

Wellington School



Safeguarding Policy Summary

Updated: September 2016

Review Date: September 2017



Wellington School



Policy Title	Safeguarding Policy
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Date of Update	September 2016
Review Date	September 2017
Status	Statutory
Member of SLT Responsible	E Copeland

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1. INTRODUCTION

- 1.1 The School's staff form part of the wider safeguarding system for children. Safeguarding and promoting the welfare of children and young people goes beyond implementing basic child protection procedures. It is an integral part of all activities and functions of Wellington School. Safeguarding and promoting the welfare of children is everyone's responsibility. Everyone who comes into contact with children and their families and carers has a role to play in safeguarding children and should consider at all times what is in the best interests of the child. This policy complements and supports other relevant school and Local Authority policies.
- 1.2 Under the Education Act 2002 schools/settings have a duty to safeguard and promote the welfare of their pupils and, in accordance with guidance set out in 'Working Together to Safeguard Children 2015', Wellington School will work in partnership with other organisations where appropriate to identify any concerns about child welfare and take action to address them.

2. STAFF

- All staff may raise concerns directly with Children's Social Care services
- All staff are aware that safeguarding incidents could happen anywhere and staff should be alert to possible concerns being raised in this school.
- All staff are aware that safeguarding concerns about adults in the school should be made to the Designated Safeguarding Lead or to the Headteacher.
- All members of staff and volunteers are provided with child protection awareness information at induction, including in their arrival pack, the school safeguarding statement so that they know who to discuss a concern with.
- All members of staff are trained in and receive regular updates in e-safety and reporting concerns.

3. CONFIDENTIALITY AND INFORMATION SHARING

- 3.1 Staff ensure that confidentiality protocols are followed and information is shared appropriately. The Headteacher or Designated Member of Staff discloses any information about a pupil to other members of staff on a need to know basis only.
- 3.2 All staff and volunteers must understand that they have a professional responsibility to share information with other agencies in order to safeguard children. All staff and volunteers must be clear with children that they cannot promise to keep secrets.

4. TRAINING FOR STAFF AND VOLUNTEERS

- 4.1 Training is provided for all staff and volunteers. Induction training includes basic safeguarding information about the school's policies and procedures, signs and

symptoms of abuse (emotional and physical), how to manage a disclosure from a child as well as when and how to record a concern about the welfare of a child.

- 4.2 All staff and volunteers who are in regular contact with children will receive basic Level 1 training which is up-dated by refresher training every 3 years. The Designated Person for Safeguarding will receive refresher training every two years as well as further training at Level 2 and above.
- 4.3 All staff will receive training or briefings on particular safeguarding issues, for example, Guns and Gangs, Forced Marriage, Domestic Abuse and Child Sexual Exploitation, Radicalisation (not all examples will be relevant to all schools or settings).

5. RECORDING AND REPORTING CONCERNS

- 5.1 All staff, volunteers and visitors have a responsibility to report any concerns about the welfare and safety of a child and all such concerns must be taken seriously (Appendix 9. If a concern arises all staff, volunteers and visitors must:
- Speak to the Designated Safeguarding Lead or the person who acts in their absence
 - Agree with this person what action should be taken, by whom and when it will be reviewed
 - Record the concern using the school's safeguarding recording system

6. SAFER USE OF THE INTERNET AND DIGITAL TECHNOLOGY

- 6.1 Wellington School recognise that in a modern learning environment, use of the Internet, multimedia devices and digital imaging facilities are part of everyday requirements. However a child/young person's safety will remain the priority of the school.
- 6.2 All staff are aware that any items that have capability for use of the Internet or the creation of digital images (including mobile phones) must be used by children/young people under appropriate supervision. If any such item that belongs to a member of staff is brought onto the school site, it is the responsibility of that staff member to ensure that these items contain nothing of an inappropriate nature.
- 6.3 Children/young people are not permitted to directly access items that do not belong to the school.
- 6.4 If there is any suspicion that any multimedia device or computer contains any images or content of an inappropriate nature, the Headteacher or DSL should be informed immediately.

Use of mobile phones

Mobile telephones are not allowed on site. Students may drop their phones off at the main office.

However, mobile phones have a place in settings, especially when on outings. They are often the only means of contact available in settings and can be helpful in ensuring children are kept safe.

- Only use mobile phones appropriately, and ensure staff have a clear understanding of what constitutes misuse and know how to minimise the risk.
- Ensure the use of a mobile phone does not detract from the quality of supervision and care of children.
- Ensure all mobile phone use is open to scrutiny.
- Ensure staff are vigilant and alert to any potential warning signs of the misuse of mobile phones.
- Ensure staff are responsible for their own behaviour regarding the use of mobile phones and should avoid putting themselves into compromising situations, which could be misinterpreted and lead to potential allegations.
- Ensure the use of mobile phones on outings is included as part of the risk assessment, for example, how to keep personal numbers that may be stored on the phone safe and confidential.

School mobiles

To protect children we will ensure that the work mobile:

- Is only used by allocated people.
- Is protected with a password and clearly labelled.
- Is stored securely when not in use.
- Is not used in areas such as toilets, changing rooms, nappy changing areas and sleep areas.
- If used for taking photographs, the images are deleted regularly and written parent/carer permission obtained.

Personal mobiles

To protect children we will ensure that personal mobiles:

- Are stored securely [say where] and will be switched off or on silent whilst staff are on duty.
- Are not used to take pictures of the children attending the setting.
- Will not be used to take photographs, video or audio recordings in our setting.

- Are not used to contact parents or children except in the event of an emergency.
- Visitors not to use on entering the setting.
- Older children have signed consent from their parents giving permission for the child to have a mobile and agreeing that they will be stored securely and be switched off or on silent whilst in the setting.

Cameras: Photography and Images

The vast majority of people who take or view photographs or videos of children do so for entirely innocent, understandable and acceptable reasons. However, due to cases of abuse to children through taking or using images, we must ensure that we have safeguards in place.

To protect children we will:

- Obtain parents' and carers' consent for photographs to be taken used for or published (for example, on our website or displays).
- Ensure the school's designated camera is only used in the school and any images taken will not be emailed as it may not be secure. (In some instances, it may be required to seek parental permission to email images, but the potential risks must be made clear to parents).
- Ensure that children are appropriately dressed, and only use the child's first name with an image.
- Ensure that personal cameras are not used to take photographs, video or audio recordings in our school without prior explicit written consent from the school, for example, for a special event, such as a Christmas play.
- Ensure that all images are stored securely and password protected. Where images are stored the setting will register with the Information Commissioners Office (ICO), in accordance with data protection laws.
- Ensure where professional photographers are used DBS's, references and parental consent will be obtained prior to photographs being taken.
- Ensure 'acceptable use' rules regarding the use of cameras by children are embedded in practice.
- Ensure the use of cameras is closely monitored and open to scrutiny

Social Networking Sites

Social Networking sites are part of everyday culture within the cyber environment and all staff will promote safe use of the internet to all children/young people. The school curriculum will include the input of appropriately trained personnel around Internet Safety and safe use of media items. Staff will ensure that any personal use of Social Networking sites does not in any way impinge upon the school or their professional standards. Any concerns regarding a staff member's conduct should be brought to the immediate attention of the Headteacher or the DSL.

Any attempt by a child/young person to contact staff via such internet sites will immediately be reported to the Headteacher or DSL in order that appropriate advice can be given to the child/young person and their parents/carers regarding professional boundaries and the safety of the child/young person.

Sexting

'Sexting' is one of a number of 'risk-taking' behaviours associated with the use of digital devices, social media or the internet. It is accepted that young people experiment and challenge boundaries and therefore the risks associated with 'online' activity can never be completely eliminated. However, Wellington School takes a pro-active approach in its ICT and tutor period programmes to help students to understand, assess, manage and avoid the risks associated with 'online activity'. The school recognises its duty of care to its young people who do find themselves involved in such activity as well as its responsibility to report such behaviours where legal or safeguarding boundaries are crossed.

There are a number of definitions of 'sexting' but for the purposes of this policy sexting is simply defined as:

- Images or videos generated by children under the age of 18, or
- of children under the age of 18 that are of a sexual nature or are indecent.
- These images are shared between young people and/or adults via a mobile phone, hand held device, computer, 'tablet' or website with people they may not even know.

There are many different types of sexting and it is likely that no two cases will be the same. It is necessary to carefully consider each case on its own merit. However, it is important that Wellington School applies a consistent approach when dealing with an incident to help protect young people and the school. For this reason the Designated Safeguarding Lead (or Headteacher in the absence of the DSL) needs to be informed of any 'sexting' incidents. The range of contributory factors in each case also needs to be considered in order to determine an appropriate and proportionate response. All colleagues are expected to be aware of this policy.

7. POSITION OF TRUST

All school staff are aware that inappropriate behaviour towards children is unacceptable and that their conduct towards all children must be beyond reproach. In addition, staff should understand that, under the Sexual Offences Act 2003, it is an offence for a person over the age of 18 to have a sexual relationship with a person under the age of 18, where that person is in a position of trust, even if the relationship is consensual. This means that any sexual activity between a member of the school staff and a child under 18 may be a criminal offence, even if that child is over the age of consent.

8. COMPLAINTS OR CONCERNS BY PUPILS, STAFF OR VOLUNTEERS

- 8.1 Any concern or expression of disquiet made by a child will be listened to seriously and acted upon as quickly as possible to safeguard his or her welfare.

We will make sure that the child or adult who has expressed the concern or made the complaint will be informed not only about the action to be taken but also where possible about the length of time required to resolve the complaint. We will endeavour to keep the child or adult informed about the progress of the complaint/expression of concern.

9. CHILDREN WITH SPECIAL EDUCATIONAL NEEDS AND DISABILITIES

The School recognises that additional barriers exist when recognising abuse and neglect in this group of children and ensure they are closely monitored by the relevant staff.

This can include:

- assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration;
- children with SEN and disabilities can be disproportionately impacted by things like bullying – without outwardly showing any signs; and
- communication barriers and difficulties overcoming these barriers.

Appendix One

Information Sharing 2015

In March 2015, the government published revised guidance: Information Sharing 2015. Many professionals are wary about sharing information and are concerned about breaching the Data Protection Act. This document is quite clear about sharing information and encourages practitioners to balance the risk of sharing with the risk of not sharing.

Everyone working with children must know the signs and symptoms of abuse and understand under what circumstances they are allowed to share information. Lord Laming emphasised that the safety and welfare of children is of paramount importance and highlighted the importance of practitioners feeling confident about when and how information can be legally shared.

Seven golden rules to sharing information

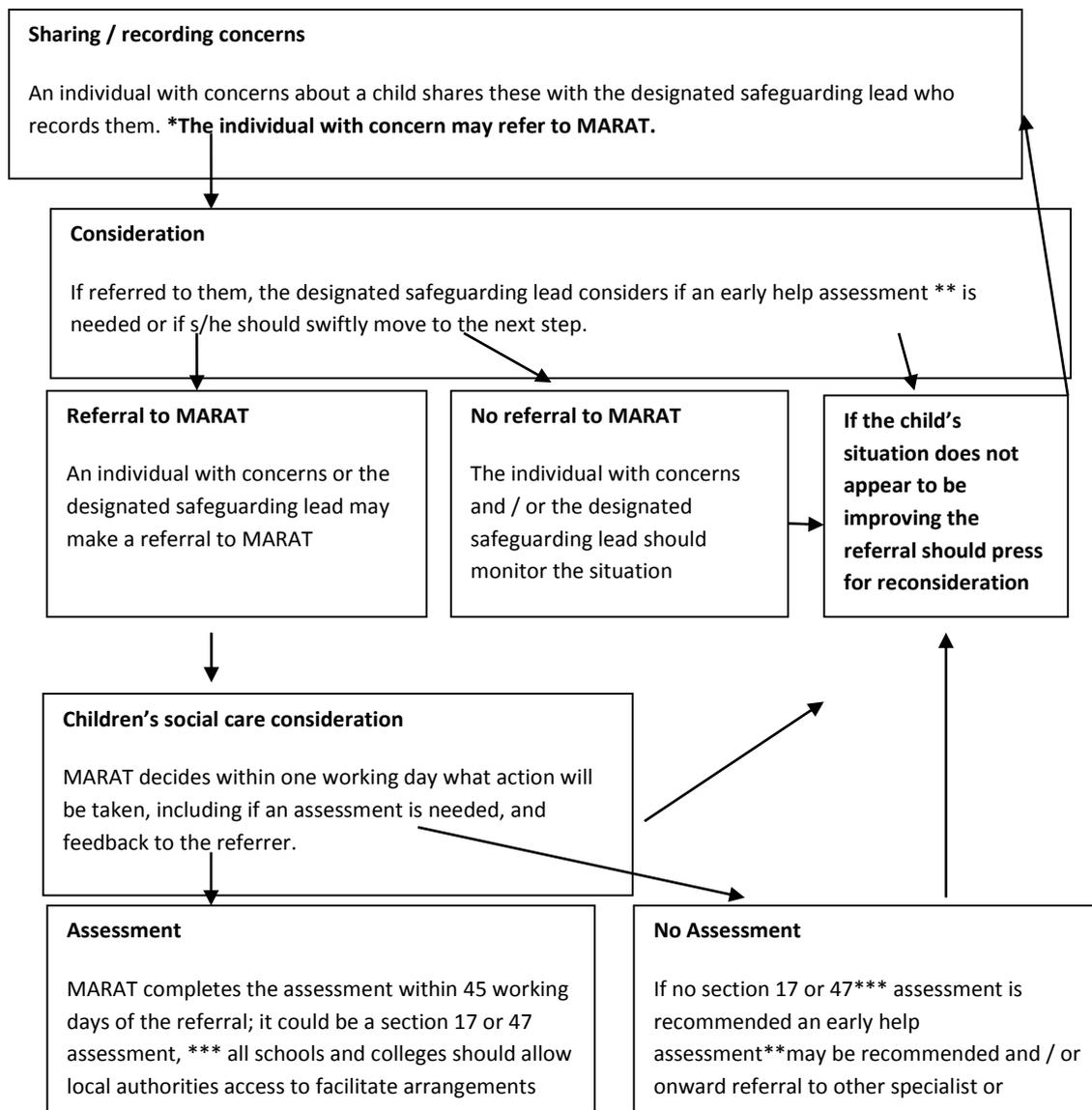
1. Remember that the Data Protection Act 1998 and human rights law are not barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared appropriately.
2. Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. Seek advice from other practitioners if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.
4. Share with informed consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, there is good reason to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be certain of the basis upon which you are doing so. Where you have consent, be mindful that an individual might not expect information to be shared.
5. Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.
6. Necessary, proportionate, relevant, adequate, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely (see principles)
7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

Appendix Two

Action when a child has suffered or is likely to suffer harm

This diagram illustrates what action should be taken and who should take it when there are concerns about a child. If, at any point, there is a risk of immediate serious harm to a child a referral should be made to children's social care immediately.

Anybody can make a referral



*In cases which also involve an allegation of abuse against a staff member, see part four of this guidance which explains action the school or college should take in respect of the staff member.

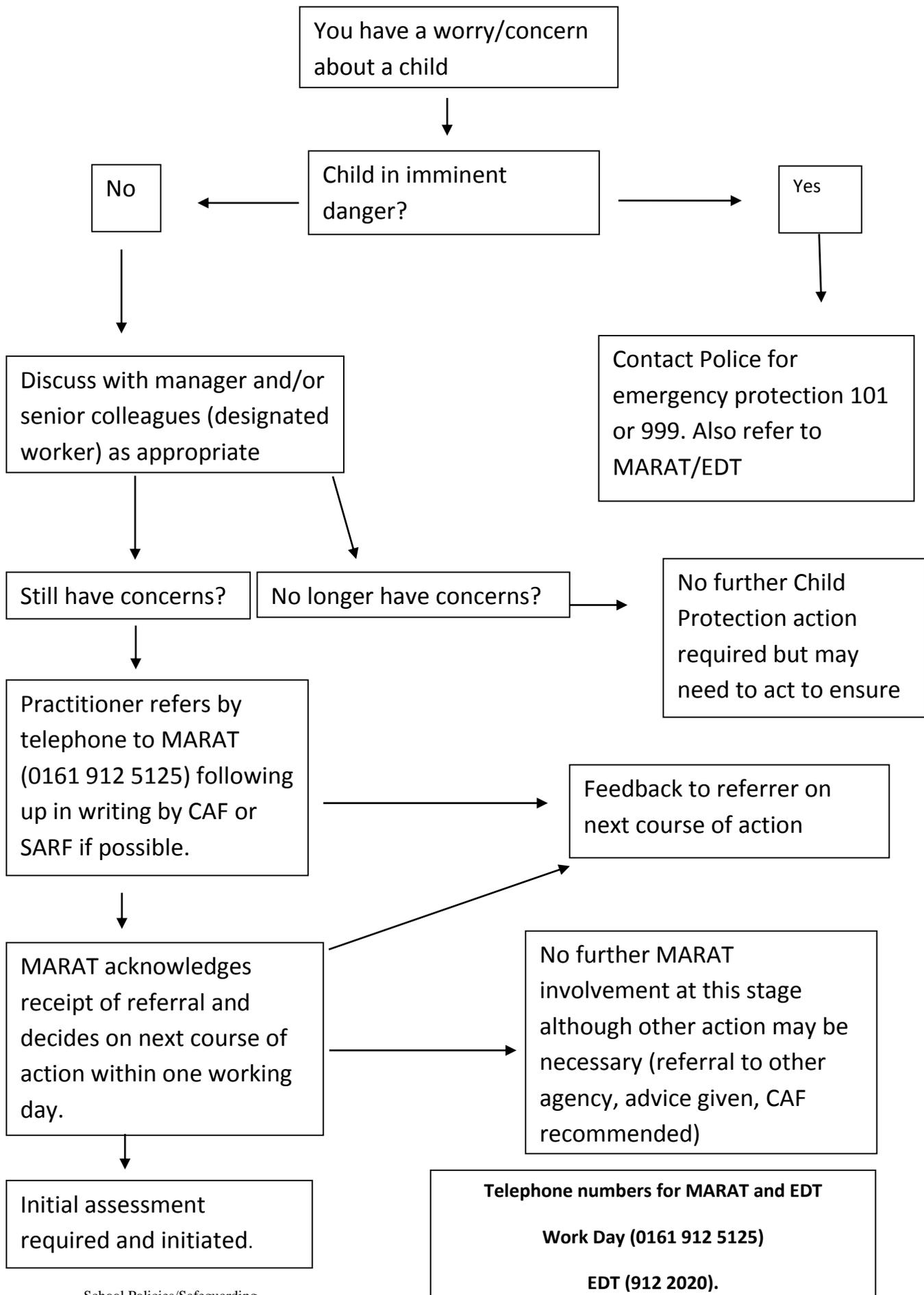
**Where a child and family would benefit from co-ordinated support from more than one agency (e.g. education, health, housing, police) there should be an inter-agency assessment. These assessments should identify what help the child and family require to prevent needs escalating to a point where intervention would be needed via a statutory assessment under the Children Act 1989. The early help assessment should be undertaken by a lead professional who could be a teacher, special educational needs co-ordinator, General Practitioner (GP), family support worker, and / or health visitor.

***Where there are more complex needs, help may be provided under section 17 of the Children Act 1989 (children in need). Where there are child protection concerns local authority services must make enquiries and decide if any action must be taken under section 47 of the Children Act 1989.

ALL STAFF AND GOVERNORS TO BE AWARE OF THE ABOVE FLOWCHART.

Appendix Three

MARAT FLOWCHART



Appendix Four

Multi Agency Threshold Guidance

<http://www.tscb.co.uk/docs/threshold-guidance-november-2013.pdf>

Single Agency Referral Form (SARF)

<http://www.tscb.co.uk/docs/trafford-single-agency-referral-sarf-procedures.pdf>

Early Help

<http://www.tscb.co.uk/procedures/early-help-and-multi-agency-working.aspx>

Useful contacts

MARAT 912 5125

Emergency Duty Team (EDT) 912 2020

Anita Hopkins -Trafford Local Authority Designated Officer (LADO)-912 5024

Channel- 856 6362

channel.project@gmp.police.uk

Other useful links

<https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>

CEOP- <http://www.thinkuknow.co.uk/>

<http://www.nspcc.org.uk/inform>

<http://www.education.gov.uk/childrenandyoungpeople>

<http://www.gov.uk/dbs>

<http://www.privatefostering.org.uk/>

<http://www.homeoffice.gov.uk/crime/violence-against-women-girls/teenage-relationship-abuse>

<http://www.saferinternet.org.uk/helpline>

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/439598/prevent-duty-departmental-advice-v6.pdf

<https://www.gov.uk/government/publications/the-use-of-social-media-for-online-radicalisation>
[https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/425189/Channel Duty Guidance April 2015.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/425189/Channel_Duty_Guidance_April_2015.pdf)

Appendix Five

Abuse	<p>A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults, or another child or children.</p> <p><i>(Definition provided by Working Together 2015)</i></p>
Accommodation	<p>Section 20 of the Children Act 1989 enables a local authority to provide accommodation for a child who has no person with parental responsibility for him/her, is lost or abandoned or whose parent cannot provide suitable accommodation and care.</p>
Allocated case	<p>A case that has been made the responsibility of a named social worker or other key worker until such time as the case is closed, transferred or managed in such other way that the named worker no longer has responsibility for it.</p>
Assessment	<p>The assessment of developmental needs of a child within their family and wider environmental context to determine, if the child has needs and what services they require. The assessment may be general in nature (e.g.,) CAF, Child and Family or relate to a specific developmental need (e.g. health or education.)</p>
Care order	<p>A court order under s.31 of the Children Act 1989 placing a child in local authority care to protect the child from harm they are suffering or may suffer, whilst under the care of his/her parent (and/or being beyond a parent's control).</p>
Child	<p>Anyone under 18 years of age. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate, does not change his/her status or entitlements to services or protection.</p>
Child in need	<p>Section 17 (10) of the Children Act 1989 defines a child in need as a child who, without the provision of local authority services:</p> <ul style="list-style-type: none">a) Who is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision of services to them by a local authority

	<p>b) Whose health or development is likely to be significantly impaired, or further impaired, without the provision for them of such services; or</p> <p>c) They are disabled, and “family”, in relation to such a child, includes any person who has parental responsibility for the child and any other person with whom they has been living.</p>
Child protection	<p>Part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.</p> <p><i>(Definition provided by Working Together 2015)</i></p>
Child protection enquiry	<p>Where a local authority:</p> <p>(a) are informed that a child who lives, or is found, in their area</p> <p style="padding-left: 40px;">(i) is the subject of a emergency protection order, or</p> <p style="padding-left: 40px;">(ii) is in police protection; and</p> <p>(b) have reasonable cause to suspect that a child who lives, or is found, in their area is suffering, or is likely to suffer, significant harm</p> <p>Section 47 of the Children Act 1989 gives children's social care a duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm.</p>
Child Sexual Exploitation (CSE)	<p>The sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive “something” (e.g., food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of their performing, and/or another or others performing on them, sexual activities.</p>
Children	<p>Anyone who has not yet reached their 18th birthday. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate, does not change his/her status or entitlements to services or protection.</p> <p><i>(Definition provided by Working Together 2015)</i></p>
Common Assessment Framework (CAF)	<p>The CAF is a standardised approach to conducting an assessment of a child's additional needs and deciding how those needs should be met. It can be used by practitioners across children's services in England. The CAF is intended to provide a simple process for a</p>

	holistic assessment of a child's needs and strengths, taking account of the role of parents, carers and environmental factors on their development.
Child and Family Assessment	An assessment conducted by a social worker which addresses the central and most important aspects of the needs of the child and the capacity of their parents to respond to these needs. It is to be undertaken where circumstances are complex and should be completed within 45 working days of referral.
Disclosure and Barring Service (DBS)	<p>The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. It replaced the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).</p> <p>The DBS is responsible for:</p> <ul style="list-style-type: none"> • processing requests for criminal records checks • deciding whether it is appropriate for a person to be placed on or removed from a barred list • placing or removing people from the DBS children's barred list and adults' barred list for England, Wales and Northern Ireland
Duty children's social worker	Professional from the Children's Social Care team that receives and responds to all child concern referrals – in office hours.
Emergency duty team (EDT)	A social work team providing an out of hours social care service for Trafford.
Emergency Protection Order	A court order under Section 44 of the Children Act 1989 giving Children's Social Care and the Police the power to protect a child from harm by removing the child to suitable accommodation or preventing a child from being removed (e.g. from hospital).
Enquiry checks	Checks made of agencies involved with a child for Section 47 child protection investigation purposes.
Impairment of health and development	Where professionals are seeking to judge whether a child's health and development have been significantly harmed, the Children Act 1989 (s31 (10)) directs them to make a comparison with the health and development which could reasonably be expected of a similar child.
Integrated Children's System (ICS)	Case management system for case recording within Children's Social Care. Introduced in 2008, this is a government sponsored system with national criteria for local software providers to adhere to. It ensures that there is consistency of practice across all social work teams, improves transparency and accountability.

Local Safeguarding Children Board (LSCB)	Local Safeguarding Children's Boards (LSCBs) are a statutory bodies established in each local authority area under Section 14 of the Children Act 2004. The purpose of LSCBs is: <ul style="list-style-type: none"> a) to coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area; and b) to ensure the effectiveness of what is done by each such person or body for those purposes.
MARAT	Multi Agency Referral and Assessment Team
Nominated safeguarding children adviser	The person/people in each agency who has/have responsibility for child protection issues in that agency and provide child protection advice to frontline professionals / clinicians, e.g. child protection lead in schools, designated and named doctors and nurses etc.
Parent	Parent or carer of a child.
Parental Responsibility	All the duties, rights, powers, responsibilities and authority which by law a parent of a child has in relation to the child and their property. A Care Order confers the responsibility to a local authority but it does not remove it from the child's parents.
Police Powers of Protection (Section 46) (PPO)	Section 46 of the Children Act 1989 giving the police powers to protect a child from harm by removing the child to suitable accommodation or preventing a child from being removed (e.g. from hospital).
Private Fostering	An arrangement made directly by a parent for their child to be looked after for 28 days or more by an adult who does not have parental responsibility for the child and is not a close relative/step parent.
Referral	A request for services to be provided by a local authority. A case can become current only after a referral has been made.
Regulated Activity with Children	The Safeguarding Vulnerable Groups Act 2006 (as amended by the Protection of Freedoms Act 2012) defined Regulated Activity with Children as: <ul style="list-style-type: none"> a) Unsupervised activities - Teaching, training or instruction, care for or supervise children, provide advice / guidance on wellbeing, drive a vehicle only for children b) Work for a Limited Range of Establishments (Specified places) – Where there is an opportunity for contact, for example schools, children's homes, childcare premises (but not work by supervised volunteers)

	<p>c) Healthcare / Relevant Personal Care - for example washing or dressing; or health care by or supervised by a professional, even if done once</p> <p>d) Registered Child-minding and Foster-Carers</p>
Risk to child	Description of an adult or child who has been identified (by probation services / Youth Justice Service, Police or health services, individually or via the Multi-Agency Public Protection Arrangements) as posing an on-going risk to a child (replaces the term Schedule 1 Offender).
SARF	Single Agency Assessment Form
Safeguarding and promoting the welfare of children	<p>Defined for the purposes of this guidance as:</p> <ul style="list-style-type: none"> • protecting children from maltreatment; • preventing impairment of children's health or development; • ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and • taking action to enable all children to have the best life chances. <p><i>(Definition provided by Working Together 2015)</i></p>
Section 17	Section 17 of the Children's Act 1989 imposes on every local authority a duty to safeguard and promote the welfare of children in the area who are in need.
Section 47 Enquiry	Section 47 of the Children Act requires every local authority to make enquiries about children thought to be at risk, enabling them to decide whether they need to take further action to safeguard and promote the child's welfare.
Senior Manager	Manager in any agency above first line manager.
Serious Case Review	<p>SCRs are undertaken when:</p> <p>(a) abuse or neglect of a child is known or suspected; and</p> <p>(b) either -</p> <ul style="list-style-type: none"> (i) the child has died; or (ii) the child has been seriously harmed and there is cause for concern as to the way in which the authority, their Board partners or other relevant persons have worked together to safeguard the child.
Social Worker or Child's Social Worker	Social work qualified professional with case responsibility.

Staff / staff member	Any individual/s working in a voluntary, employed, professional or unqualified capacity, including foster carers and approved adopters.
Working Together	Working Together to Safeguard Children (2015) is a guidance document produced by the DFE setting out how all agencies and professionals should work together to safeguard children and promote children's welfare.

APPENDIX SIX

Recognising signs of child abuse

Categories of Abuse:

- Physical Abuse
- Emotional Abuse (including Domestic Abuse)
- Sexual Abuse
- Neglect

Signs of Abuse in Children:

The following non-specific signs may indicate something is wrong:

- Significant change in behaviour
- Extreme anger or sadness
- Aggressive and attention-seeking behaviour
- Suspicious bruises with unsatisfactory explanations
- Lack of self-esteem
- Self-injury
- Depression
- Age inappropriate sexual behaviour
- Child Sexual Exploitation.

Risk Indicators

The factors described in this section are frequently found in cases of child abuse. Their presence is not proof that abuse has occurred, but:

- Must be regarded as indicators of the possibility of significant harm
- Justifies the need for careful assessment and discussion with designated / named / lead person, manager, (or in the absence of all those individuals, an experienced colleague)
- May require consultation with and / or referral to Children's Services

The absence of such indicators does not mean that abuse or neglect has not occurred.

In an abusive relationship the child may:

- Appear frightened of the parent/s
- Act in a way that is inappropriate to her/his age and development (though full account needs to be taken of different patterns of development and different ethnic groups)

The parent or carer may:

- Persistently avoid child health promotion services and treatment of the child's episodic illnesses
- Have unrealistic expectations of the child
- Frequently complain about/to the child and may fail to provide attention or praise (high criticism/low warmth environment)
- Be absent or misusing substances
- Persistently refuse to allow access on home visits
- Be involved in domestic abuse

Staff should be aware of the potential risk to children when individuals, previously known or suspected to have abused children, move into the household.

Recognising Physical Abuse

The following are often regarded as indicators of concern:

- An explanation which is inconsistent with an injury
- Several different explanations provided for an injury
- Unexplained delay in seeking treatment
- The parents/carers are uninterested or undisturbed by an accident or injury
- Parents are absent without good reason when their child is presented for treatment
- Repeated presentation of minor injuries (which may represent a "cry for help" and if ignored could lead to a more serious injury)
- Family use of different doctors and A&E departments
- Reluctance to give information or mention previous injuries

Bruising

Children can have accidental bruising, but the following must be considered as non accidental unless there is evidence or an adequate explanation provided:

- Any bruising to a pre-crawling or pre-walking baby
- Bruising in or around the mouth, particularly in small babies 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)
- Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally
- 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

- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting
- Bruising around the face
- Grasp marks on small children
- Bruising on the arms, buttocks and thighs may be an indicator of sexual abuse

Bite Marks

Bite marks can leave clear impressions of the teeth. Human bite marks are oval or crescent shaped. Those over 3 cm in diameter are more likely to have been caused by an adult or older child.

A medical opinion 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)
- 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 is his/her 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.

Fractures

Fractures may cause pain, swelling and discolouration over a bone or joint.

Non-mobile children rarely sustain fractures.

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

Scars

A large number of scars or scars of different sizes or ages, or on different parts of the body, may suggest abuse

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 not attachment
- Indiscriminate attachment or failure to attach
- Aggressive behaviour towards others
- Scape-goated 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

Recognising Signs of Sexual Abuse

Boys and girls 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
- 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
- Involvement in prostitution or indiscriminate choice of sexual partners
- An anxious unwillingness to remove clothes e.g. for 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
- Blood on underclothes
- Pregnancy in a younger girl where the identity of the father is not disclosed
- 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

Sexual Abuse by Young People

The boundary between what is abusive and what is part of normal childhood or youthful experimentation can be blurred. The determination of whether behaviour is developmental, inappropriate or abusive will hinge around the related concepts of true consent, power imbalance and exploitation. This may include children and young people who exhibit a range of sexually problematic behaviour such as indecent exposure, obscene telephone calls, fetishism, bestiality and sexual abuse against adults, peers or children.

Developmental Sexual Activity encompasses those actions that are to be expected from children and young people as they move from infancy through to an adult understanding of their physical, emotional and behavioural relationships with each other. Such sexual activity is essentially information gathering and experience testing. It is characterised by mutuality and of the seeking of consent.

Inappropriate Sexual Behaviour can be inappropriate socially, inappropriate to development, or both. In considering whether behaviour fits into this category, it is important to consider what negative effects it has on any of the parties involved and what concerns it raises about a child or young person. It should be recognised that some actions may be motivated by information seeking, but still cause significant upset, confusion, worry, physical damage, etc. It may also be that the behaviour is “acting out” which may derive from other sexual situations to which the child or young person has been exposed.

If an act appears to have been inappropriate, there may still be a need for some form of behaviour management or intervention. For some children, educative inputs may be enough to address the behaviour.

Abusive sexual activity included any behaviour involving coercion, threats, aggression together with secrecy, or where one participant relies on an unequal power base.

Assessment

In order to more fully determine the nature of the incident the following factors should be given consideration. The presence of exploitation in terms of:

- **Equality** – consider differentials of physical, cognitive and emotional development, power and control and authority, passive and assertive tendencies
- **Consent** – agreement including all the following:
 - Understanding that is proposed based on age, maturity, development level, functioning and experience
 - Knowledge of society’s standards for what is being proposed
 - Awareness of potential consequences and alternatives
 - Assumption that agreements or disagreements will be respected equally
 - Voluntary decision
 - Mental competence
- **Coercion** – the young perpetrator who abuses may use techniques like bribing, manipulation and emotional threats of secondary gains and losses that is loss of love, friendship, etc. Some may use physical force, brutality or the threat of these regardless of victim resistance.

In evaluating sexual behaviour of children and young people, the above information should be used only as a guide. Further information and advice is available in the Surrey multi-agency protocol "Working with Sexually Active Young People" available at www.surreycc.gov.uk/safeguarding, by choosing Safeguarding Children – Protocols and Guidance for Professionals. Assessment, Consultation and Therapy (ACT) 01306 745310 can also assist professionals in identifying sexual behaviour of concern in children and adolescents.

Recognising Neglect

Evidence of neglect is built up over a period of time and can cover different aspects of parenting. Indicators include:

- Failure by parents or carers to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene and medical care
- A child seen to be listless, apathetic and unresponsive with no apparent medical cause
- Failure of child to grow within normal expected pattern, with accompanying weight loss
- Child thrives away from home environment
- Child frequently absent from school
- Child left with adults who are intoxicated or violent
- Child abandoned or left alone for excessive periods

Child Sexual Exploitation

The following list of indicators is not exhaustive or definitive but it does highlight common signs which can assist professionals in identifying children or young people who may be victims of sexual exploitation.

Signs include:

- underage sexual activity
- inappropriate sexual or sexualised behaviour
- sexually risky behaviour, 'swapping' sex
- repeat sexually transmitted infections
- in girls, repeat pregnancy, abortions, miscarriage
- receiving unexplained gifts or gifts from unknown sources
- having multiple mobile phones and worrying about losing contact via mobile
- having unaffordable new things (clothes, mobile) or expensive habits (alcohol, drugs)
- changes in the way they dress
- going to hotels or other unusual locations to meet friends
- seen at known places of concern
- moving around the country, appearing in new towns or cities, not knowing where they are
- getting in/out of different cars driven by unknown adults
- having older boyfriends or girlfriends
- contact with known perpetrators
- involved in abusive relationships, intimidated and fearful of certain people or situations
- hanging out with groups of older people, or anti-social groups, or with other vulnerable peers
- associating with other young people involved in sexual exploitation

- recruiting other young people to exploitative situations
- truancy, exclusion, disengagement with school, opting out of education altogether
- unexplained changes in behaviour or personality (chaotic, aggressive, sexual)
- mood swings, volatile behaviour, emotional distress
- self-harming, suicidal thoughts, suicide attempts, overdosing, eating disorders
- drug or alcohol misuse
- getting involved in crime
- police involvement, police records
- involved in gangs, gang fights, gang membership
- injuries from physical assault, physical restraint, sexual assault.

Forced Marriage(FM)

This is an entirely separate issue from arranged marriage. It is a human rights abuse and falls within the Crown Prosecution Service definition of domestic violence. Young men and women can be at risk in affected ethnic groups. Whistle-blowing may come from younger siblings. Other indicators may be detected by changes in adolescent behaviours. Never attempt to intervene directly as a school or through a third party. Always call either the Contact Centre or the Forced Marriage Unit 020 7008 0151.

Female Genital Mutilation (FGM)

It is essential that staff are aware of FGM practices and the need to look for signs, symptoms and other indicators of FGM.

What is FGM?

It involves procedures that intentionally alter/injure the female genital organs for non-medical reasons.

4 types of procedure:

Type 1 Clitoridectomy – partial/total removal of clitoris

Type 2 Excision – partial/total removal of clitoris and labia minora

Type 3 Infibulation entrance to vagina is narrowed by repositioning the inner/outer labia

Type 4 all other procedures that may include: pricking, piercing, incising, cauterising and scraping the genital area.

Why is it carried out?

Belief that:

- ❖ FGM brings status/respect to the girl – social acceptance for marriage
- ❖ Preserves a girl's virginity
- ❖ Part of being a woman / rite of passage
- ❖ Upholds family honour
- ❖ Cleanses and purifies the girl
- ❖ Gives a sense of belonging to the community

- ❖ Fulfils a religious requirement
- ❖ Perpetuates a custom/tradition
- ❖ Helps girls be clean / hygienic
- ❖ Is cosmetically desirable
- ❖ Mistakenly believed to make childbirth easier

Is FGM legal?

FGM is internationally recognised as a violation of human rights of girls and women. It is **illegal** in most countries including the UK.

Circumstances and occurrences that may point to FGM happening are:

- Child talking about getting ready for a special ceremony
- Family taking a long trip abroad
- Child's family being from one of the 'at risk' communities for FGM (Kenya, Somalia, Sudan, Sierra Leon, Egypt, Nigeria, Eritrea as well as non-African communities including Yemeni, Afghani, Kurdistan, Indonesia and Pakistan)
- Knowledge that the child's sibling has undergone FGM
- Child talks about going abroad to be 'cut' or to prepare for marriage

Signs that may indicate a child has undergone FGM:

- Prolonged absence from school and other activities
- Behaviour change on return from a holiday abroad, such as being withdrawn and appearing subdued
- Bladder or menstrual problems
- Finding it difficult to sit still and looking uncomfortable
- Complaining about pain between the legs
- Mentioning something somebody did to them that they are not allowed to talk about
- Secretive behaviour, including isolating themselves from the group
- Reluctance to take part in physical activity
- Repeated urinal tract infection
- Disclosure

APPENDIX SEVEN

Indicators of Vulnerability to Radicalisation

1. Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism leading to terrorism.
2. Extremism is defined by the Government in the Prevent Strategy as:
Vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces, whether in this country or overseas.
3. Extremism is defined by the Crown Prosecution Service as:
The demonstration of unacceptable behaviour by using any means or medium to express views which:
 - Encourage, justify or glorify terrorist violence in furtherance of particular beliefs;
 - Seek to provoke others to terrorist acts;
 - Encourage other serious criminal activity or seek to provoke others to serious criminal acts; or
 - Foster hatred which might lead to inter-community violence in the UK.
4. There is no such thing as a “typical extremist”: those who become involved in extremist actions come from a range of backgrounds and experiences, and most individuals, even those who hold radical views, do not become involved in violent extremist activity.
5. Pupils may become susceptible to radicalisation through a range of social, personal and environmental factors - it is known that violent extremists exploit vulnerabilities in individuals to drive a wedge between them and their families and communities. It is vital that school staff are able to recognise those vulnerabilities.
6. Indicators of vulnerability include:
 - Identity Crisis – the student / pupil is distanced from their cultural / religious heritage and experiences discomfort about their place in society;
 - Personal Crisis – the student / pupil may be experiencing family tensions; a sense of isolation; and low self-esteem; they may have dissociated from their existing friendship group and become involved with a new and different group of friends; they may be searching for answers to questions about identity, faith and belonging;
 - Personal Circumstances – migration; local community tensions; and events affecting the student / pupil's country or region of origin may contribute to a sense of grievance that is triggered by personal experience of racism or discrimination or aspects of Government policy;
 - Unmet Aspirations – the student / pupil may have perceptions of injustice; a feeling of failure; rejection of civic life;
 - Experiences of Criminality – which may include involvement with criminal groups, imprisonment, and poor resettlement / reintegration;
 - Special Educational Need – students / pupils may experience difficulties with social interaction, empathy with others, understanding the consequences of their actions and awareness of the motivations of others.

7. However, this list is not exhaustive, nor does it mean that all young people experiencing the above are at risk of radicalisation for the purposes of violent extremism.
8. More critical risk factors could include:
 - Being in contact with extremist recruiters;
 - Accessing violent extremist websites, especially those with a social networking element;
 - Possessing or accessing violent extremist literature;
 - Using extremist narratives and a global ideology to explain personal disadvantage;
 - Justifying the use of violence to solve societal issues;
 - Joining or seeking to join extremist organisations; and
 - Significant changes to appearance and / or behaviour;
 - Experiencing a high level of social isolation resulting in issues of identity crisis and / or personal crisis.

APPENDIX EIGHT

Further advice on child protection is available from:

NSPCC: <http://www.nspcc.org.uk/>

Childline: <http://www.childline.org.uk/pages/home.aspx>

CEOPSThinkuknow: <http://www.thinkuknow.co.uk/>

Anti-Bullying Alliance: <http://anti-bullyingalliance.org.uk/>

Beat Bullying: <http://www.beatbullying.org/>

CONTACTS

- Multi Agency Referral and Assessment Team (MARAT)
Tel: 0161 912 5125
- Emergency Duty Team (EDT)
Tel: 0161 912 2020
- The Safeguarding Children Unit / LADO
Tel: 0161 912 5024
- Police Public Protection Investigation Unit
Tel: 0161 856 7555
- CEOP (Child Exploitation and Online Protection)
Tel: 0870 000 3344 9.00am – 5.00pm Monday - Friday
- CSE (Child Sexual Exploitation) Team Trafford
Tel: 0161 856 7782

www.tsbc.org.uk

Copies of the full Child Protection Policy are available on request through the School Office.

APPENDIX NINE

- Child Protection, Revised Guidelines to be issued to all site staff at the start of each academic year.

BEST PRACTICE GUIDANCE.

COMMON LAW DUTY OF CARE

DUTY TO MAKE A REFERRAL

As from June 2004 if you have a child protection concern you have a **STATUTORY DUTY OF CARE** to refer your concern to the designated teacher, Child Protection - or to the most senior member of staff available in the absence from school of the designated teacher.

Wellington School's designated member of staff is Mrs E Copeland, Assistant Headteacher.

CONFIDENTIALITY

REMEMBER ANY PERSONAL INFORMATION YOU HAVE BEEN GIVEN ABOUT A CHILD'S CIRCUMSTANCES IS CONFIDENTIAL.

DO NOT TALK TO THE CHILD ABOUT PERSONAL INFORMATION YOU MAY HAVE BEEN GIVEN OR HAVE ACCESS TO

The amount of confidential information disclosed, and the number of people to whom it is disclosed, should be no more than is strictly necessary to meet the need to protect the health and well-being of the child.

DATA PROTECTION ACT

SCHEDULE 2/SHARING INFORMATION

- Get consent to pass on information
- Protect interests of child
- Remember legal obligations to safeguard public

SCHEDULE 3/SENSITIVE PERSONAL DATA COVERS:-

- Racial or ethnic origin
- Political beliefs
- Religious beliefs
- Physical or mental health
- Sexual life
- Criminal offences

WHAT TO DO IF A CHILD DISCLOSES TO YOU:

- DO NOT PROMISE CONFIDENTIALITY.
- **DO NOT TAKE ON A COUNSELLING ROLE.**
- INFORM PUPIL OF THE PROCEDURE YOU WILL BE TAKING.

- LISTEN (DON'T QUESTION).
- RECORD **EXACTLY WHAT IS SAID.**
- **PASS ON.**

YOU DO NOT HAVE TO:-

1. ESTABLISH WHETHER THE CHILD IS TELLING THE TRUTH.
2. DECIDE WHETHER WHAT THE CHILD HAS DESCRIBED IS ABUSIVE OR NOT.
3. INVESTIGATE THE CIRCUMSTANCES.

WHAT TO DO IF:-

1. YOU HAVE CONCERNS:

- RECORD CONCERNS-INCLUDE ANY VISIBLE INJURIES AND OBSERVATIONS OF THE CHILD'S EMOTIONAL STATE AND BEHAVIOUR, TOGETHER WITH ANY THING THE CHILD MAY HAVE TOLD YOU.
- NOTIFY YOUR LINE MANAGER
- REFER YOUR CONCERN TO THE DESIGNATED TEACHER, CHILD PROTECTION
- CONCERNS OF SEXUAL ABUSE **MUST BE REFERRED IMMEDIATELY** TO THE DESIGNATED TEACHER, CHILD PROTECTION.

2. YOU HAVE CONCERNS ABOUT THE CHILD'S IMMEDIATE SAFETY:

- REFER **DIRECTLY TO DESIGNATED TEACHER,** CHILD PROTECTION
- RECORD CONCERN AND ACTION AND PASS COPY TO DESIGNATED TEACHER, CHILD PROTECTION.

3. YOU HAVE CONCERNS OF ABUSE BY PROFESSIONALS:

- MUST BE REFERRED **DIRECTLY TO THE HEADTEACHER**

IF YOU ARE IN ANY DOUBT AT ALL ABOUT THE NEED TO PROTECT THE HEALTH AND WELL BEING OF A PUPIL YOU MUST INVOLVE THE DESIGNATED TEACHER, CHILD PROTECTION.

FULL CHILD PROTECTION POLICY IS AVAILABLE IN FROM RESOURCES – OR FROM MRS E COPELAND, DESIGNATED TEACHER, CHILD PROTECTION

Keeping children safe in education: information for all school and college staff

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3

Summary

Keeping Children Safe in Education is statutory guidance for schools and colleges who must have regard to it when carrying out their duties to safeguard and promote the welfare of children.

Governing bodies of maintained (including maintained nursery schools), non-maintained special schools, and colleges, proprietors of independent schools (including academies, free schools and alternative provision academies) and management committees of pupil referral units (PRUs), further education colleges and sixth form colleges are asked to ensure that all staff read at least part one of the guidance.

For ease, part one is set out here as a standalone document.

What school and college staff should know and do

1. Safeguarding and promoting the welfare of children is defined for the purposes of this guidance as: protecting children from maltreatment; preventing impairment of children's health

or development; ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and taking action to enable all children to have the best outcomes.

2. Children includes everyone under the age of 18.

3. Where a child is suffering significant harm, or is likely to do so, action should be taken to protect that child.¹ Action should also be taken to promote the welfare of a child in need of additional support, even if they are not suffering harm or are at immediate risk.²

The role of the school or college

4. Everyone who comes into contact with children and their families has a role to play in safeguarding children. School and college staff are particularly important as they are in a position to identify concerns early and provide help for children, to prevent concerns from escalating. Schools and colleges and their staff form part of the wider safeguarding system for children. This system is described in statutory guidance Working Together to Safeguard Children 2015. Schools and colleges should work with social care, the police, health services and other services to promote the welfare of children and protect them from harm.

1 Such action might be taken under section 47 and section 44 of the Children Act 1989.

2 Such action might be taken under section 17 of the Children Act 1989.

4

5. Each school and college should have a designated safeguarding lead who will provide support to staff members to carry out their safeguarding duties and who will liaise closely with other services such as children's social care.

The role of school and college staff

6. The Teachers' Standards 2012 state that teachers, including headteachers, should safeguard children's wellbeing and maintain public trust in the teaching profession as part of their professional duties. ³

7. All school and college staff have a responsibility to provide a safe environment in which children can learn.

8. All school and college staff have a responsibility to identify children who may be in need of extra help or who are suffering, or are likely to suffer, significant harm. All staff then have a responsibility to take appropriate action, working with other services as needed.

9. In addition to working with the designated safeguarding lead staff members should be aware that they may be asked to support social workers to take decisions about individual children.

What school and college staff need to know

10. All staff members should be aware of systems within their school or college which support safeguarding and these should be explained to them as part of staff induction. This includes: the school's or college's child protection policy; the school's or college's staff behaviour policy (sometimes called a code of conduct); and the role of the designated safeguarding lead.

11. All staff members should also receive appropriate child protection training which is regularly updated.

What school and college staff should look out for

12. All school and college staff members should be aware of the signs of abuse and neglect so that they are able to identify cases of children who may be in need of help or protection.

13. Staff members working with children are advised to maintain an attitude of 'it could happen here' where safeguarding is concerned. When concerned about the welfare of a child, staff members should always act in the interests of the child.

3 The Teachers' Standards apply to: trainees working towards QTS; all teachers completing their statutory induction period (newly qualified teachers [NQTs]); and teachers in maintained schools, including maintained special schools, who are subject to the Education (School Teachers' Appraisal) (England) Regulations 2012.

5

14. There are various expert sources of advice on the signs of abuse and neglect. Each area's Local Safeguarding Children Board (LSCB) should be able to advise on useful material, including training options.⁴ One good source of advice is provided on the NSPCC website. Types of abuse and neglect, and examples of specific safeguarding issues, are described in paragraphs 24-29 of this guidance.

15. Knowing what to look for is vital to the early identification of abuse and neglect. If staff members are unsure they should always speak to the designated safeguarding lead. In exceptional circumstances, such as in emergency or a genuine concern that appropriate action has not been taken, staff members can speak directly to children's social care.

What school and college staff should do if they have concerns about a child

16. If staff members have concerns about a child they should raise these with the school's or college's designated safeguarding lead. The safeguarding lead will usually decide whether to make a referral to children's social care, but it is important to note that any staff member can refer their concerns to children's social care directly. Where a child and family would benefit from coordinated support from more than one agency (for example education, health, housing, police) there should be an inter-agency assessment. These assessments should identify what help the child and family require to prevent needs escalating to a point where intervention would be needed via a statutory assessment under the Children Act 1989. The early help assessment should be undertaken by a lead professional who could be a teacher, special educational needs coordinator, General Practitioner (GP), family support worker, and/or health visitor.

17. If, at any point, there is a risk of immediate serious harm to a child a referral should be made to children's social care immediately. Anybody can make a referral. If the child's situation does not appear to be improving the staff member with concerns should press for re-consideration. Concerns should always lead to help for the child at some point.

18. Staff should be aware of new reporting requirements with regards to known cases of female genital mutilation (FGM). Further details can be found on page 11.

19. It is important for children to receive the right help at the right time to address risks and prevent issues escalating. Research and Serious Case Reviews have repeatedly shown the dangers of failing to take effective action. Poor practice includes: failing to act on and refer the early signs of abuse and neglect, poor record keeping, failing to listen to the views of the child, failing to re-assess concerns when situations do not improve, sharing information too slowly and a lack of challenge to those who appear not to be taking action.⁵

4 Department for Education training materials on neglect.

5 Brandon et al- Learning from Serious Case Reviews (SCRs) 2011

6

20. The Department for Education has produced advice What to do if you are worried a child is being abused 2015- Advice for practitioners to help practitioners identify child abuse and neglect and take appropriate action in response.

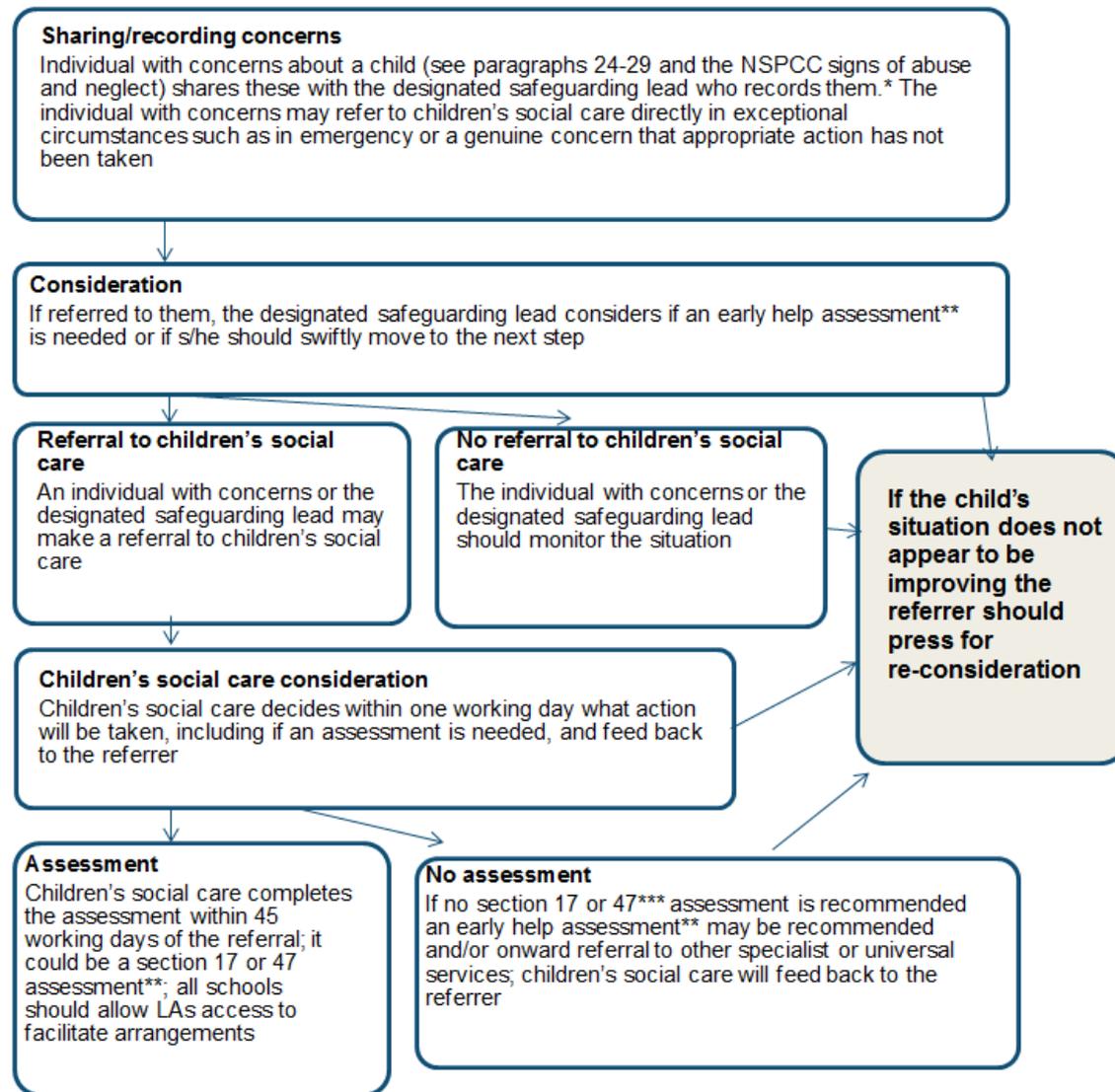
What school and college staff should do if they have concerns about another staff member

21. If staff members have concerns about another staff member then this should be referred to the headteacher or principal. Where there are concerns about the headteacher or principal this should be referred to the chair of governors, chair of the management committee or proprietor of an independent school as appropriate. Full details can be found in Part 4 of this guidance.

What school or college staff should do if they have concerns about safeguarding practices within the school or college

22. Staff and volunteers should feel able to raise concerns about poor or unsafe practice and potential failures in the school or college's safeguarding regime. Appropriate whistleblowing procedures, which are suitably reflected in staff training and staff behaviour policies, should be in place for such concerns to be raised with the school or college's management team.

23. Where a staff member feels unable to raise the issue with their employer or feels that their genuine concerns are not being addressed, other whistleblowing channels may be open to them.⁶



6 Advice on whistleblowing

7

Action when a child has suffered or is likely to suffer harm

This diagram illustrates what action should be taken and who should take it where there are concerns about a child. If, at any point, there is a risk of immediate serious harm to a child a referral should be made to children's social care immediately. Anybody can make a referral.

*In cases which also involve an allegation of abuse against the staff member, see part four of this guidance which explains action the school or college should take in respect of the staff member.

** Where a child and family would benefit from coordinated support from more than one agency (e.g. education, health, housing, police) there should be an inter-agency assessment. These assessments should identify what help the child and family require to prevent needs escalating to a point where intervention would be needed via a statutory assessment under

the Children Act 1989. The early help assessment should be undertaken by a lead professional who could be a teacher, special educational needs coordinator, General Practitioner (GP), family support worker, and/or health visitor.

** Where there are more complex needs, help may be provided under section 17 of the Children Act 1989 (children in need). Where there are child protection concerns local authority services must make enquiries and decide if any action must be taken under section 47 of the Children Act 1989, see Chapter 1 of Working Together to Safeguard Children 2015 for more information.

8

Types of abuse and neglect

24. Abuse: a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. They may be abused by an adult or adults or another child or children.

25. Physical abuse: a form of abuse which 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.

26. Emotional abuse: the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. It may involve conveying to a child 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 a 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 cyberbullying), 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, although it may occur alone.

27. Sexual abuse: involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

28. Neglect: 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. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

9

Specific safeguarding issues

29. Expert and professional organisations are best placed to provide up-to-date guidance and practical support on specific safeguarding issues. For example information for schools and colleges can be found on the TES website and NSPCC website. Schools and colleges can also access broad government guidance on the issues listed below via the GOV.UK website:

- child missing from education – and see page 10
- child missing from home or care
- child sexual exploitation (CSE) – and see page 11
- bullying including cyberbullying
- domestic violence
- drugs
- fabricated or induced illness
- faith abuse
- female genital mutilation (FGM) – and see page 11
- forced marriage
- gangs and youth violence
- gender-based violence/violence against women and girls (VAWG)
- mental health
- private fostering
- preventing radicalisation – and see page 12
- sexting
- teenage relationship abuse
- trafficking

10

Further information on a Child Missing from Education

All children, regardless of their circumstances, are entitled to a full time education which is suitable to their age, ability, aptitude and any special educational needs they may have. Local

authorities have a duty to establish, as far as it is possible to do so, the identity of children of compulsory school age who are missing education in their area.

A child going missing from education is a potential indicator of abuse or neglect. School and college staff should follow the school's or college's procedures for dealing with children that go missing from education, particularly on repeat occasions, to help identify the risk of abuse and neglect, including sexual exploitation, and to help prevent the risks of their going missing in future.

Schools should put in place appropriate safeguarding policies, procedures and responses for children who go missing from education, particularly on repeat occasions. It is essential that all staff are alert to signs to look out for and the individual triggers to be aware of when considering the risks of potential safeguarding concerns such as travelling to conflict zones, FGM and forced marriage.

The law requires all schools to have an admission register and, with the exception of schools where all pupils are boarders, an attendance register. All pupils must be placed on both registers⁷.

All schools must inform their local authority⁸ of any pupil who is going to be deleted from the admission register where they:

- have been taken out of school by their parents and are being educated outside the school system e.g. home education;
- have ceased to attend school and no longer live within reasonable distance of the school at which they are registered;
- have been certified by the school medical officer as unlikely to be in a fit state of health to attend school before ceasing to be of compulsory school age, and neither he/she nor his/her parent has indicated the intention to continue to attend the school after ceasing to be of compulsory school age;
- are in custody for a period of more than four months due to a final court order and the proprietor does not reasonably believe they will be returning to the school at the end of that period; or,
- have been permanently excluded.

The local authority must be notified when a school is to delete a pupil from its register under the above circumstances. This should be done as soon as the grounds for deletion are met, but no later than deleting the pupil's name from the register. It is essential that schools comply with this duty, so that local authorities can, as part of their duty to identify

⁷ Regulation 4 of the Education (Pupil Registration) (England) Regulations 2006

⁸ Regulation 12(3) of the Education (Pupil Registration) (England) Regulations 2006

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children of compulsory school age who are missing education, follow up with any child who might be in danger of not receiving an education and who might be at risk of abuse or neglect.

All schools must inform the local authority of any pupil who fails to attend school regularly, or has been absent without the school's permission for a continuous period of 10 school days or more, at such intervals as are agreed between the school and the local authority (or in default of such agreement, at intervals determined by the Secretary of State)⁹.

Further information on Child Sexual Exploitation

Child sexual exploitation (CSE) involves exploitative situations, contexts and relationships where young people receive something (for example food, accommodation, drugs, alcohol, gifts, money or in some cases simply affection) as a result of engaging in sexual activities. Sexual exploitation can take many forms ranging from the seemingly 'consensual' relationship where sex is exchanged for affection or gifts, to serious organised crime by gangs and groups. What marks out exploitation is an imbalance of power in the relationship. The perpetrator always holds some kind of power over the victim which increases as the exploitative relationship develops. Sexual exploitation involves varying degrees of coercion, intimidation or enticement, including unwanted pressure from peers to have sex, sexual bullying including cyberbullying and grooming. However, it is also important to recognise that some young people who are being sexually exploited do not exhibit any external signs of this abuse.

Further information on Female Genital Mutilation

Female Genital Mutilation (FGM) comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs. It is illegal in the UK and a form of child abuse with long-lasting harmful consequences.

Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a girl being at risk of FGM, or already having suffered FGM.

Indicators

There is a range of potential indicators that a girl may be at risk of FGM. Warning signs that FGM may be about to take place, or may have already taken place, can be found on pages 16-17 of the Multi-Agency Practice Guidelines, and Chapter 9 of those Guidelines (pp42-44) focuses on the role of schools and colleges.

Section 5C of the Female Genital Mutilation Act 2003 (as inserted by section 75 of the Serious Crime Act 2015) gives the Government powers to issue statutory guidance on

9 Regulation 12(1) of the Education (Pupil Registration) (England) Regulations 2006

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FGM to relevant persons. Once the government issues any statutory multi-agency guidance this will apply to schools and colleges.

Actions

If staff have a concern they should activate local safeguarding procedures, using existing national and local protocols for multi-agency liaison with police and children's social care. When mandatory reporting commences in October 2015 these procedures will remain when dealing with concerns regarding the potential for FGM to take place. Where a teacher

discovers that an act of FGM appears to have been carried out on a girl who is aged under 18, there will be a statutory duty upon that individual to report it to the police.

Mandatory Reporting Duty

Section 5B of the Female Genital Mutilation Act 2003 (as inserted by section 74 of the Serious Crime Act 2015) will place a statutory duty upon teachers¹⁰, along with social workers and healthcare professionals, to report to the police where they discover (either through disclosure by the victim or visual evidence) that FGM appears to have been carried out on a girl under 18. Those failing to report such cases will face disciplinary sanctions. It will be rare for teachers to see visual evidence, and they should not be examining pupils, but the same definition of what is meant by “to discover that an act of FGM appears to have been carried out” is used for all professionals to whom this mandatory reporting duty applies.

The Mandatory reporting duty will commence in October 2015. Once introduced, teachers must report to the police cases where they discover that an act of FGM appears to have been carried out. Unless the teacher has a good reason not to, they should still consider and discuss any such case with the school’s designated safeguarding lead and involve children’s social care as appropriate.

Further information on Preventing Radicalisation

Protecting children from the risk of radicalisation should be seen as part of schools’ wider safeguarding duties, and is similar in nature to protecting children from other forms of harm and abuse. During the process of radicalisation it is possible to intervene to prevent vulnerable people being radicalised.

Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism¹¹. There is no single way of identifying an individual who is likely to be susceptible to an extremist ideology. It can happen in many different ways and

10 Section 5B(11) of the Female Genital Mutilation Act 2003 (as inserted by section 74 of the Serious Crime Act 2015) provides a definition for the term ‘teacher’.

11 Extremism is vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces, whether in this country or overseas.

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settings. Specific background factors may contribute to vulnerability which are often combined with specific influences such as family, friends or online, and with specific needs for which an extremist or terrorist group may appear to provide an answer. The internet and the use of social media in particular has become a major factor in the radicalisation of young people.

As with managing other safeguarding risks, staff should be alert to changes in children’s behaviour which could indicate that they may be in need of help or protection. School staff should use their professional judgement in identifying children who might be at risk of radicalisation and act proportionately which may include making a referral to the Channel programme.

Prevent

From 1 July 2015 specified authorities, including all schools as defined in the summary of this guidance, are subject to a duty under section 26 of the Counter-Terrorism and Security Act 2015 (“the CTSA 2015”), in the exercise of their functions, to have “due regard¹² to the need to prevent people from being drawn into terrorism”¹³. This duty is known as the Prevent duty. It applies to a wide range of public-facing bodies. Bodies to which the duty applies must have regard to statutory guidance issued under section 29 of the CTSA 2015 (“the Prevent guidance”). Paragraphs 57-76 of the Prevent guidance are concerned specifically with schools (but also cover childcare). It is anticipated that the duty will come into force for sixth form colleges and FE colleges early in the autumn.

The statutory Prevent guidance summarises the requirements on schools in terms of four general themes: risk assessment, working in partnership, staff training and IT policies.

- Schools are expected to assess the risk of children being drawn into terrorism, including support for extremist ideas that are part of terrorist ideology. This means being able to demonstrate both a general understanding of the risks affecting children and young people in the area and a specific understanding of how to identify individual children who may be at risk of radicalisation and what to do to support them. Schools and colleges should have clear procedures in place for protecting children at risk of radicalisation. These procedures may be set out in existing safeguarding policies. It is not necessary for schools and colleges to have distinct policies on implementing the Prevent duty.
- The Prevent duty builds on existing local partnership arrangements. For example, governing bodies and proprietors of all schools should ensure that their safeguarding arrangements take into account the policies and procedures of Local Safeguarding Children Boards (LSCBs).
- The Prevent guidance refers to the importance of Prevent awareness training to equip staff to identify children at risk of being drawn into terrorism and to

¹² According to the Prevent duty guidance ‘having due regard’ means that the authorities should place an appropriate amount of weight on the need to prevent people being drawn into terrorism when they consider all the other factors relevant to how they carry out their usual functions.

¹³ “Terrorism” for these purposes has the same meaning as for the Terrorism Act 2000 (section 1(1) to (4) of that Act).

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challenge extremist ideas. Individual schools are best placed to assess the training needs of staff in the light of their assessment of the risk to pupils at the school of being drawn into terrorism. As a minimum, however, schools should ensure that the designated safeguarding lead undertakes Prevent awareness training and is able to provide advice and support to other members of staff on protecting children from the risk of radicalisation.

- Schools must ensure that children are safe from terrorist and extremist material when accessing the internet in schools. Schools should ensure that suitable filtering is in place. It is also important that schools teach pupils about online safety more generally.

The Department for Education has also published advice for schools on the Prevent duty. The advice is intended to complement the Prevent guidance and signposts other sources of advice and support.

Channel

School staff should understand when it is appropriate to make a referral to the Channel programme.¹⁴ Channel is a programme which focuses on providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism. It provides a mechanism for schools to make referrals if they are concerned that an individual might be vulnerable to radicalisation. An individual's engagement with the programme is entirely voluntary at all stages.

Section 36 of the CTSA 2015 places a duty on local authorities to ensure Channel panels are in place. The panel must be chaired by the local authority and include the police for the relevant local authority area. Following a referral the panel will assess the extent to which identified individuals are vulnerable to being drawn into terrorism, and, where considered appropriate and necessary consent is obtained, arrange for support to be provided to those individuals. Section 38 of the CTSA 2015 requires partners of Channel panels to co-operate with the panel in the carrying out of its functions and with the police in providing information about a referred individual. Schools and colleges which are required to have regard to Keeping Children Safe in Education are listed in the CTSA 2015 as partners required to cooperate with local Channel panels¹⁵.

¹⁴ Guidance issued under section 36(7) and section 38(6) of the CTSA 2015 in respect of Channel is available at: <https://www.gov.uk/government/publications/channel-guidance>

¹⁵ Such partners are required to have regard to guidance issued under section 38(6) of the CTSA 2015 when co-operating with the panel and police under section 38 of the CTSA 2015

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Reference: DFE-00585-2014

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