



SAFEGUARDING CHILDREN POLICY

Policy reviewed by	Safeguarding Lead / Chair
Date reviewed	02 nd December 2025
Trustees Committee	Full Board
Approval/Oversight	Approval
Next review date	2 nd December 2026



1 POLICY CONTROL

Policy reviewed by	Chief Executive
Date reviewed	November 2023
Next review date	November 2024
Trustee Committee	Board
Approval/Oversight	Approval
Approved by Trustees	TBC

1.1 Related Policies

Description	Date of Update
Adult Safeguarding Policy	2 nd December 2025
Code of Conduct	2 nd December 2025
Complaints Policy	2 nd December 2025
Equality, inclusion and Diversity Policy	2 nd December 2025
Health and Safety policy	2 nd December 2025
Bullying and harassment policy	2 nd December 2025
Freedom to Speak out (Whistleblowing)	2 nd December 2025
Recruitment policy – safer recruitment / DBS	2 nd December 2025
Volunteer Confidentiality Agreement	2 nd December 2025
Data Privacy Policy	2 nd December 2025
Serious / Incident Reporting Policy	2 nd December 2025

2 INTRODUCTION

Safeguarding means protecting people's right to live safely, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the child's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action.

3 POLICY EQUALITIES STATEMENT

Transformation CPR is committed to practices that protect from harm regardless of a person's age, gender, disability, racial heritage, religious belief, sexual orientation or any other characteristic as covered by the Equality Act 2010.

4 AIMS OF THE POLICY

This policy, taken together with Cornwall Council's Multi-Agency Safeguarding Policies, represents commitment to working together to safeguard children from abuse, neglect and exploitation. It clarifies the roles and responsibilities of employees, trustees and volunteers in relation to developing their own awareness and skills as well as the policies and procedures that must be followed.

The policy outlines:

- The practice and procedure for representatives within Transformation CPR to contribute to the prevention of the abuse and neglect, and
- A clear framework for action including information sharing when abuse is suspected.

5 SCOPE AND DEFINITIONS OF THE POLICY

Whose business is safeguarding?

Legislation establishes that safeguarding is everybody's business. This organisation recognises that we all play a key role in preventing, detecting, reporting and responding to abuse, neglect or exploitation.



5.1 The Scope

The policy applies to activities delivered by Transformation CPR. Where Transformation CPR delivers any activities in partnership with another body this policy applies - unless a formal agreement exists that specifically details safeguarding arrangements and the roles and responsibilities of the parties to the agreement.

Where a formal partnership exists, the trustees will review the partner's safeguarding policy and procedures at least annually and will ensure procedures meet the standards set out in this policy.

The policy applies in respect of this organisation's responsibility towards the following groups of people:

- Children and young people - legally defined as any person under the age of 18. From this point the terms child or children will be used to refer to this group.
- Employees, trustees and volunteers who come into contact with children during the course of their work or volunteering responsibilities.
- Contractors when carrying out work on behalf of the organisation.

5.2 Definitions

Child Protection is defined as:

- Protecting individual children identified as either suffering, or likely to suffer, significant harm as a result of abuse or neglect or other identified risk factors such as parental Domestic Violence, substance misuse.

Safeguarding and promoting the welfare of children and young people is defined as:

- Protecting children from maltreatment
- Preventing impairment of children's' health or development
- Ensuring that children are growing up and living in circumstances consistent with the provision of safe and effective care
- Through the provision of safe and effective care, enable children to have optimum life chances

6 LEGAL FRAMEWORK

Transformation CPR work within the framework of legislation and guidance in relation to safeguarding and protection of children. An index of key legislation is contained in Appendix 4.

6.1 All staff and volunteers will consider the following when raising a concern:

- Safeguarding is mainly aimed at individuals with care and support needs whose circumstances may put them at risk of abuse or neglect by others - **DUE CONSIDERATION MUST ALSO BE GIVEN TO PEOPLE WHO NEED TO USE A FOOD BANK GIVEN THE INHERENT VULNERABILITY RESULTING FROM A PERSON'S IMMEDIATE CIRCUMSTANCES.**
- Abuse is defined as a violation of an individual's human and civil rights; it may consist of a single act or repeated acts
- The nature and extent of the abuse including whether it is a criminal offence
- The impact of the abuse on the child and the physical and /or psychological harm being caused and whether the abuse is having an impact on other people
- Deprivation of liberty where people living in care homes, hospitals or other institutions are looked after in a way that does not inappropriately restrict their freedom



7 TYPES OF ABUSE

Child abuse can be categorized into several types, each with its own characteristics and impacts:

- **Physical Abuse:** Inflicting physical harm or injury on a child, such as hitting, shaking, burning, or biting.
- **Emotional Abuse:** Actions that harm a child's emotional well-being, such as constant criticism, threats, rejection, or withholding love and support.
- **Sexual Abuse:** Any sexual activity with a child, including molestation, rape, exploitation, or exposure to inappropriate sexual content.
- **Neglect:** Failing to provide for a child's basic needs, including food, shelter, clothing, medical care, education, and supervision.
- **Domestic Abuse:** Exposure to violence or abuse within the home, which can have a profound impact on a child's emotional and psychological health.

Although children under 16 years old abusing adults does not fit the current legal definition of domestic abuse it is still a serious issue that requires attention and supervision. Child-to-parent-abuse (CPA) or adolescent-to-parent abuse (APA) is any behaviour used by a child or young person to control, dominate or coerce parents. This is more common than you might imagine, and the adult often does not report this. This form of abuse can include emotional, verbal, physical or financial abuse and includes "coercive control", or in other words, the parent or other adult is compelled to change their own behaviours for fear of further abuse. Transformation CPR recognises that if a child is causing harm to an adult with care and support needs, this should be dealt with under the Local Authority adult safeguarding policy and procedures, but will also need to involve the Local Authority Children's Services.

Support can be gained from the following UK-based organizations that offer support for Child-to-Parent Abuse (CPA):

- **Parental Education Growth Support (PEGS):** They provide support for parents experiencing CPA, training for professionals, and policy consultancy. You can find more information on their website.
 - **RISE UK:** They offer a helpline at 01273 622822 and provide support for parents, step-parents, and grandparents experiencing CPA. More details are available on their website.
 - **Respect:** This organisation focuses on Child and Adolescent to Parent Violence and Abuse (CAPVA) and offers training and support for families. Visit their website for more information.
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- **Exploitation:** Using a child for labour, services, or other activities that benefit others, often in harmful or illegal ways.
 - **Prevent -** The Prevent strategy is a key part of the UK's overall counter-terrorism strategy, known as CONTEST. The aim of Prevent is to stop people from being drawn into terrorism by identifying and supporting individuals who are at risk of radicalisation.

Further information on recognising the signs and symptoms of abuse can be found in Appendix 5.



8 INFORMATION SHARING AND CONSENT

Sharing the right information, at the right time, with the right people, is fundamental to good practice in safeguarding. Transformation CPR will share safeguarding information with the right people at the right time to:

- Prevent death or serious harm
- Coordinate effective and efficient responses
- Enable early interventions to prevent the escalation of risk
- Maintain and improve good practice in safeguarding
- Reveal patterns of abuse that were previously undetected and that could identify others at risk of abuse
- Identify low-level concerns that may reveal children at risk of abuse
- Help children access the right kind of support to reduce risk and promote wellbeing
- Help identify people who may pose a risk to others and, where possible, work to reduce offending behaviour
- Reduce organisational risk and protect reputation All information and concerns should be raised with the Safeguarding Lead, or if they are not available, their deputy, who will then make the decision as to whether to share information with another agency including social care or the police. In the case of severe concerns where delay in contacting the Safeguarding Lead could result in further harm the worker/volunteer should contact the relevant statutory authorities immediately and inform the Safeguarding Lead as soon as possible afterwards. The sharing of information about child safety and welfare is paramount and takes primacy.



9 CONFIDENTIALITY AND RECORDING

Every effort should be made to ensure that confidentiality is maintained for all concerned both when an allegation is made and whilst it is being investigated. Confidentiality can only be broken and a concern shared when it is in the best interest of the child, or in the public interest to do so – the circumstances for this are outlined in section 8 above.

All records will be written, stored and destroyed with due regard for confidentiality and in line with Transformation CPR's policy on record keeping and in adherence with the Data Protection legislation. Staff and volunteers will be trained and supported to maintain and store accurate records.

10 REPORTING PROCEDURE

1. Any concerns should be reported immediately to the Safeguarding Lead or in their absence, the Deputy Safeguarding Lead, who can advise on appropriate next steps including whether to refer to statutory services. If neither the Safeguarding Lead or Deputy Safeguarding Lead are available, any concerns should be reported to the Chief Executive Officer.

2. A Safeguarding Concern Report Form (Appendix 2) will be completed by the employee/volunteer or by the Safeguarding Lead using information relayed by the person reporting the concern. Information recorded on the form must:

- a. Be accurate
- b. Wherever possible include the actual words said by the child rather than an interpretation of what was said.
- c. Specific facts relating to the named people dates, places etc. should be recorded accurately along with any details of the injuries or consequences i.e. where they are and what they looked like.
- d. Information may also need to be reported under the Health and Safety Policy and Procedures.

3. Where necessary the Safeguarding Lead will report the concern to Statutory Children's Services, providing a copy of the Safeguarding Concern Form, and where appropriate a chronology of events.

Children's Multi Agency Referral Unit (MARU) email multiagencyreferralunit@cornwall.gov.uk phone 0300 1231 116

[Cornwall and the Isles of Scilly Safeguarding Children Partnership - Home page \(ciossafeguarding.org.uk\)](http://ciossafeguarding.org.uk) for children and young people

(See Appendix 3 for Children Safeguarding Flow Chart)

4. If a criminal offence has been committed the Transformation CPR's Safeguarding Lead will call the police and any other linked agencies as necessary. (The police will decide if the concern is a crime.)

5. Cornwall Council's Children's Services may then take the lead on any investigation and inform other agencies, where appropriate.

6. The Safeguarding Lead will provide any further information to statutory Services as required.

7. Completed safeguarding concern forms will also be kept centrally by the Safeguarding Lead, stored in a locked cabinet with restricted access, away from other personal files.

Where completed Safeguarding Concern forms are stored electronically, they will be kept on the shared drive with restricted access to the Senior Leadership Team, in line with this policy and the Data Protection Policy.



8. Where incidents that have resulted in (or risk) significant harm to beneficiaries, the Safeguarding Lead will notify the Board of Trustees who may be required to report the incident to the charities regulator as a Serious Incident.

11 PROCEDURE IF A MEMBER OF STAFF OR VOLUNTEER HAS A SAFEGUARDING CONCERN ABOUT STAFF, VOLUNTEER, TRUSTEE (PiPoT):

Safeguarding concerns may include concerns staff or volunteers may have about individuals in a position of Trust within Transformation CPR. Examples of such concerns include:

- Unprofessional behaviour
- Bullying by staff
- Any form of abuse (physical, sexual, emotional or neglect)
- Name calling
- Personal contact with adults, children and young people which is contrary to the organisation's policies and codes of conduct
- Any form of racial abuse
- Inappropriate sexualised behaviour
- Knowledge about an individual's personal circumstances which may indicate they could be a risk to adults and/or children
- Persistent and enduring rumours including un-investigated historical rumours.

Concerns about a person in a position of trust (PiPoT) can be reported directly to the Safeguarding Lead, the CEO or any of the Trustees. These concerns can also be reported as:

- A complaint

Anyone not feeling confident, for whatever reason in raising concerns about staff, trustees, volunteers via safeguarding process or a complaint can also use the whistleblowing policy – (also known as freedom to speak out) policy.

For concerns about a person in a position of trust, Transformation CPR's Safeguarding Lead will follow the Local Authority 'Person in Position of Trust (PiPoT) policy for an assessment of which agency will lead the enquiry into the concern. Reporting via the PiPoT process ensures Transformation CPR's transparency and demonstrates good safeguarding knowledge.

If it is felt there exists a significant risk of harm being caused to another person, then the person can raise their concerns directly with Cornwall Council's social services.

Things to remember

- All safeguarding concerns and disclosures¹ – (terminology using allegations are now referred to as concerns/disclosures will be treated seriously - the safety of the vulnerable adult or child is paramount. Remember child safety takes primacy.
- Staff and volunteers should stay calm, listen and reassure the person they are concerned about that they are being listened to.
- Staff and volunteers should always demonstrate a sensitive approach.
- Staff and volunteers should be aware of the possibility of a police investigation and are not to

¹ The shift from using the term "allegation" to "reporting a concern" in safeguarding terminology is significant. The term "allegation" often implies a formal accusation and can carry a negative connotation, potentially influencing perceptions and responses to the reported incident, in particular for the adult who may feel that the term allegation suggests that they are not believed or being taken seriously..

On the other hand, "reporting a concern" is more neutral and emphasizes the importance of taking all concerns seriously, regardless of whether they are substantiated.

This change aims to encourage a more supportive and proactive approach to safeguarding, ensuring that all reports are treated with the appropriate level of care and attention.



investigate any allegation themselves.

- Staff and volunteers will explain that they are required to share information with those people who need to know but not with other staff or volunteers. Absolute confidentiality cannot be promised.
- If there is immediate danger, or someone requires urgent medical attention, then the police or ambulance should be called immediately, and the Safeguarding Lead informed as soon as possible.

12 MONITORING

Information about safeguarding cases and how they were dealt with will be reviewed and reported on regularly to the Board of Trustees.

Areas to focus on include:

- How quickly the concern was reported to the Safeguarding Lead
- Whether a concern was reported to statutory agencies
- How quickly a concern was made to the police/Children's Services (where relevant)
- Accuracy of information recorded
- The quality of the input into the safeguarding process (feedback from police/Children's Services)
- Outcomes of safeguarding process
- Whether any incidents highlighted training issues or a need to amend in-house procedures
- Whether the incident should be notified to the charity regulator under Serious Incident Reporting procedures

Reports to trustees should focus on the issues and the organisation's response to an incident not the specific details of an individual case.

Reports made to the trustees should be captured in a Safeguarding Incident Register. This is to enable the organisation to reflect on and improve its practice in developing an effective safeguarding culture.

The policy and procedure will be reviewed and audited regularly or if legislation changes.

13 GOOD PRACTICE

13.1 Recruitment of staff and volunteers

1. All staff and volunteers will be subject to safer recruitment processes; including obtaining two references.
2. All staff and volunteers responsible for supervising vulnerable adults will undergo an enhanced DBS check if their role falls within the eligibility guidelines. Community Health and Wellbeing Workers all have enhanced DBS checks as they provide health and financial advice to vulnerable adults. Volunteers are not to be on their own with people using the food bank or community hub.
3. All references will be taken up before start of volunteering or employment and should be provided in writing or transcribed where received verbally. Transformation CPR will make all reasonable efforts to ensure that references are bona-fide and will seek alternatives where in doubt.
4. All staff and volunteers have a duty to disclose any unspent convictions. Failing to do so may be regarded as gross misconduct or a breach of the volunteering agreement.
5. Staff and volunteers without a DBS check will not be permitted unsupervised access to vulnerable adults.
6. DBS will be renewed every three years.



13.2 TRAINING

1. All staff and volunteers will familiarise themselves with all Transformation CPR's policies and procedures, including safeguarding, during induction. A checklist must be signed and returned to confirm they have read the policies and procedures in the Volunteer/Staff Handbooks. Completed checklists are kept in HR folder.
2. All staff and volunteers will complete basic Safeguarding training and other relevant training as required.

All Trustees, volunteers and staff will be made aware of:

- The possibilities of abuse and neglect of children
- Local procedures and know the names and contact details of relevant local and national professionals and organisations (see Appendix 1).

In addition, all staff and volunteers, including trustees will be required to undertake refresher safeguarding training annually. This will be both adult and child safeguarding training. Training from other organisations will be accepted if a copy of the training certificate is supplied with an outline of what the training included and the date it was completed.

12.3 CHILDREN AT THE FOOD BANK DURING SCHOOL HOURS

Volunteers will notify the Safeguarding Lead if children come into the food bank during school hours. The Safeguarding Lead will email the referrer to notify the referrer to ensure that all relevant information about the welfare of children is available to the statutory services working with the families using the food bank, ensuring Transformation CPR follows the duty of care for children.

14 MANAGEMENT AND SUPERVISION

The Safeguarding Lead is responsible for clarifying with staff and volunteers their roles and responsibilities regarding the safeguarding of children. Supervision of staff and volunteers will provide opportunity for monitoring working practices and offer the opportunity to raise any concerns.

Trustees hold the ultimate responsibility for safeguarding, even if certain tasks are delegated to others, including teams or a safeguarding lead.

Safeguarding governance in the Charity is the Trustees' responsibility and includes positive safeguarding culture, to ensure the safety and well-being of everyone who comes into contact with the charity.

Essential duties:

- Identify and Manage Risks: Trustees must identify any safeguarding risks associated with the charity's activities and take steps to manage them.
- Implements suitable Policies and Practices: Ensure that the charity has robust safeguarding policies and practices in place, which are understood and followed by everyone involved.
- Conduct Necessary Checks: Ensure that the Board of trustees has confidence in the operational safeguarding lead that appropriate checks on Trustees, volunteers, and staff to ensure they are suitable for their roles. This may include background checks and references.
- Protect Volunteers and Staff: Implement clear policies on bullying, harassment, and whistleblowing, and ensure/gain assurance that volunteers and staff know how to raise concerns.



- Handle and Report Incidents Appropriately: Follow the charity's policies and procedures when handling incidents or allegations of abuse and report any serious incidents to the relevant authorities.

These responsibilities help create a safe environment for everyone involved with the charity.

15 ROLES AND RESPONSIBILITIES

NAME	ROLE/RESPONSIBILITIES
Joyce Duffin	Safeguarding Lead
Catherine Eastman	Deputy Safeguarding Lead
Barbara Ellenbroek	Safeguarding Trustee
Jonti Nankivell	Chair of Trustees

16 SIGNATURE

Signed for on behalf of Transformation CPR

Signed
Jonathan Nankivell
Chair of Trustees

Date:



Appendix 1

KEY CONTACTS

If someone is injured or in imminent danger, call 999.

- Safeguarding Lead – Joyce Duffin 07458 981289 joyce@transformationcpr.org
- Deputy Safeguarding Lead – Catherine Eastman 07863036864
- Trustee/Safeguarding Officer – Barbara Ellenbroek barbara@transformationcpr.org
- Children's Multi Agency Referral Unit (MARU) email multiagencyreferralunit@cornwall.gov.uk
phone 0300 1231 116

Other National Advice Providers

- NSPCC Child Protection Helpline - 0808 800 5000
- ChildLine - 0800 1111
- NSPCC 24/7 Helpline - 0808 800 500 or help@nspcc.org

If you think a crime has taken place

- Local police – 0845 123 33 33
- Devon and Cornwall Police – 101



Appendix 2

SAFEGUARDING CONCERN ALERT FORM

(Confidential when complete)

For Office Use									
Date and Time of Incident	DD/MM/YYYY 00:00								
Name of Person Completing this form	Your name								
Passed to Safeguarding Lead (SL)	Name of SL								
Method of communication	Choose an item								
Received by SL	DD/MM/YYYY 00:00								
About the incident, safeguarding concern or identified Risks									
Individual(s) identified at risk (select all that apply): <table border="0"><tr><td>☐ Person using the Food Bank</td><td>☐ Partner/spouse</td></tr><tr><td>☐ Food bank Volunteer</td><td>☐ Cohabiting individual</td></tr><tr><td>☐ Staff/ employee</td><td>☐ Friend/ neighbour</td></tr><tr><td>☐ Children/Young person</td><td>☐ Other</td></tr></table> If "other" please specify.		☐ Person using the Food Bank	☐ Partner/spouse	☐ Food bank Volunteer	☐ Cohabiting individual	☐ Staff/ employee	☐ Friend/ neighbour	☐ Children/Young person	☐ Other
☐ Person using the Food Bank	☐ Partner/spouse								
☐ Food bank Volunteer	☐ Cohabiting individual								
☐ Staff/ employee	☐ Friend/ neighbour								
☐ Children/Young person	☐ Other								
About the person(s) at risk Name: Forename & Surname Address: Click or tap here to enter text. Date of birth: Click or tap to enter a date. Gender: Click to enter text.									
Is the alleged perpetrator known to the person at risk: ☐ Yes ☐ No									
What is their relationship to the person at risk:									



☐ Carer ☐ Family member ☐ Neighbour ☐ Another vulnerable person	☐ Professional ☐ Friend ☐ Self ☐ Other If “other” please specify.		
Please provide a brief description of the allegation/concerns: Use this space to clarify basic information. Record factual details about what was said. Include: • Date, time, location of incidents • People involved • What was observed • What was heard • What was disclosed/said to you –using their own words			
Please provide a brief outline of actions taken/ support offered: Outline what action was taken at the time of the incident. If there is evidence what has been done to preserve this etc.			
Have you discussed your concerns with the person at risk (or legal guardian in the case of a child), where doing so does not increase the risk of harm and informed them of any actions you proposed to take: ☐ Yes ☐ No Has the person at risk given their consent to sharing the information with appropriate external agencies and/or statutory services: ☐ Yes ☐ No			
For the Safeguarding Lead to complete			
Type of risk/ abuse identified or suspected (select all that apply): <table style="width: 100%;"><tr><td style="width: 50%; vertical-align: top;">☐ Self-neglect ☐ Exploitation (including financial) ☐ Domestic Violence ☐ Modern Slavery ☐ Sexual Abuse ☐ Physical Abuse</td><td style="width: 50%; vertical-align: top;">☐ Emotional/ psychological Abuse ☐ Discrimination ☐ Neglect ☐ Coercive controlling behaviour ☐ Grooming</td></tr></table>		☐ Self-neglect ☐ Exploitation (including financial) ☐ Domestic Violence ☐ Modern Slavery ☐ Sexual Abuse ☐ Physical Abuse	☐ Emotional/ psychological Abuse ☐ Discrimination ☐ Neglect ☐ Coercive controlling behaviour ☐ Grooming
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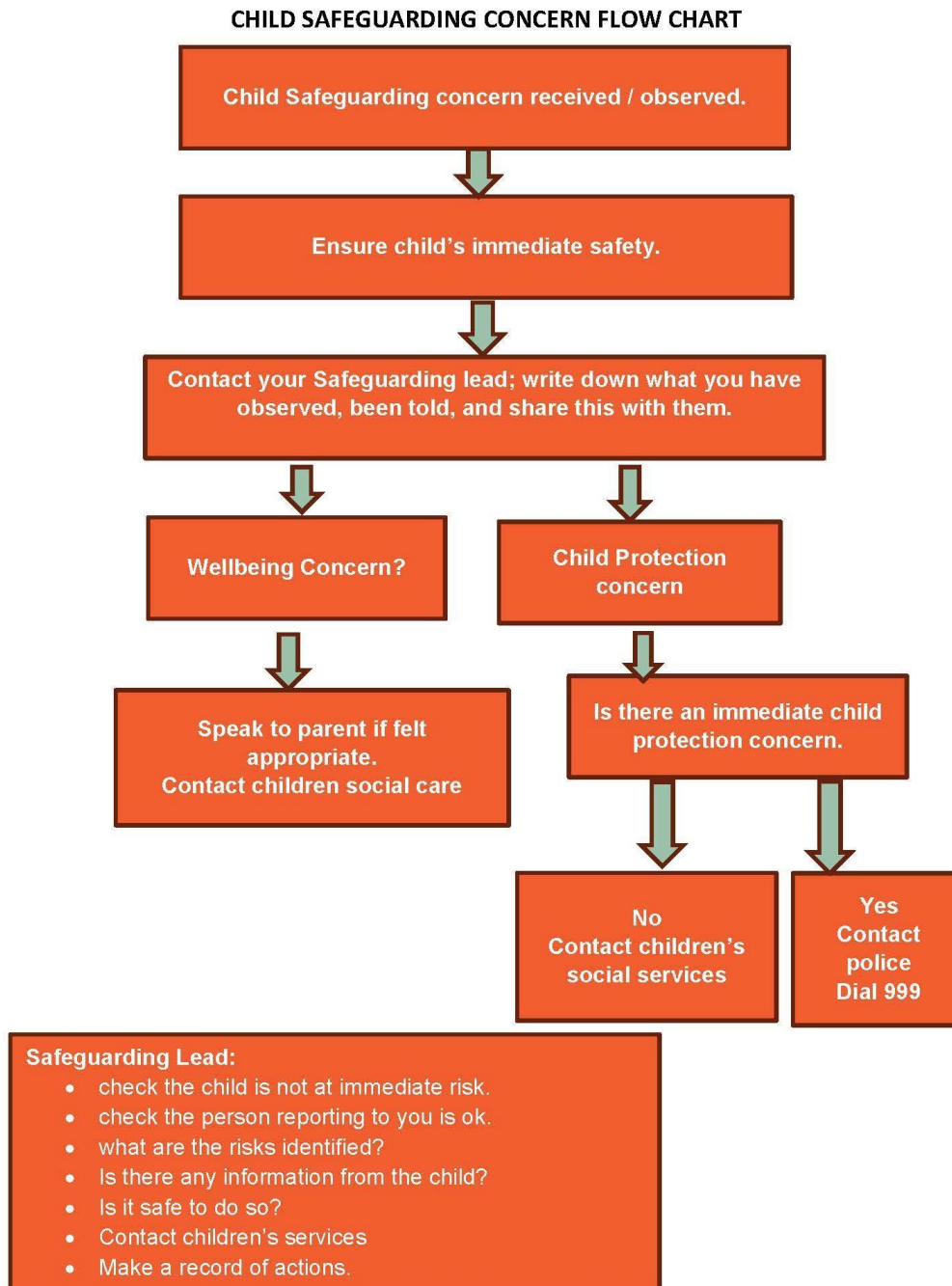


Additional actions/ measures: • List measures as bullets	
Is a further Risk Assessment needed for the FB to managed identified risks/ concerns: ☐ Yes ☐ No	
Has the incident/ concern been reported to statutory social care services: ☐ Yes ☐ No	
Concerns shared with external agencies N.B. If you have concerns for a person's immediate safety then contact the emergency services.	☐ Police ☐ Social Care ☐ Original referral agency ☐ Other If other please specify.
Safeguarding Incident Register updated for the charity Trustees/ Management Group: ☐ Yes ☐ No	



Appendix 3

Child Safeguarding Concern Flowchart





Appendix 4

KEY LEGISLATION IN ENGLAND

6.1 Legal Framework Children and Young People:

- Children Acts 1989 and 2004
- Children and Young Persons Act 2008
- Safeguarding Vulnerable Groups Act 2006
- Protection of Freedoms Act 2012
- Children and Families Act 2014
- Education Act 2002 and 2011
- Female Genital Mutilation Act 2003
- Children and Adoption Act 2008
- Apprenticeships, Skills, Children and Learning Act 2009
- The Children and Social Work Act 2017
- Working together to safeguard children 2006, 2015, 2018, 2020 and 2023

There are several key pieces of legislation that provide the framework for safeguarding children in the UK

The Children Act 1989/ last update

2024:

This act focuses on the welfare of the child and sets out the duties of local authorities to safeguard and promote the welfare of children.

The Children Act 2004 – last update September 2024

: This act introduced changes to improve the coordination of children's services and introduced the role of the Children's Commissioner.

The Children and Social Work Act 2017: This act includes provisions for improving support for looked-after children and care leavers, as well as measures to strengthen child protection.

The Education Act 2002: This act includes provisions related to the safeguarding of children in educational settings.

The Equality Act 2010: This act provides a legal framework to protect the rights of individuals and advance equality of opportunity for all.

The United Nations Convention on the Rights of the Child (UNCRC) 1992: This international treaty sets out the civil, political, economic, social, and cultural rights of children.

The Human Rights Act 1998



Appendix 5

SIGNS AND SYMPTOMS OF ABUSE (CHILDREN)

The following signs could be indicators that abuse has taken place but should be considered in context of the child's whole life.

Physical

- Injuries not consistent with the explanation given for them
- Injuries that occur in places not normally exposed to falls, rough games, etc
- Injuries that have not received medical attention
- Reluctance to change for, or participate in, games or swimming
- Repeated urinary infections or unexplained tummy pains
- Bruises on babies, bites, burns, fractures etc which do not have an accidental explanation*
- Cuts/scratches/substance abuse*

Sexual

- Any allegations made concerning sexual abuse
- Excessive preoccupation with sexual matters and detailed knowledge of adult sexual behaviour
- Age-inappropriate sexual activity through words, play or drawing Child who is sexually provocative or seductive with adults
- Inappropriate bed-sharing arrangements at home
- Severe sleep disturbances with fears, phobias, vivid dreams or nightmares, sometimes with overt or veiled sexual connotations
- Eating disorders - anorexia, bulimia*

Emotional

- Changes or regression in mood or behaviour, particularly where a child withdraws or becomes clinging. Depression, aggression, extreme anxiety.
- Nervousness, frozen watchfulness
- Obsessions or phobias
- Sudden under-achievement or lack of concentration
- Inappropriate relationships with peers and/or adults
- Attention-seeking behaviour
- Persistent tiredness
- Running away/stealing/lying

Neglect

- Under nourishment, failure to grow, constant hunger, stealing or gorging food, untreated illnesses, inadequate care, etc

*These indicate the possibility that a child or young person is self-harming. Approximately 20,000 are treated in accident and emergency departments in the UK each year.