SAFEGUARDING & CHILD PROTECTION AWARENESS RAISING TRAINING

LEVEL 2
FOR ALL EDUCATION STAFF AND VOLUNTEERS
• Value diversity and learn from our differences
• Give each other good attention
• Take care of ourselves and try hard not to make assumptions
• Take away the learning but leave the detail
• Be serious but also have some fun
Learning Outcomes

• Be aware of different types of abuse
• Be able to identify signs & symptoms of abuse
• Understand your role & responsibilities when dealing with a disclosure of abuse
• Understanding thresholds
• Understand how to deal with a disclosure
• Be familiar with the process for dealing with allegations against staff
• Know the safeguarding arrangements at your workplace
• Understand principles of information sharing
In practice, Safeguarding is the policies and practices that schools and Governing Bodies employ to keep children safe and promote their well-being. This means everything from security of the buildings, to the safe recruitment of staff and everything in between. This diagram sets out what Safeguarding means in schools:

As you can see, Child Protection is one aspect of Safeguarding. Child Protection is a term used to describe the activity that is undertaken to protect specific children who are suffering or likely to suffer significant harm.
Shared Responsibility

Safeguarding is everybody’s responsibility. **EVERYONE** has a DUTY to safeguard children and protect them from harm.

**DSL team:** To be familiar with own agency procedures as well as outside agency procedures

[www.proceduresonline.com/swcpp](http://www.proceduresonline.com/swcpp)

All staff know it is important to pass on any concern regarding a child/young person to the DSL or directly to DCFP.

You have Information on how Devon responds to CP concerns can be found on [www.devon/safeguarding](http://www.devon/safeguarding)

You must have a clear understanding of information sharing and when to make an enquiry.
<table>
<thead>
<tr>
<th>Statement for discussion</th>
<th>Agree</th>
<th>Don’t know</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child abuse is rare, it is just the press that blows it out of all proportion</td>
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<tr>
<td>You should have proof of abuse before reporting it, as the child could be taken away from their parents.</td>
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<td>Smacking is abuse</td>
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<tr>
<td>If a child tells you something in confidence you are morally obliged to keep that confidence</td>
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<tr>
<td>Shouting is not child abuse</td>
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<tr>
<td>You should avoid physical contact with children to avoid being accused of abuse</td>
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<tr>
<td>Certain things are not abuse if they are part of somebody’s culture</td>
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<tr>
<td>Children often lie about being abused</td>
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It is important to know the normal stages of child growth and development. These are developments in:

- **height, weight, and other measurable areas**
- **physical skill and performance**
- **social and emotional development** (identity, self-image, relationships, feelings)
- **intellectual abilities** (understanding, memory, concentration)
- **communication and speech**

Abnormal development can be an indicator of abuse, including neglect but not always!
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. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults, or another child or children.

Source: Working together to safeguard children 2018
The four main categories are
• Physical abuse
• Emotional abuse
• Sexual abuse
• Neglect
 Categories of Abuse

**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.

**Emotional Abuse**
The persistent emotional maltreatment of a child such as to cause severe and persistent 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 meets 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.
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. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.
Child sexual exploitation

is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.
The terms “female genital mutilation“ refer to all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons.

*World Health Organisation 2008*

“We know FGM is practiced in up to 42 African countries in the Middle East and in Asia. In the UK, the Home Office has identified girls from the Somali, Kenyan, Ethiopian, Sudanese, Sierra Leonean, Egyptian, Nigerian, Eritrean, Yemeni, Kurdish and Indonesian communities at most risk of FGM.”

*(HM Government, 2016, c/o NSPCC website, June 2017)*
Map 4.1 FGM/C is concentrated in a swath of countries from the Atlantic Coast to the Horn of Africa

Percentage of girls and women aged 15 to 49 years who have undergone FGM/C, by country

Notes: This map is stylized and not to scale. It does not reflect a position by UNICEF on the legal status of any country or territory or the delimitation of any frontiers. In Liberia, girls and women who have heard of the Sande society were asked whether they were members; this provides indirect information on FGM/C since it is performed during initiation into the society, as explained in Box 4.2. Data for Yemen refer to over-married girls and women. The final boundary between the Republic of the Sudan and the Republic of South Sudan has not yet been determined.

Sources: DHS, MICS and SHHS, 1997-2012.
Activity - Signs, Symptoms and Impact

In groups, spend a few minutes discussing one of the forms of abuse and think of its signs and symptoms, and its impact on a child/young person.

- Physical
- Emotional
- Child sexual abuse (includes exploitation and FGM)
- Neglect
Issues that raise the risk of abuse

Parent/carer factors

• Domestic Abuse
• Parental Mental Illness
• Parental Substance Misuse

Studies of Serious Case Reviews show that individually, parental substance misuse, domestic violence and parental mental illness may pose increased risks of harm to a child, but a combination of these factors significantly increases the risk of a child experiencing serious harm.
Associated issues - Radicalisation

• **Radicalisation** (Prevent Strategy)
  ‘the process by which a person comes to support terrorism and forms of extremism leading to terrorism.’

• **Extremism** (Prevent Strategy)
  ‘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.’

• **Terrorism** (Terrorism Act 2000)
  Violence/property damage/endanger life/disrupt electronic systems
  Designed to influence government or intimidate the public
  Purpose to advance a political, religious, racial or ideological cause
What are the signs?

- Language
- Dress
- Attitude
- Friendship groups
- Online use
- Graffiti
- Pre-occupation/obsession

What do you do?

This is, pure and simple a safeguarding issue and should be treated in the same way.

See, record, report, follow up.
• There is a significant correlation between missing children/young people and online safety.
• Children/young people do not see the risks they are exposing themselves and others to when they use the internet.
• Parents struggle to find a common language to use to discuss this with their children.
• Safeguarding issues outside of settings may affect safeguarding judgements within settings.
Young people are capable of abusing their peers.

Peer on peer abuse can take the form of:
- bullying (including cyber-bullying)
- sexting and any other form of
- sexual or physical abuse.
- Gender based issues can also occur e.g.
  - being sexually touched/assaulted
  - boys being subject to initiation/hazing type violence.
Perpetrators could be victims themselves and possibly are being abused by their parents or caregivers. Children who are victims of abuse have three times as many sexual behavior problems as other children.

Stop It Now details some of the complicated reasons children abuse other children:

• The child may have been emotionally, physically, or sexually abused themselves.
• The child may have witnessed physical or emotional violence.
• The child may have viewed sexually explicit movies, video games or other materials.
• The child may have just acted impulsively without meaning to harm anyone.

Peer abuse must be taken extremely seriously for these reasons. It could be an indicator of even worse abuse going on in the child’s home.
• Activity – how to respond to initial signs or symptoms

• Jane turns up at school with a fresh bruise on her face.

• What do you do next?
• What else do you need to know?
• The Child’s Journey & the Threshold Matrix

**Continuum of Needs**
(commonly known as The Windscreen)
Assessment Framework
What is Early Help?

When a child/young person/family needs something extra, Early Help is the initial response offered by all services in contact with children, young people and families. This builds an understanding to address extra needs and prevent situations from getting more difficult for children and young people. The aim of Early Help is to build on people’s capacity and resources to manage their own dilemmas, resolve their own difficulties and prevent further problems in the future.
What happens next - The Process

Within 1 working day, social worker makes decision about the type of response that is required:

- Child in need of immediate protection: refer to social worker, police, or NSPCC (5)
  - Appropriate emergency action taken by social worker, police, or NSPCC (5)

- Section 47 (4) enquiries appropriate: refer to social worker
  - Identify child at risk of significant harm (4): possible child protection plan

- Section 17 (4) enquiries appropriate: refer to social worker
  - Identify child in need (4) and identify appropriate support

- No formal assessment required: refer to social worker
  - School/college considers early help assessment (2) accessing universal services and other support

At all stages, staff should keep the child’s circumstances under review and re-refer if appropriate, to ensure the child’s circumstances improve – the child’s best interests must always come first.
Dealing with disclosure

• Remain calm
• Believe what you are hearing
• Be non-judgemental
• Allow the child to speak freely (do not conduct an interview)
• Deal with explicit language, do not avoid embarrassing subjects
• Use open-ended questions – do not promise confidentiality
• Make a record of the details as soon as possible
• Pass the information on to the DSL immediately
Taking Appropriate Action

T.E.D.

Tell me… (e.g. what happened)

Explain to me… (e.g. what you mean)

Describe… (e.g. what went on)
With the increasingly digital nature of children’s lives today, it may be that someone discovers a child has been or is being harmed rather than a child telling.

What do you think the next steps should be if you are the first ‘discoverer’?
Dealing with concerns

DO NOT investigate an **allegation yourself** – it may interfere with child protection and / or criminal investigations

**Communicate with the child in a way that is appropriate** to their age, understanding & preference e.g. disabled children

**Record** – your concerns / what the child said (use their words wherever possible / differentiate between fact and opinion
Managing Allegations

- Has a crime been committed?
- If it’s a member of staff: Does this impact on their ability to work with children?
- Has the person harmed the child? (this may be an adult or another child)
Wherever you work, you should know who in your setting is the person to whom you would report safeguarding and child protection concerns. This person could be the Head teacher, the DSL or if the allegation is about the Head teacher, the chair of governors:

- manages and oversees individual cases
- provides advice and guidance
- liaises with police and others about case progress
- must be notified of suspensions, resignations or sackings where the employee posed a risk of harm to children.
What to do if you have a concern about a colleague

• We all have a personal responsibility to act properly and professionally.
• Speak to your line manager or other senior colleague.
• If your concern is about the Head contact the Chair of Governors
• Write down your concerns.
• These will be reported to the Local Authority Designated Officer (LADO) if appropriate.
• Do not try to investigate the concern. Do not question the child or other adults about the concern as this may prejudice any potential Social Care and or Police involvement, if this is deemed necessary.
• Believe it can happen in your setting.
Safer working practices

• All staff should understand the importance of maintaining appropriate professional boundaries.

• A culture should be created where children and adults feel safe to report and discuss their concerns in a timely manner.

• All staff should be vigilant to ensure that poor or unsafe practice is identified at the earliest opportunity.
Do I have to close my Facebook account?

Surely it’s not safe to teach pupils 1:1?

Can I remove a disruptive pupil from my classroom?

I’m worried about the behaviour of a colleague. What can I do?

Can I give a distressed child a hug?

A pupil has got a crush on me. What should I do?

Can I apply sun cream/change children’s nappies?

I’m really stressed and worried that I’ll ‘lose it’ with a pupil. What can I do?

Can I take a video of the school residential trip?

Can I buy Easter eggs for my class?

A pupil has told me something very confidential, do I need to tell anyone?
What would you do in these scenarios?

<table>
<thead>
<tr>
<th>Make an official report to the DSL</th>
<th>Mention it verbally to a colleague</th>
<th>Nothing</th>
</tr>
</thead>
<tbody>
<tr>
<td>• You notice that a teacher has come to work looking tired and unkempt.</td>
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<tr>
<td>• Whilst browsing through photographs on a school digital camera, you find an image of a staff member sitting down with a child on their knee.</td>
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<tr>
<td>• During a ‘teaching and learning’ lesson observation you notice that a reception child has her hand up the male teacher’s trouser leg.</td>
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<tr>
<td>• You notice that a teacher regularly has favourites within the class. These are often pretty girls.</td>
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<tr>
<td>• You see a teacher taking photographs of students showing off their work using a personal device. Your school does not have a policy in place stating how personal devices are to be used in school.</td>
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<tr>
<td>• You find a USB stick in the staff room with several indecent images of adults on it.</td>
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</tbody>
</table>
Your safeguarding policies and procedures, and statutory duties

- Working Together to Safeguard Children (HM Govt March 2015)
- Keeping Children Safe in Education (DfE July 2016)
- MAT Safeguarding Policy
- MAT Whistleblowing Policy
- Our Code of Conduct 2018

To be read in conjunction with Guidance on Safer Working Practices
Serious Case Reviews

Poor practice identified includes:

• Failing to listen to the views of the child
• Failing to act on and refer early signs of abuse and neglect
• Poor record keeping
• Failing to re-assess when situations do not improve
• Sharing information too slowly
• A lack of challenge to those who appear to be taking no action
• Lack of supervision
• Be observant
• Record your observations: factually descriptive, timed, dated, signed and contemporaneous
• Keep a chronology
• Incorporate the child’s view
• Respectful open and honest practice - working in partnership with the parents/carers
• There are people to support you

• The welfare of the child is paramount, every child has a right to be safe.
• Most abusers are known to the child.
• Valuing and respecting children contributes to their safety.
• Safeguarding is everybody’s business, adults have a responsibility to protect children.
• Most child abuse is preventable
For early help, consultation and enquiries please contact:

**Telephone:** 0345 155 1071

**E-mail:** mashsecure@devon.gcsx.gov.uk

Fax: 01392 448951

Referral Form available at:

www.devon.gov.uk/mash-enquiryform.doc

Post: **Multi-Agency Safeguarding Hub, P.O. Box 723, Exeter EX1 9QS**

Emergency Duty Team – out of hours 0845 6000 388

Police – non emergency – 101

For all LADO enquiries Exeter (01392) 384964

Or

http://www.devon.gov.uk/lado
Optional Activity – Questions and discussion

1. If you have a safeguarding concern, who would you go to?
2. If they are not available, what would you do?
3. Where can you access your policies?
4. Do you have a policy regarding mobile phone use?
5. Do you have a policy regarding volunteers and visitors?
6. When did you last read the policies?
7. Who else has access to the policies?
8. What would you do if you were concerned about a colleague’s behaviour towards a child?
9. Is there an issue you do not feel is covered by a policy?
### Optional activity – What is Harm?

<table>
<thead>
<tr>
<th>Harm Level</th>
<th>Description</th>
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<tbody>
<tr>
<td>1</td>
<td>No harm at all</td>
</tr>
<tr>
<td>2</td>
<td>Slight harm</td>
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<tr>
<td>3</td>
<td>Moderate harm</td>
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<tr>
<td>4</td>
<td>Serious harm</td>
</tr>
<tr>
<td>5</td>
<td>Very severe harm</td>
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</table>

a) A 10 year old girl being left for long periods minding her 4 year old brother.
b) A boy of 14 willingly having sex with his 16 year old cousin.
c) The parents of a 5 year old blind child completely re-arranging the furniture in the home, making no effort to explain this to the child when they return from school.
d) An 8 year old who is refused breakfast one morning before school until he has eaten the cold vegetable stew that he did not eat the previous evening.
e) A 7 year old child with physical and learning disabilities whose parents arrange privately a placement in a respite care unit for three weeks while the rest of the family go away for a holiday at Disneyland.
f) A girl of 7 photographed without any clothes on by her uncle who is a professional photographer.
g) A girl of 15 being slapped across the face by her father, causing bruising, because she met a boy after school.
h) A child of 4 having her teddy bear burned as a punishment.
You’re concerned about Maisie, who is an 11 year old girl you are working with.

She isn’t dressed properly for school; she is always hungry and school staff are regularly feeding her breakfast. Her personal hygiene is poor – she struggles socially due to the other pupils’ poor view of her.

The Head has tried to speak to the family, but they won’t engage. You’ve put in a referral – it’s come back as Early Help, but you’ve been down this road already...

What do you do?