



Safeguarding & Child Protection INDUCTION

Definition of Abuse

"Child abuse consists of anything which individuals, institutions or processes do, or fail to do, which directly or indirectly harms children or damages their prospects of safe and healthy development into adulthood".

(National Commission of Enquiry Into The Prevention of Child Abuse)

Remember "child" is until 18 years of age with Child Protection.

Categories of Abuse

Physical Abuse

Sexual Abuse

Neglect

Emotional Abuse

Physical Abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child.

Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child.

Signs of Physical Abuse

Common Sites for Non-accidental Injury

Eyes

Ears

Cheeks

Mouth

Shoulder

Chest

Upper Arms

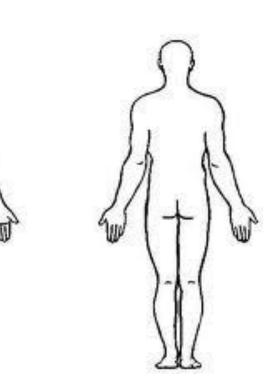
Inner Arms

Stomach

Genitals

Buttocks

Front or back of thighs



Common Sites for Accidental Injury Forehead Crown Bony Spinal Protuberances Elbows Lilac Crest Collar Bone Knees Shins

Sexual Abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, not necessarily involving a level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape, buggery or oral sex) or non-penetrative acts. They may involve non-contact activities, such as involving children in looking at, or in the production of, sexual online images, watching sexual activities or encouraging children to behave in sexually inappropriate ways.

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to; provide adequate food, clothing and shelter (including exclusion from home or abandonment) protect a child from physical and emotional harm or danger, ensure adequate supervision (including the use of inadequate care-givers), ensure access to appropriate medical care of treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Signs and Indicators

Neglect	Emotional	Physical	Sexual
 Tired/listless Unkempt Poor hygiene Untreated medical conditions Medical appointments missed Constantly hungry or stealing food Over eats when food is available Poor growth Poor/late attendance Being regularly left alone or unsupervised Dressed inappropriately for the weather condition Having few friends and/or being withdrawn Ill equipped for school 	 Failure to thrive Attention seeking Over ready to relate to others Low self esteem Apathy Depression/self harm Drink/drug/solvent abuse Persistently being over protective Constantly shouting at, threatening or demeaning a child Withholding love and affection Regularly humiliating a child 	 Unexplained injuries Injuries on certain parts of the body Injuries in various stages of healing Injuries that reflect an article used Flinching when approached Reluctant to change Crying/ instability Afraid of home Behavioural extremes Apathy/depression Wanting arms and legs covered even in very hot weather 	 Age inappropriate sexual behaviour/knowledge/ promiscuity Wary of adults/ running away from home Eating disorders/depression/ self harm Unexplained gifts/ money Stomach pains when walking or sitting Bedwetting Recurrent genital discharge Sexually transmitted diseases

Emotional Abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse side effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate or valued only insofar as they meet the needs of another person.

It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning or preventing the child participating in normal social interaction.

Emotional Abuse Continued/...

It may involve seeing or hearing the ill-treatment of another.

It may involve serious bullying causing children frequently to feel frightened or in danger or the exploitation or corruption of children.

It must be remembered that emotional abuse will also be an element of other forms of ill treatment of a child as well as occurring alone.

Child Sexual Exploitation

Sexual exploitation is a form of sexual abuse in which a young person is manipulated or forced into taking part in a sexual act. This could be as part of a seemingly consensual relationship, or in return for attention, affection, money, drugs, alcohol or somewhere to stay.

The young person may think that their abuser is their friend or even their boyfriend or girlfriend, but they will put them into dangerous situations, forcing the young person to do things they don't want to do. The abuser may physically or verbally threaten the young person or be violent towards them. They will control and manipulate them and try to isolate them from friends and family.

Specific Safeguarding Issues

- 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

Signs and Indicators

Development and education

- Delay in vocalisation/speech/language
- General developmental delay of unknown cause
- Failed development checks
- Poor educational performance or learning difficulties
- Frequent nursery or school absences and/or lateness, or fetched late from school

Attachment and emotional care

- Child fails to respond to or seek parental attention (positive or negative)
- Poor attachment
- Parents observed not to show an appropriate response to the child's emotional or physical needs
- Parents unable to supervise the child or set limits in an age-appropriate manner

Feeding and eating

- Poor weight gain or below the third centile or short stature, looks malnourished (include gross obesity)
- Reported feeding problems
- Voracious appetite; stealing or begging for food; bizarre eating habits; hoarding food
- Child fed an inadequate or unbalanced diet

Supervision

- Poorly supervised outside or in the home (e.g., poor choice of carer, young child caring for siblings, risky situations, wandering, whereabouts unknown)
- Unexplained bruising and frequent minor injuries or frequent accidents

Early Indicators of Neglect

Appearance

- Inappropriately dressed for weather conditions, age or sex; clothes incorrect size
- Smelly; unchanged nappies; wetting and soiling in older children
- Dirty, grubby or unkempt

Emotion and behaviour

- Under-stimulation
- Excessive crying, difficulty in settling
- Attention seeking; over-familiar with adults
- Overactive or poor attention span
- Severe behavioural problems
- Destructive or aggressive
- Stealing
- No friends; poor or inappropriate friendships; socially isolated

Healthcare

- Delay in seeking medical attention and/or consistently missing appointments
- Recurrent or resistant nappy rash or failure to manage skin conditions, e.g., eczema, parasitic infections
- Recurrent minor infections, or frequent clinic/casualty attendances
- Child not registered with GP in the area
- Poor dental hygiene; inadequate immunisations; failure to attend to hearing or visual problems (specify which apply)

Safeguarding Role of <u>ALL</u> Staff

Recognise 🗸

Respond ✓

Investigate ×

Attempt to resolve ×

Talking and Listening to Children

Do:

- Be approachable
- Listen carefully, uncritically and at the child's pace
- Take what is said seriously
- Clarify essential information
- Reassure
- Tell the child what will happen next
- Tell the Designated Senior Lead without delay
- Record

Do Not:

- Investigate
- Try to resolve
- Promise confidentiality
- Make assumptions
- Criticise the perpetrator
- Keep it to yourself

Tavistock College 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. *Keeping Children Safe in Education Act 2016*

The Child has the right to have their wishes and feelings ascertained in all those decisions that may affect them. *(UN Rights of The Child)*

Next Steps...

College Safeguarding Team

- DSL Barbara Manning (Vice Principal)
- Deputy DSL Gareth Smith (Assistant Principal)
- Hazel Blackmore HoY
- Neil Hosking HoY
- Julie Greener HoY
- Nick Read HoY
- Sonia Fox HoY
- Julie Edwards Deputy SENDCo



Telephone: 0345 155 1071 (stating the service you require)

E-mail: <u>mashsecure@devon.gcsx.gov.uk</u> Referral Form available at: <u>www.devon.gov.uk/mash-enquiryform.doc</u>

Post: Multi-Agency Safeguarding Hub, P.O. Box 723, Exeter EX1 9QS Fax: 01392 448951 (Do not post or fax MASH enquiries unless you have no other option)

> Police – non emergency – 101 Emergency Duty Team – out of hours 0845 6000 388 For LADO enquiries 01392 384964

> > or http://www.devon.gov.uk/lad

Useful Information

- We record all incidents on CPOMS
- We monitor online activity through Visigo
- Concerns about members of staff should be raised using the "pink forms" available on the college intranet in the safeguarding area. Instructions for returning these forms are included with the pro forma.
- The safeguarding governors are: Caroline Jordan and Stuart Ridley.