

Wellington School



Safeguarding Policy

Updated: September 2016

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Wellington School



Policy Title	Safeguarding Policy
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This policy has been developed in accordance with the principles established by the Children Acts 1989 and 2004; the Education Act 2002.

The policy was revised in August 2015 to reflect the changes in national guidance as a consequence of the publication of revisions to 'Keeping Children Safe in Education' on 22nd July 2015. This guidance became statutory with immediate effect and all schools and colleges must have regard to it when carrying out their duties to safeguard and promote the welfare of children.

This document replaces the model Safeguarding Schools Policy 2014 and should be read in conjunction with 'Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children' (March 2015).

This policy has also been amended to include advice for practitioners updated by the DfE as follows:

What to do if you're worried a child is being abused, DfE (March 2015)

Information Sharing: Advice for practitioners, DfE (March 2015)

1. INTRODUCTION

- 1.1 This policy has been developed to ensure that all adults in Wellington School are working together to safeguard and promote the welfare of children and young people.
- 1.2 This policy describes the management systems and arrangements in place to create and maintain a safe learning environment for all our children, young people and staff. It identifies actions that should be taken to redress any concerns about child welfare.
- 1.3 The Headteacher or, in his/her absence, the authorised member of staff, Deputy Headteacher, has the ultimate responsibility for safeguarding and promoting the welfare of children and young people.
- 1.4 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.
- 1.5 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. ETHOS

- 2.1 Wellington School aims to create and maintain a safe learning environment where all children and adults feel safe, secure and valued and know they will be listened to and taken seriously.
- 2.2 The Continuum of Needs and Response and the Common Assessment Framework is embedded into everyday practice and procedures when responding to children's need. The children have access to appropriate curriculum opportunities, including emotional health and well-being, to support the development of the skills needed to help them stay safe and healthy, develop their self-esteem and understand the responsibilities of adult life, particularly in regard to child care and parenting skills.
- 2.3 Access to cross-curricular activities will provide opportunities to develop self-esteem and self-motivation and to help pupils respect the rights of others, particularly those groups who may be considered a minority.

3. THE CURRICULUM

- 3.1 All children have access to an appropriate curriculum, differentiated to meet their needs. This enables them to learn to develop the necessary skills to build self-esteem, respect others, defend those in need, resolve conflict without resorting to violence, question and challenge and to make informed choices in later life.
- 3.2 Children and young people are encouraged to express and discuss their ideas, thoughts and feelings through a variety of activities and have access to a range of cultural opportunities which promote respect and empathy for others. There is access to information and materials from a diversity of sources which promote social, spiritual and moral well-being and physical and mental health.
- 3.3 Personal Health and Social Education and Religious Education lessons will provide opportunities for children and young people to discuss and debate a range of subjects including lifestyles, forced marriage, family patterns, religious beliefs and practices and human rights issues.
- 3.4 All pupils will know that there are adults in the school whom they can approach in confidence if they are in difficulty or feeling worried and that their concerns will be taken seriously and treated with respect.

4. KEEPING RECORDS

- 4.1 Wellington School will keep and maintain up to date information on children on the school roll including where and with whom the child is living, attainment, attendance, referrals to and support from other agencies and any other significant event in a child's life.

Ensuring that all child protection records are kept confidentially and securely and are separate from pupil records until the child's 25th birthday, Child Protection information will be copied and sent under separate cover to new school/college whilst the child is still under 18 (i.e. the information does not need to be sent to a university for example).

5. ROLES AND RESPONSIBILITIES

5.1 The Headteacher of Wellington School will ensure that:

- The policies and procedures adopted by the Governing Body to safeguard and promote the welfare of pupils are fully implemented and followed by all staff including volunteers.
- Safe recruitment and selection of staff and volunteers is practiced.
- A Designated Safeguarding Lead for child protection is identified and receives appropriate on-going training, support and supervision.
- Sufficient time and resources are made available to enable the Designated Safeguarding Lead to discharge their responsibilities, including attending inter-agency meetings, contributing to the assessment of children and young people, supporting colleagues and delivering training as appropriate.
- All staff and volunteers receive appropriate training which is updated every year.
- All temporary staff and volunteers are made aware of the school's safeguarding policy and arrangements.
- All staff and volunteers feel safe about raising concerns about poor or unsafe practice in regard to the safeguarding and welfare of the children and young people and such concerns will be addressed sensitively and effectively.
- Parents/carers are aware of and have an understanding of the school's responsibilities to promote the safety and welfare of its pupils by making its obligations clear in the school/setting prospectus.

5.2 The Governing Body of the school will ensure that:

- A member of the Governing Body, J Adshead, is identified as the designated governor for Safeguarding and receives appropriate training. The identified governor will provide the governing body with appropriate information about safeguarding and will liaise with the Designated Safeguarding Lead member of staff.
- A senior leader has Designated Safeguarding Lead responsibility, E Copeland
- The school's safeguarding policy is regularly reviewed and updated and the school complies with local safeguarding procedures.
- The school operates safe recruitment and selection practices including appropriate use of references and checks on new staff and volunteers.
- All staff and volunteers who have regular contact with children and young people receive appropriate training which is up-dated by refresher training every 3 years.
- there is a Safeguarding policy together with a staff behaviour (code of conduct) policy
- the school has procedures for dealing with allegations of abuse against staff and volunteers and to make a referral to the DBS if a person in regulated activity has been dismissed or removed due to safeguarding concerns, or would have had they not resigned.

- the Designated Safeguarding Lead undertakes interagency training and also undertakes an 'update' course every 2 years
- any weaknesses in Child Protection are remedied immediately
- a member of the Governing Body is nominated to liaise with the LA on Child Protection issues and in the event of an allegation of abuse made against the Headteacher
- Safeguarding policies and procedures are reviewed annually and that the Child Protection policy is available on the school website or by other means
Parents/carers are made aware of this policy and their entitlement to have a copy of it via the school handbook/newsletter/website
- the Governing Body considers how children may be taught about safeguarding. This may be part of a broad and balanced curriculum covering relevant issues through personal social health (PSHE) and tutor period programmes.

5.3 The Designated Safeguarding Lead has a specific responsibility for championing the importance of safeguarding and promoting the welfare of children and young people registered in the school. The Designated Safeguarding Lead is a member of the Senior Leadership Team of the school. The Designated Safeguarding Lead will:

- Act as the first point of contact with regards to all safeguarding matters.
- Attend up-dated training every two years.
- Provide relevant information to the LA on how the school carries out its safeguarding duties.
- Provide support and training for staff and volunteers and make sure that the Designated Person receives TCSB approved refresher training every three years.
- Ensure that the schools actions are in line with the TSCB Safeguarding Inter-Agency Procedures. (Guidance on these procedures may be found on the TSCB website at www.tscb.org.uk/)
- Refer a child if there are concerns about possible abuse, to the Local Authority, and acting as a focal point for staff to discuss concerns. Referrals should be made in writing, following a telephone call using a Single Agency Referral Form (SARF)
- Keep copies of all referrals to MARAT and any other agencies related to safeguarding children.
- Ensure that all staff and volunteers receive information on safeguarding policies and procedures from the point of induction.
- Ensure that any staff with specific responsibility for safeguarding children receive Level 2 and above training.
- Manage and keep secure the school's safeguarding records.
- Ensure that all staff and volunteers understand and are aware of the school's reporting and recording procedures and are clear about what to do if they have a concern about a child.
- Liaise with the Headteacher about any safeguarding issues.

- Ensure that the Safeguarding Policy is regularly reviewed and up-dated.
- Keep up to date with changes in local policy and procedures and are aware of any guidance issued by the DFE concerning Safeguarding.
- Send a pupil's child protection or safeguarding file separately from the main file to a new establishment if a pupil leaves the school. Keep a copy of the file.
- Provide, with the Headteacher, an annual report for the governing body, detailing any changes to the policy and procedures; training undertaken by the Designated Safeguarding Lead, and by all staff and governors; number and type of incidents/cases, and number of children on the child protection register (anonymised)

5.4 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.

6. SAFE RECRUITMENT AND SELECTION OF STAFF

- 6.1 The school's recruitment and selection policies and processes adhere to the DFE guidance set out in 'Keeping children safe in education-Statutory guidance for schools and colleges' July 2015.

7. WORKING WITH OTHER AGENCIES

- 7.1 Wellington School has developed effective links with other relevant agencies and co-operates as required with any enquiries regarding child protection issues. The school will notify the allocated social worker if:
- It has been agreed as part of any child protection plan or core group plan.
 - A child subject to a child protection plan is about to be permanently excluded.
 - There is an unexplained absence of a pupil who is subject to a child protection of more than two days from school.

8. CONFIDENTIALITY AND INFORMATION SHARING

- 8.1 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.
- 8.2 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.

9. TRAINING FOR STAFF AND VOLUNTEERS

- 9.1 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.
- 9.2 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.
- 9.3 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).

10. RECORDING AND REPORTING CONCERNS

- 10.1 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 B). 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

11. INFORMING PARENTS/CARERS

- 11.1 Our approach to working with parents/carers is one of transparency and honesty and our responsibility is to safeguard and promote the welfare of all the children in our care. We aim to do this in partnership with our parents/carers. In most cases parents and carers will be informed when concerns are raised about the safety and welfare of their child. Parents and carers should be given the opportunity to address any concerns raised.
- 11.2 Parents and carers will be informed if a referral is to be made MARAT or any other agency.
- 11.3 Parents/carers will not be informed if it is believed that by doing so would put the child at risk. In such cases the Designated Safeguarding Lead or Headteacher will seek advice from MARAT.

12. DOMESTIC ABUSE

- 12.1 The school is aware that children and young people's development, as well as their social and emotional resilience, is affected by many factors including exposure to domestic abuse within the family situation and is a safeguarding issue.
- 12.2 Children and young people react to domestic abuse in similar ways to other types of abuse and trauma.
- 12.3 Information about Domestic Abuse and its effect upon children and young people will be incorporated into staff Safeguarding and Child Protection training and briefings and the school's Safeguarding and Child Protection's Policies and Procedures will be used to protect children and young people exposed to, and at risk from, domestic abuse.
- 12.4 Any child or young person thought to be at immediate risk will be reported without delay to MARAT or the Emergency Duty Team will be contacted as soon as possible.

13. FORCED MARRIAGE

- 13.1 The school is sensitive to differing family patterns and lifestyles and child-rearing patterns that vary across different racial, ethnic and cultural groups. Forced marriage is a form of child, adult and domestic abuse and, in line with statutory guidance, is treated as such by this school. Child abuse cannot be condoned for religious or cultural reasons.

- 13.2 Information about Forced Marriage will be incorporated into staff Safeguarding and Child Protection training and briefings and the school's Safeguarding and Child Protection Policies will be used to protect a victim or potential victim of forced marriage.
- 13.3 If a case of forced marriage is suspected, parents and carers will not be approached or involved about a referral to any other agencies.

14. CHILD PROTECTION CONFERENCES AND CORE GROUP MEETINGS

- 14.1 Members of staff are likely to be asked to attend a child protection conference or other relevant core group meetings about an individual pupil and will need to have as much relevant updated information about the child as possible. A child protection conference will be held if it is considered that the child/children are suffering or at risk of significant harm.
- 14.2 All reports for a child protection conference should be prepared in advance of the meeting and will include information about the child's physical, emotional, intellectual development and well being as well as relevant family related issues. This information will be shared with the parents/carers.

15. SAFER WORKING PRACTICE

- 15.1 The school/college expects staff and volunteers to set a good example to pupils through their own conduct and behaviour and aims to protect them from the risk of allegations being made against them by ensuring they maintain high standards of professionalism and appropriate boundaries.
- 15.2 The Headteacher will ensure that there is a written code of conduct in place and that each member of staff, including volunteers, signs a code of conduct agreement on appointment that sets out the school's expectations with regards to standards of professional behaviour and that all staff receive copies of relevant policies.
- 15.3 Staff and volunteers should be aware of current guidance on safe teaching practice contained in the DCSF "*Guidance for safer working practice for adults working with children & young people*" (2009).
<http://www.childrenengland.org.uk/upload/Guidance%20.pdf>

16. SAFER USE OF THE INTERNET AND DIGITAL TECHNOLOGY (including Early Years provision)

- 16.1 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.
- 16.2 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.
- 16.3 Children/young people are not permitted to directly access items that do not belong to the school.
- 16.4 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 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.

Work 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 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.

17. 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.

18. MANAGING ALLEGATIONS AND CONCERNS AGAINST STAFF AND VOLUNTEERS

- 18.1 The school follows the procedures recommended by the TSCB when dealing with allegations made against staff and volunteers.
- 18.2 All allegations made against a member of staff and volunteers, including contractors or security staff working on site, will be dealt with quickly and fairly and in a way that provides effective protection for the child while at the same time providing support for the person against whom the allegation is made.
- 18.3 Training from TSCB is available three times a year – 'Safer recruitment and managing allegations of professional abuse, multi-agency course'.

19. COMPLAINTS OR CONCERNS BY PUPILS, STAFF OR VOLUNTEERS

19.1 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.

20. SERIOUS CASE REVIEWS

The Trafford Safeguarding Children Board will always undertake a serious case review when a child or young person dies (including death by suicide) and abuse or neglect is known or suspected to be a factor in their death. The purpose of the serious case review is to:

- a. Find out if there are any lessons to be learnt from the case about how local professionals and agencies work together to safeguard and promote the welfare of children and young people.
- b. Identify what those lessons are, how they will be acted on and what is expected to change as a result of the serious case review.
- c. Improve inter-agency working to better safeguard and promote the welfare of children and young people.
- d. If required Wellington School will provide an individual management report for a serious case review and will cooperate fully with implementing outcomes of the review including reviewing policy, practice and procedures as required.

21. 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.

21. Disqualification by association

This section relates to primary schools with nurseries and/or reception classes and other schools where the school provides after school provision for children under the age of 8.

The school will implement the Childcare (Disqualification) Regulations 2009 by ensuring that staff who are disqualified by association because they live in the same household as a person disqualified under the Childcare Act 2006 are not able to work in an early years setting within the school and will ask the staff member to complete an annual declaration form which will be used to assess their suitability to work with children. A copy of the declaration is below



Childcare
Disqualification Requi

To do this the school will follow the statutory guidance “Disqualification under the Childcare Act 2006”:

[Disqualification under the Childcare Act 2006 - Publications - GOV.UK](#)

Further Information on Safeguarding and Safeguarding Policies can be found on the TSCB Website at www.tscb.co.uk

Trafford Local Authority’s HR Fair Recruitment Policy states that schools should seek an enhanced DBS and barred list check for those volunteers who:

- Frequently partake in regulated activity with children and young people
- Who are undertaking volunteering activity in an unsupervised capacity

Governors

As of September 1st 2016, schools must obtain an enhanced DBS and barred list check for all governors.

Appendix One

School Policies:

Statutory Policies relating to Safeguarding are:

- Health and Safety policy
- Central record of recruitment and vetting checks
- Safeguarding policy and procedures
- Statement of procedures for dealing with allegations of abuse against staff

Other relevant policies

- Health and Safety,
- Physical Interventions/Restraint,
- Managing safeguarding allegations against another pupil
- Work Experience and Extended work placements
- A policy on the Code of Staff Conduct, which is shared with all current staff and forms part of the induction training for new staff
- Sex and Relationships Education,
- Equal Opportunities,
- ICT and Access to the Internet,
- Extended Schools Activities,
- Behaviour Management including fixed and short term exclusions,
- Trips and Visits,
- Special Educational Needs,
- Toileting and Intimate Care,
- Disability Discrimination,
- Looked After Children,
- Anti-bullying
- Promoting British Values/
Promoting fundamental British values through SMSC - Publications GOV.UK

TSCB Policies

- Managing Allegations and Concerns Against Staff and Volunteers,
- Forced Marriage,
- Domestic Abuse,
- Missing from Home and Care,
- Private Fostering,
- Child Sexual Exploitation,
- Guns and Gangs,
- E-Safety Policy.

Appendix Two

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.

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 irresponsible 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 their 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.

Appendix Three

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.

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

- 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

The 'One Chance' rule

As with Forced Marriage there is the 'One Chance' rule. It is essential that settings /schools/colleges take action **without delay**.

The Serious Crime Act 2015 strengthened further the legislation on FGM and now includes:

- the right to anonymity for victims
- the offence of failing to protect a girl aged under 16 from the risk of FGM
- the provision of Female Genital Mutilation Protection Orders (FGMPO); and
- the duty on professionals (including teachers) to notify police when they discover that FGM appears to have been carried out on a girl under 18.
 - NB For school staff this will occur from a disclosure and not a physical examination

Radicalisation

Wellington School seeks to protect children and young people against the messages of all violent extremism including, but not restricted to, those linked to Islamist ideology, or Far Right/Neo Nazi/White Supremacist ideology, Irish Nationalist and Loyalist paramilitary groups and extremist Animal Rights movements.

Schools have a statutory duty in the following areas with the aim of safeguarding pupils from radicalisation, extremism and terrorism:

- Assessing the risk of pupils being drawn into terrorism, including support for the extremist ideas that are part of terrorist ideology.
- Demonstrating that robust safeguarding policies are in place to identify children at risk, and intervening as appropriate (by referring pupils to Channel or MARAT, for example.)
- Ensuring that clear protocols are in place so that any visiting speakers are suitable and appropriately supervised within school.
- Ensuring that fundamental British values are promoted within the curriculum and extra-curricular activities and reflected in the general conduct of the school.
- Ensuring that safeguarding arrangements take into account the procedures and practice of the local authority as part of the inter-agency safeguarding procedures set up by the Trafford Safeguarding Children Board (TSCB). This policy describe procedures which are in accordance with government guidance and refers to locally agreed inter-agency procedures put in place by the TSCB.
- Training key staff to give them the knowledge and confidence to identify children at risk of being drawn into terrorism and challenge extremist ideas. They should know where and how to refer children and young people for further help. Prevention work and reductions of risk will include the RE curriculum, SEND policy, assembly policy, the use of school premises by external agencies, integration of pupils by gender and SEN, anti-bullying policy and other issues specific to the school's profile, community and philosophy.
- Protecting children from terrorist and extremist material when accessing the internet in school, including by establishing appropriate levels of filtering.
- We also recognise that safeguarding against radicalisation and extremism is no different to safeguarding against any other vulnerability in today's society.

Appendix Four

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 Five

A 'Good' Safeguarding School

The leadership, staff and governing body are committed to a safe school which promotes the well-being and welfare of all its pupils, staff and visitors and the following is embedded into its vision, culture and practices:

ETHOS AND ENVIRONMENT

- The environment is welcoming and pleasant and pupils, staff and visitors are greeted appropriately.
- The school/setting has pleasant and welcoming dining areas and encourages healthy eating.
- Achievements and progress are regularly celebrated and pupils have high expectations of themselves and others and understand that long-term goals are worth working for.
- Pupils feel valued and are open and confident in their relationships with staff and one another.
- Pupil's work is displayed and changed regularly.

PRACTICES AND PROCEDURES

- The school has a 'Safeguarding Policy' which all staff understand and practices are fully implemented.
- Behaviour Management and Anti-bullying Policies are in place and are clearly understood and followed by all.
- There are policies which we use to ensure children receive early help so that they reach their potential in all areas of their development and reduces the likelihood of a referral to children's social care. It includes information on inter-agency thresholds that provides guidance around appropriate assessment, service provision and referral information in relation to level of need.
- Appropriate Policies and Procedures are in place, understood and implemented by all staff.
- The school/setting takes account of the DDA and has made appropriate adjustments for staff and pupils.
- All staff involved in safeguarding liaises regularly to ensure continuity in the support they provide.
- The school/setting has an identified person who administers medicines.
- DBS checks are in place and regularly up-dated.
- Appropriate Risk Assessment procedures are in place and up-dated.

PUPIL TRACKING

- The progress and attendance of pupils in alternative provision is as carefully tracked and monitored as for other pupils.
- Pupil tracking systems are in place and used effectively to monitor and track progress and intervene as required.
- Vulnerable groups are identified and tracked for progress, attainments and attendance.
- Effective transition for pupils takes place at all stages.

STAFF TRAINING

- The Leadership and Management of the school is trained in Safeguarding and is effective.
- A Senior Designated Safeguarding Lead is nominated and receives regular training and has access to appropriate supervision.
- Staff receive regular up-dated training on Safeguarding and identified staff receive higher level training as appropriate.

PUPIL ENGAGEMENT

- Pupil voice is valued and the School Council is afforded respect and is involved appropriately in decision making.
- Pupils are given responsibility in supporting other pupils and are involved in routine organizational tasks and activities.
- Pupils are encouraged to participate in a variety of clubs and activities.

THE CURRICULUM

- A social and emotional learning programme is effectively implemented by all staff and pupils.
- The curriculum, organization of teaching and learning and ethos in settings and schools contributes to teaching children and young people about safety issues, including road safety, accident prevention, substance misuse, sexual harassment, self-harm, Internet safety and building resilience.
- Staff expectations of pupil's behaviour, attendance and attainment are high.
- School has developed approaches to tackling all forms of bullying racist, homophobic, SEN and cyber-bullying via mobile phones, text, e-mails and the INTERNET. This includes tackling issues leading to grooming and child sexual exploitation.
- There are formal and informal opportunities to praise reward and celebrate pupils behaviour and achievements in lessons, tutor groups, assemblies, dinner time, break time, before and after school, trips etc.

WORKING WITH PARENTS/CARERS AND OUTSIDE AGENCIES

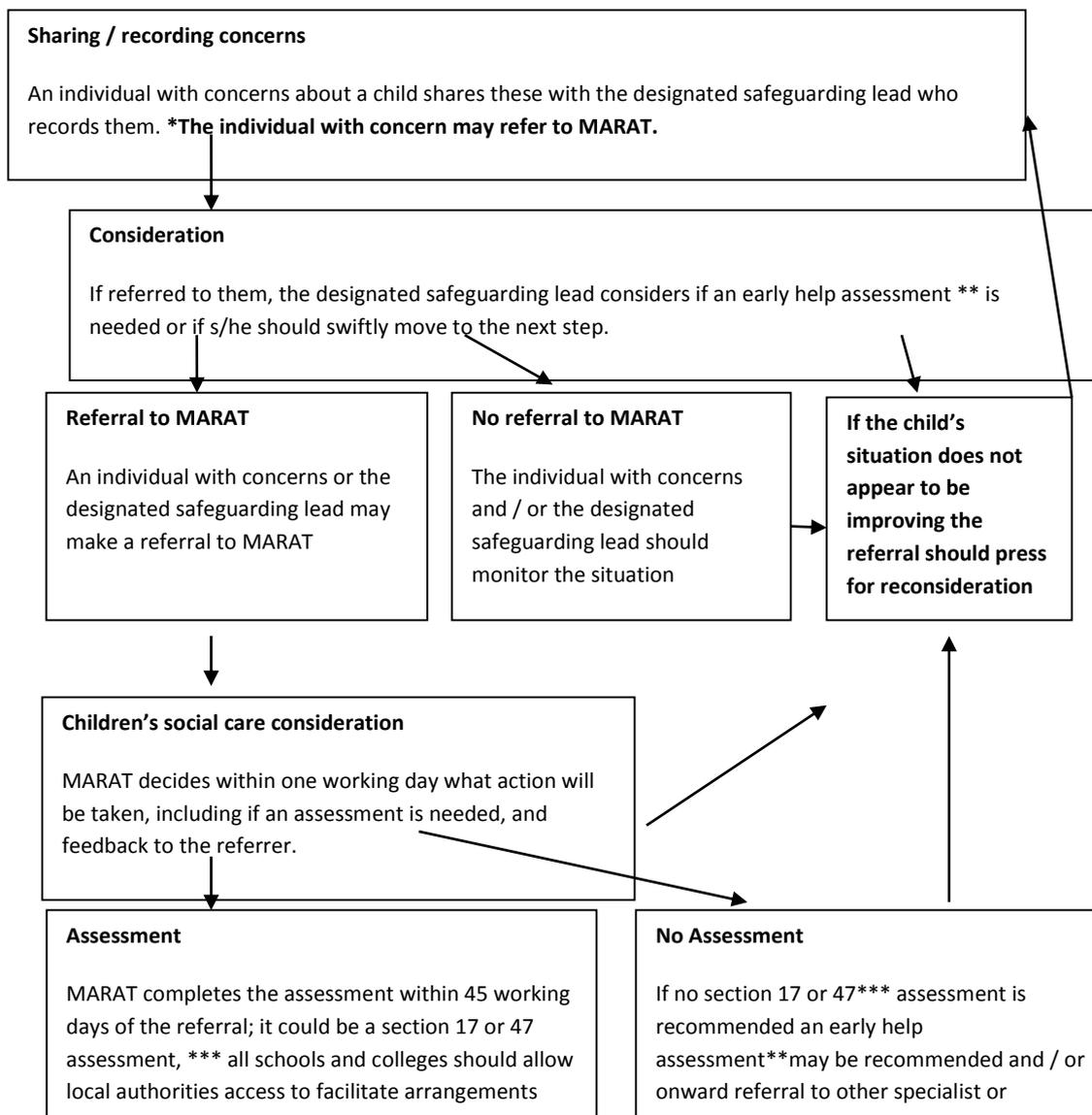
- There is effective communication between the school staff, outside agencies and parents/carers.
- Family intervention work is an integral part of the school's support for children and families.
- The school actively pursues all absence – they know which children are at risk of becoming/or are persistently absent – non-attendance is understood as a potential safeguarding issue.
- The school does not exclude pupils but tries to find alternative ways of supporting them.
- The school does not see pupils at risk of gang involvement or criminal activity as a 'crime and disorder issue' but as a 'children in need issue' and works closely with other partner agencies to support them.

Appendix Six

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.

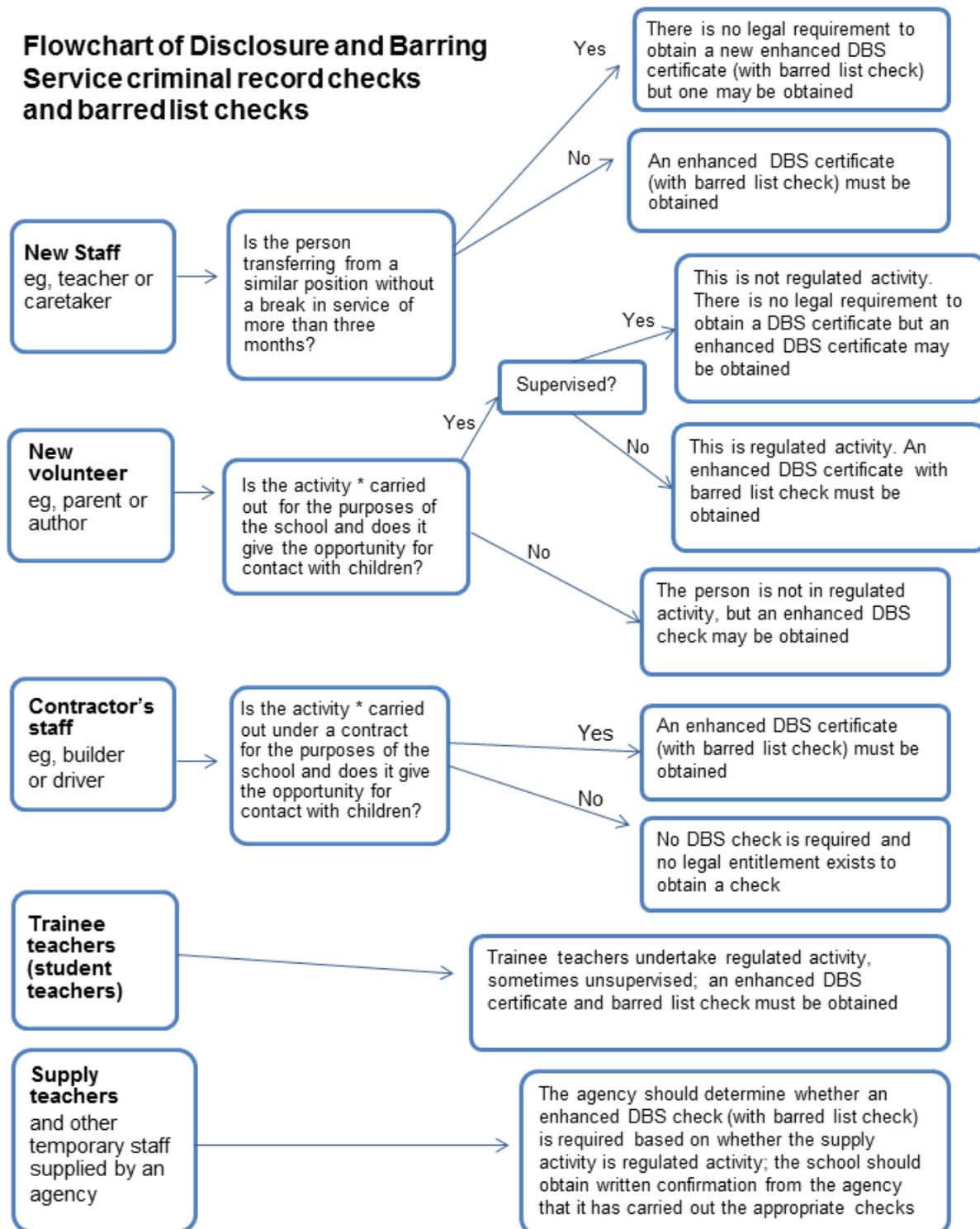
**Where a child and family would benefit from co-ordinated support from more than one agency (e.g. education, health, housing, police) there should be an inter-agency assessment. These assessments should identify what help the child and family require to prevent needs escalating to a point where intervention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

Flowchart of Disclosure and Barring Service criminal record checks and barred list checks

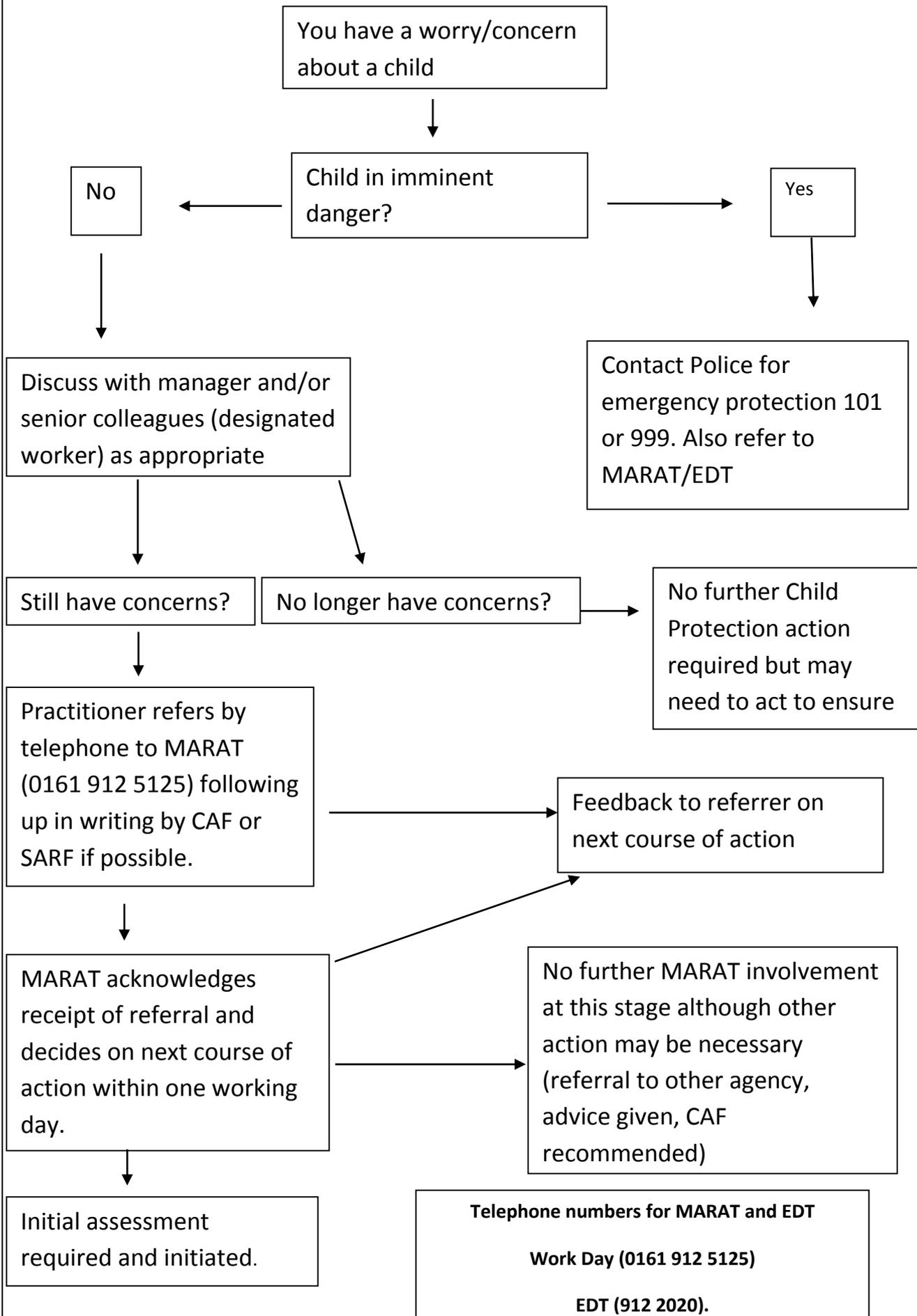


* Activities listed under the guidance's definition of regulated activity and which are carried out 'frequently'

PLEASE SHARE THIS FLOWCHART WITH THOSE RESPONSIBLE FOR THE RECRUITMENT OF STAFF.

Appendix Eight

MARAT FLOWCHART



Appendix Nine

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 Eleven

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 authorityb) Whose health or development is likely to be significantly impaired, or further impaired, without the provision for them of such services; or

	<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 holistic assessment of a child's needs and strengths, taking account of the role of parents, carers and environmental factors on their development.</p>

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:

	<p>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</p> <p>b) to ensure the effectiveness of what is done by each such person or body for those purposes.</p>
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	<p>The Safeguarding Vulnerable Groups Act 2006 (as amended by the Protection of Freedoms Act 2012) defined Regulated Activity with Children as:</p> <p>a) Unsupervised activities - Teaching, training or instruction, care for or supervise children, provide advice / guidance on wellbeing, drive a vehicle only for children</p> <p>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> <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 A

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

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Summary

This information has been lifted from the main statutory guidance, *Keeping Children Safe in Education* which staff may also wish to read.

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 2013*.³ 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.
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.

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.

³ Department for Education guidance: [Working Together to Safeguard Children 2013](#)

The role of school and college staff

6. The *Teacher Standards 2012*⁴ state that teachers, including headteachers, should safeguard children's wellbeing and maintain public trust in the teaching profession as part of their professional duties.

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 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.

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. 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 20-25.⁵

⁴ 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 covered by the 2012 appraisal regulations ⁵ Department for Education (DfE) [training materials on neglect](#)

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 children's social care.

16. A child going missing from an education setting is a potential indicator of abuse or neglect. School and college staff members should follow their procedures for dealing with children who go

missing, particularly on repeat occasions. They should act to identify any risk of abuse and neglect, including sexual abuse or exploitation. More information can be found in this [guidance about children who run away or go missing from home or care](#)

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

17. If staff members have concerns about a child they should raise these with the schools or college's designated safeguarding lead. This also includes situations of abuse which may involve staff members. 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.⁶ Where a child and family would benefit from co-ordinated 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 co-ordinator, General Practitioner (GP), family support worker, and/or health visitor.

18. 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.

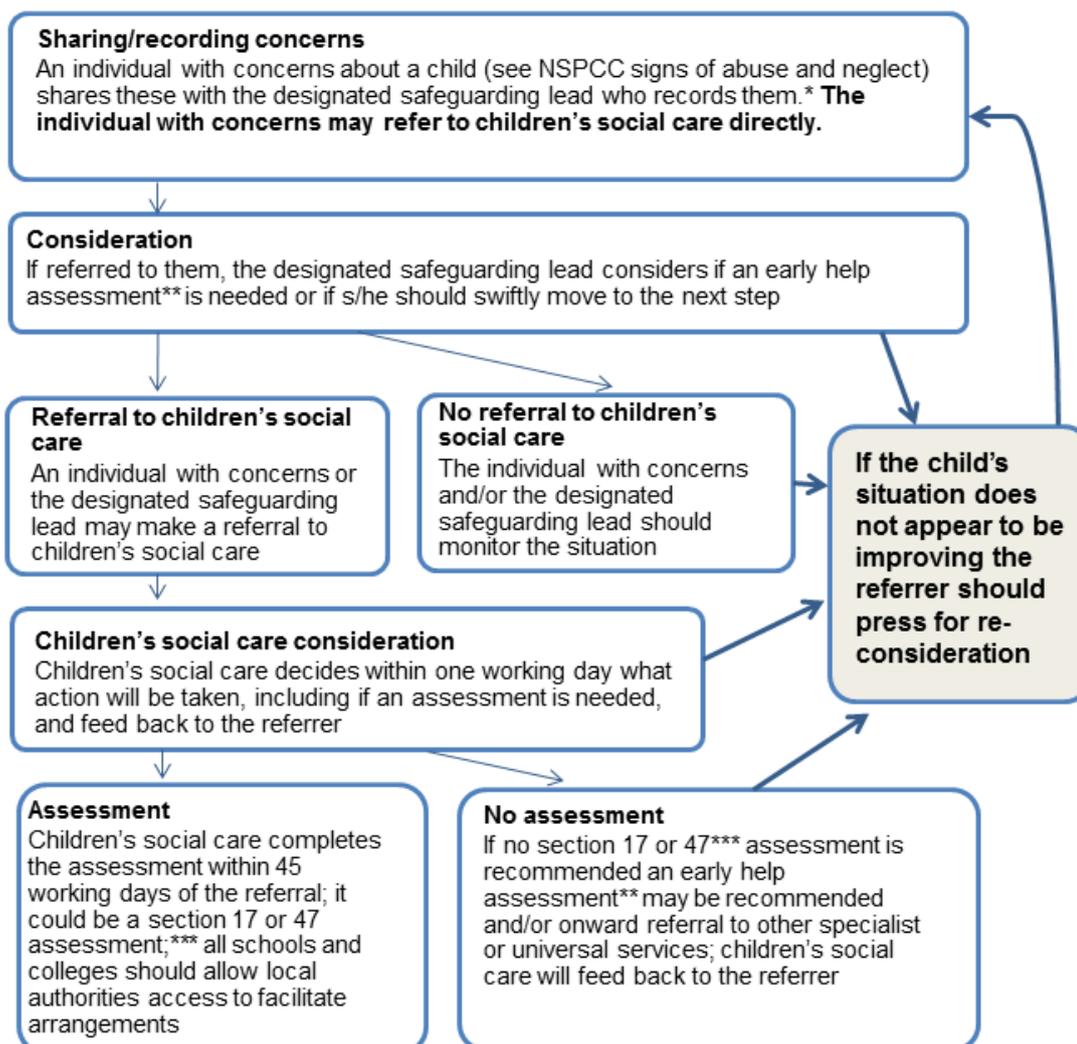
19. It is important for children to receive the right help at the right time to address risks and prevent issues escalating. Research and Serious Case Reviews have repeatedly shown the dangers of failing to take effective action. Poor practice includes: failing to act on and refer the early signs of 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.⁷

⁶ [Advice on whistleblowing](#) can be found on GOV.UK

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 coordinated support from more than one agency (eg, 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.

Types of abuse and neglect

20. **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.

21. **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.

22. **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 cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

23. **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.

24. **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.

Specific safeguarding issues

25. Expert and professional organisations are best placed to provide up-to-date guidance and practical support on specific safeguarding issues. For example NSPCC offers information for schools and colleges on the [TES website](#) and also on its own website www.nspcc.org.uk Schools and colleges can also access broad government guidance on the issues listed below via the GOV.UK website:

- [child sexual exploitation \(CSE\)](#) – see also below
- [bullying including cyber bullying](#)
- [domestic violence](#)
- [drugs](#)
- [fabricated or induced illness](#)
- [faith abuse](#)
- [female genital mutilation \(FGM\)](#) – see also below
- [forced marriage](#)
- [gangs and youth violence](#)
- [gender-based violence/violence against women and girls \(VAWG\)](#)
- [mental health](#)
- [private fostering](#)
- [radicalisation](#)
- [sexting](#)
- [teenage relationship abuse](#)
- [trafficking](#)

Further information on Child Sexual Exploitation and Female Genital Mutilation

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 cyber bullying 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.

Female Genital Mutilation (FGM): 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. There is a range of potential indicators that a child or young person may be at risk of FGM, which individually may not indicate risk but if there are two or more indicators present this could signal a risk to the child or young person. Victims of FGM are likely to come from a community that is known to practise FGM. Professionals should note that girls at risk of FGM may not yet be aware of the practice or that it may be conducted on them, so sensitivity should always be shown when approaching the subject.

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APPENDIX B

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, in appropriate 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 C

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 D

- 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

APPENDIX E

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.