognise the signs of abuse and to know what to say and do if a child talks to them about abuse.

• the Designated Safeguarding Leads will receive approved Safeguarding and Child Protection training every two years;

• the Designated Safeguarding Leads, during the intervening period, have a duty to keep up to date with the latest guidance and will have access to appropriate workshops, courses or meetings as organised by Reform Judaism;

• teaching assistants and volunteers will receive initial training as part of their induction programme from the DSL;

• all staff will receive Safeguarding Training online through the Reform Judaism who have a link to TES-Educare who also provide online annual refresher courses;

• appropriate Council members and other Senior Staff involved in appointing staff will be accredited with Safer Recruitment Training.

Useful Contact Information:

In case of emergency call the Police Tel: 999

Maidenhead / Thames Valley Police non urgent enquiries: Tel: 0845 8505505, or 101

Multi Agency Safeguarding Hub (MASH)
Social Care referral Tel: 01628 683150 Windsor and Maidenhead; Emergency Duty Team on 01344 351999

Local Authority Designated Officer: Tel: 01628 683234 or 07774 332 675

Safeguarding Children Board Email: iscb@rbwm.gov.uk;
NSPCC: Tel: 0808 800 5000 Email: help@nspcc.org.uk;
ChildLine for advice on 0800 1111 or email them by visiting **www.childline.org**

Reform Judaism Wellbeing and Inclusion Manager Tel: 0208 349 5659
Email: sharon.daniels@rsy-netzer.org.uk;

Maidenhead Synagogue contact details:

Maidenhead synagogue has a dedicated email address to to report safeguarding concerns:

safeguarding@maidshul.org

Designated safeguarding Lead for Religion School:Elizabeth Prais,
elizabeth.prais@maidshul.org ;
Safeguarding and Child Protection trustee: Till Gins, till.gins@maidshul.org;
Designated Safeguarding Lead for Ganon: Sheila Veniar sheila.veniar@maidshul.org;

Synagogue Office: Tel: 01628 673 012

Appendix I

Indicators of Child Abuse:

The following guidance is intended to help all professionals who come into contact with children. It should not be used as a comprehensive guide, nor does the presence of one or more factors prove that a child has been abused, but it may however indicate that further enquiries should be made. The following factors should be taken into account when assessing risks to a child. This is not an exhaustive list:

● An unexplained delay in seeking treatment that is obviously needed;
● An unawareness or denial of any injury, pain or loss of function;
● Incompatible explanations offered or several different explanations given for a child's illness or injury;
● A child reacting in a way that is inappropriate to his/her age or development;
● Reluctance to give information or failure to mention previous known injuries;
● Frequent attendances at Accident and Emergency Departments or use of different doctors and Accident and Emergency Departments;
● Frequent presentation of minor injuries (which if ignored could lead to a more serious injury);
● Unrealistic expectations/constant complaints about the child;
● Alcohol misuse or other substance misuse;
● A parents request to remove a child from home or indication of difficulties in coping with the child;
● Domestic violence and abuse;
● Parental mental ill health;
● The age of the child and the pressures of caring for a number of children in one household.

1. Recognising Physical Abuse

This section provides a guide to professionals of some common injuries found in child abuse. Whilst some injuries may appear insignificant in themselves, repeated minor injuries, especially in very young children, may be symptomatic of physical abuse.
It can sometimes be difficult to recognise whether an injury has been caused accidentally or non accidentally, but it is vital that all concerned with children are alert to the possibility that an injury may not be accidental, and seek appropriate expert advice.
Medical opinion will be required to determine whether an injury has been caused accidentally or not.

Situations of particular concern

Situations that should cause particular concern for professionals include:

● Delayed presentation / reporting of an injury;
● Admission of physical punishment from parents / carers, as no punishment is acceptable at this age;
● Inconsistent or absent explanation from parents / carers;
● Associated family factors such as substance misuse, mental health problems, and domestic violence and abuse;
● Other associated features of concern e.g. signs of neglect such as poor clothing, hygiene and nutrition;
● Observation of rough handling;
● Difficulty in feeding / excessive crying;
● Significant behaviour change;
● Child displaying wariness or watchfulness;
● Recurrent injuries;
● Multiple injuries at one time.

Bruising: Children can have accidental bruising, but it is often possible to differentiate between accidental and inflicted bruises. It may be necessary to do blood tests to see if the child bruises easily. The following must be considered as non-accidental unless there is evidence or an adequate explanation provided:
● Bruising in or around the mouth, particularly in small babies, for example 3 to 4 small round or oval bruises on one side of the face and one on the other, which may indicate force feeding;
● Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive);
● 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 – it is now recognised in research that it is difficult to age bruises apart from the fact that they may start to go yellow at the edges after 48 hours;
● 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;
● Other shapes of bruising, for example crescent shape bruising, which may be suggestive of a bite mark;
● 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 or chest of small children;
● Petechial haemorrhages (pinpoint blood spots under the skin). These are commonly associated with slapping, smothering/suffocation, strangling and squeezing;
● Multiple bruises of the same or varying colour;
● Clusters of small round bruises suggestive of a grip.

It should be noted that bruising in black children and some minority ethnic children might be more difficult to see. Tenderness or minor swelling over the area of injury is important. Dark pigmentation (commonly known as blue spot), usually over the lower central back or sacral areas, is normal and common in infants with pigmented skin and usually fades as the infant grows.

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 with the fracture type;
● 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;
● There is an unexplained fracture in the first year of life;
● Non-mobile children sustain fractures.

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. Subdural haematoma is a very worrying injury, seen usually in young children; it may be associated with retinal haemorrhages and fractures particularly skull and rib fractures. The cause is usually a severe shaking injury in association with an impact blow. There may or may not be a fractured skull. The baby may present in the Accident and Emergency Department with sudden difficulty in breathing, sudden collapse, fits or as an unwell baby - drowsy, vomiting and later an enlarging head.

Joints: A tender, swollen “hot” joint with normal X-ray appearance may be due to infection in the bone or trauma. There may be both. A further X-ray will usually be required in 10 to 14 days. Where there is infection, this of course will require treatment.

Mouth Injuries: Tears to the frenulum (tissue attaching upper lip to gum) often indicate force feeding of a baby. There is often finger bruising to the cheeks and around the mouth. Rarely, there may also be grazing on the palate. Blunt trauma to the mouth causes swelling and damage to the inner aspect of the lips.

Internal Injuries: There may be internal injury e.g. perforation or a viscus with no apparent external signs of bruising to the abdomen wall.

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. See also Fabricated or Induced Illness Procedure.

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 diffuse ring bruise or oval or crescent shape. Those over 3 cm 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, and will always require experienced medical opinion. Any burn with a clear outline may be suspicious e.g.:
● Circular burns from cigarettes (but may be friction burns if along the bony protuberance of the spine or impetigo **(***a bacterial infection of the skin that is most common in young children*), in which case they will quickly heal with treatment);
● 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 (a child getting into hot water of its own accord will struggle to get out and cause splash marks);
● Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation.
Scalds to the buttocks of a small 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.

2. Recognising Emotional Abuse

Emotional abuse may be difficult to recognise, as the signs are usually behavioural rather than physical. The manifestations of emotional abuse might also indicate the presence of other kinds of abuse.
The indicators of emotional abuse are often also associated with other forms of abuse. The following may be indicators of emotional abuse:
● Developmental delay;
● Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or no attachment;
● Indiscriminate attachment or failure to attach;
● Aggressive behaviour towards others;
● A 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.

Professionals should be aware of potentially harmful interactions of a parent/carer towards their child. At this age their ability to communicate their needs is limited. However, most children will respond to how adults are interacting with them, and this may have an impact on them and their development.

Therefore professionals should have cause for concern if they feel parents/carers:

● Are negative or hostile towards the child;
● Reject them or use them as a scapegoat;
● Have inappropriate interactions with them, including threats or attempt to discipline them;
● Use them to fulfil their own needs (for example, in marital disputes);
● Fail to promote their development, by not providing appropriate stimulation, or isolating them from other children / adults as applicable;
● Are emotionally unavailable to the child, by being withdrawn or unresponsive, for example (emotional neglect).

3. Recognising Sexual Abuse

Children of both genders and of all ages may be sexually abused and are frequently scared to say anything due to guilt and/or fear. This is particularly difficult for a child to talk about and full account should be taken of the cultural sensitivities of any individual child / family. Recognition

can be difficult, unless the child discloses and is believed. There may be no physical signs and indications are likely to be emotional / behavioural. Some behavioural indicators associated with this form of abuse are:

● Inappropriate sexualised conduct;
● Sexual knowledge inappropriate for the child's age;
● Sexually explicit behaviour, play or conversation, inappropriate to the child's age;
● Continual and inappropriate or excessive masturbation;
● Self-harm (including eating disorder), self-mutilation and suicide attempts;
● Running away from home;
● Poor concentration and learning problems;
● Loss of self-esteem;
● Involvement in prostitution or indiscriminate choice of sexual partners;
● An anxious unwillingness to remove clothes for - e.g. sports events (but this may be related to cultural norms or physical difficulties).

Some physical indicators associated with this form of abuse are:
● Pain or itching of genital area;
● Recurrent pain on passing urine or faeces;
● Blood on underclothes;
● 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 discharge, bleeding or other injuries to the genital or anal area, bruising/bite marks on buttocks, abdomen and/or inner thighs, sexually transmitted infections, presence of semen on vagina, anus, external genitalia or clothing.

4. Recognising Neglect:

The growth and development of a child may suffer when the child receives insufficient food, love, warmth, care and concern, praise, encouragement and stimulation. Professionals need to be aware of the possibility of parents/carers neglecting to adequately care for their children. Factors of neglect may include:
● Parents/carers not giving their child prescribed treatment for a medical condition that has been diagnosed;
● Repeated failure by parents/carers to take their child to essential follow-up medical appointments;
● Persistent failure by parents/carers to engage with relevant child health promotion programmes such as immunisation, health and development reviews, and screening;
● Not seeking medical advice when necessary, jeopardising their health and wellbeing, particularly if they are in pain;
● Dental neglect – rotten or grossly discoloured teeth with noticeable odour; child unable to eat normally; covers mouth with hand; child in chronic pain;

● Being cared for by a person who is not providing adequate care, including hygiene, either through inability or negligence;
● Not feeding properly, or being fed an inadequate or inappropriate diet;
● Suffering severe and / or persistent infestations such as scabies or head lice;
● Being consistently dressed in inappropriate clothing for example, for the weather or their size;
● Red/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;
● Recurrent diarrhoea;
● Abnormal voracious appetite at school or nursery;
● Being persistently smelly and / or dirty;
● Being listless, apathetic and unresponsive with no apparent medical cause;
● Being excessively clingy, fearful, withdrawn or unusually quiet for his or her age;
● Being inadequately supervised;
● An incident that suggests a lack of supervision, such as sunburn or other burn, ingestion of a harmful substance(s), near-drowning, a road traffic accident or being bitten by an animal;
● Being indiscriminate in relationships with adults.

A clear distinction needs to be made between organic and non-organic failure to thrive. This will always require a medical diagnosis. Non-organic failure to thrive is the term used when a child does not put on weight and grow and there is no underlying medical cause for this.

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