Norfolk County Council
at your service

Introduction to Safeguarding Children Whole School Training

Delegate Workbook

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Revised April 2015

Contents

Welcome

Welcome to this Safeguarding Children in Education training session. This training package has been developed by Kelly Waters, Safeguarding Adviser in accordance with Norfolk Safeguarding Children Board procedures and national guidance.

Aims

The aim of this training is to help you develop an awareness of and the ability to act on concerns about the safety and welfare of children and young people. All staff working in schools should access this training to ensure that they are able to fulfil their role and responsibility to safeguard children. This training must be updated once every three years in line with statutory guidance.

By the end of this training you will be able to:

- Describe what safeguarding is and the different ways in which children can be harmed.
- Recognise and describe indicators of child abuse and neglect.
- Appreciate your own role and responsibilities and those of others in safeguarding and promoting the welfare of children.
- Outline what to do if you have concerns about a child in line with the school's Safeguarding Policy.
- Describe areas of working practice that can make children and staff vulnerable.
- Identify the procedures for sharing concerns about another adult's behaviour in line with your school's Whistle-blowing Policy.

Taking Care of Ourselves

For some people safeguarding children training may jog memories of children they have worked with who have been harmed, or things that happened to them when they were children. If this happens to you and you experience some uncomfortable feelings you may wish to let the trainer know this privately, or take a little time for your self away from the training room. Support is available from the Norfolk Support Line on 0800 169 7676.

Session Agreement

To achieve maximum benefit from this training, participants should feel safe and secure in their learning. In order to facilitate this, the following are some standard ground rules for the training that it is hope participants will agree to:

- Everyone will be encouraged to contribute
- Listen without interrupting
- No mobile phones
- Respect for others experiences and feelings
- Be aware of diversity issues and promote an anti bias approach
- Avoid the use of jargon
- Respect confidentiality – unless a child or vulnerable adult is at risk of harm
- Use the expertise in the room
- No question is too ‘naive’
- Respect the need for any member of the group to leave the training if needed
- Challenge a view but not the person

Confidentiality

We undertake to protect and respect the confidentiality of course participants unless the trainer is concerned that:

- A child is at risk of or suffering harm;
- A participant is putting a child or children at risk of harm; or
- An adult working with children might be unsuitable to do so.

In this event, the trainer will:

- Raise their concern with the participant *if* this is appropriate.
- Agree what to do next with their line manager; this will usually involve sharing the concern with Headteacher and the LADO as appropriate.

Learning Log

Prior to starting the course, please write here one thing you hope to have learnt by the end of the training.

-

To be completed during the training session

My Key Learning Points are:
(Write here the most important things you have learnt during the session)

-
-
-

My Key Action Points are:
(Include here the key things you will do as a result of coming on the training e.g. further reading or noting concerns about a particular child.)

-
-
-

My School's Procedures: What do I need to know?

You must receive child protection training at least once every **three years** and you should be able to answer the following questions:

1) Have you read the school's safeguarding and child protection policy?

2) Do you understand the categories of abuse and recognise the possible indicators of concern?

3) Do you know what the school's child protection procedures are and how to report any concerns?

4) Do you know who the Designated Safeguarding Lead(s) and alternate for safeguarding are that you should report any concerns to? What are their contact details?

5) How do you pass on concerns? Is there an agreed format to record any concerns on?

6) Have you read the School's Code of Conduct or 'Staff Handbook'?

7) Do you know how to report a concern about another adult's behaviour?

Safeguarding Children in Context

The key pieces of legislation for safeguarding children are:

- The Children Act 1989
- The Human Rights Act 1998
- The Adoption and Children Act 2002
- The Education Act 2002
- The Children Act 2004

The Key Guidance Documents are:

- Keeping Children Safe in Education (2015)
- Working Together to Safeguard Children (2015)
- What to do if your worried a child is being abused (2015)
- Guidance for Safer Working Practice for Adults who work with Children and Young People in Education Settings (2009)

The Education Act 2002 – Sections 175 & 157

The Act requires LAs and the governing body of a maintained school to make arrangements for ensuring that their functions are exercised with a view to safeguarding and promoting the welfare of children. Section 157 of the Act places the same requirements on Academies and Independent Schools.

Failure to have arrangements in place as required by S175 may be grounds for the Secretary of State to take action against a LA or Governing body. Schools are inspected on performance with regard to safeguarding and promoting the welfare of children in accordance with the guidance and legislation.

Keeping Children Safe in Education, DfE (March 2015)

This is the statutory guidance that all schools and colleges need to consider when carrying out their responsibilities for safeguarding children. Part 1 of this document outlines safeguarding information for all staff and should be read by all staff and regular volunteers.

The role of school and college staff

- The *Teacher Standards 2012* state that teachers, including headteachers, should safeguard children's wellbeing and maintain public trust in the teaching profession as part of their professional duties.
- All school and college staff have a responsibility to provide a safe environment in which children can learn.
- 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.
- 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.

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.

Providing Support to Children & their Families

Safeguarding and Promoting the Welfare of Children is defined as:

- 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.

Working Together to Safeguard Children (2015)

Child Protection is:

- Child protection is part of safeguarding and promoting the welfare of children
- It is activity undertaken to protect specific children who are suffering or at risk of suffering significant harm

Working Together to Safeguard Children (2015)

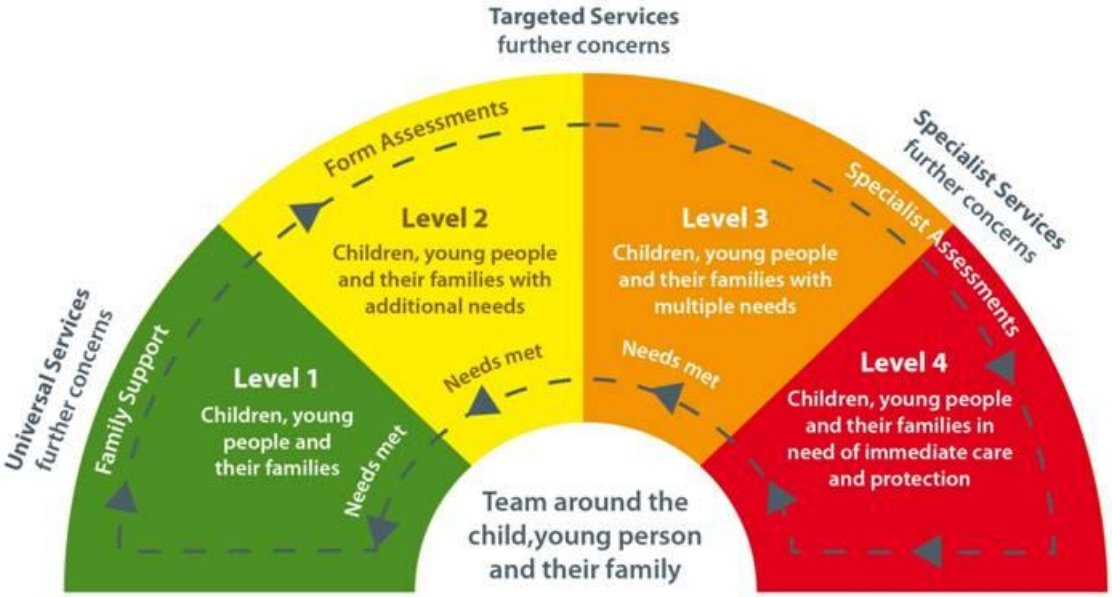
A Child is:

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.

Working Together to Safeguard Children (2015)

Early Intervention & Support

'Keeping Children Safe in Education' states that 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 and should ensure that systems are in place to identify additional needs and support children at the earliest opportunity.



Level descriptors 1 – 4

Level 1	Emerging family pressure of stress over a short period of time that could be resolved by existing support access to wider family/community/universal services/access to targeted support via one other universal agency.
Level 2	Emerging pressure or stress that requires a co-ordinated Multi-Agency response via a Family Support Process.
Level 3	Child/young person will be assessed and provided for as a child in need (S17, Children Act 1989).
Level 4	Children require child protection measures under S47 of the Children Act 1989 where there is reasonable cause to suspect the child is at risk or likely to be at risk of significant harm.

The Children Act 1989
The Children Act 1989 is based on the principles of the United Nations Convention on the Rights of the Child and provides the foundation for child welfare law in the UK (except for Scotland).

Key Principles of the Act:

- **The child's welfare is paramount**
- Work in partnership with parents
- Parents have responsibility for, and not rights over, their children.
- Consultation with children to establish their wishes and feelings

Section 17 – Child in Need (Level 3)
Under s17 of the Children Act 1989 the local authority has the power to assess the needs of all children in need and make provision to meet these needs. Any services offered will be provided in partnership with parents/carers on a voluntary basis.

A child shall be taken to be in need if:

- he is unlikely to achieve or maintain, or have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by a local authority;
- his health or development is likely to be significantly impaired, or further impaired, without the provision of such services; or
- he is disabled.

s17 (10) Children Act 1989

Section 47 – Duty to Make Enquiries (Level 4)
Under s47 the local authority has a duty, and the power, to make enquiries about any child where there are reasonable grounds to believe that they are suffering or likely to suffer significant harm.

Only children's social care, the police and the NSPCC are vested with the legal authority to make these enquiries. Other agencies, including schools have a duty to co-operate with the local authority in carrying out such investigations.

Section 31 - Significant Harm
Significant Harm is the threshold that justifies state intervention into family life when parents may not be willing to work with Children's Services on a voluntary basis.

Harm is defined in the Children Act 1989 (s31 (9) as:

- ill-treatment (including sexual abuse and physical abuse);
- impairment of health (physical and mental);
- impairment of development (physical, intellectual, emotional, social or behavioural) as compared to a similar child.

Harm now includes the impairment of a child's health or development as a result of witnessing the ill treatment of another person (Adoption and Children Act 2002).

The Act says we must consider whether or not the harm is **'significant'.** In other words; is it noteworthy or considerable given the age and development of the child? Is it attributable to the care given (or likely to be given) to the child by their carers?

Any ill-treatment or impairment will be considered alongside the family's strengths and mechanisms for support.

The Children Act 2004
This is the legislative basis for the 'Every Child Matters' agenda. The Act provides clear accountability and integration within children's services, to enable better joint working and to secure a better focus on safeguarding children.

The key points the Act introduces are:

- A duty on local authorities to make arrangements to promote co-operation between the various agencies to improve children's well-being;
- A duty on key agencies to make arrangements to safeguard and promote the welfare of children;
- A duty on local authorities to set up Local Safeguarding Children Boards (LSCBs);
- Additional requirements in relation to managing and monitoring private fostering arrangements;
- A duty on local authorities to promote the educational achievement of looked after children.

The **Norfolk Safeguarding Children Board (NSCB)** has a statutory duty to:

- co-ordinate how agencies work together to safeguard and promote the well-being of children, and
- to ensure the effectiveness of safeguarding arrangements.

The NSCB believes that safeguarding children is everyone's responsibility and that a child centred approach should be taken. It wants to make sure that all children and young people in Norfolk feel safe and cared for. The work of the NSCB is underpinned by the two underlying principles from **Working Together to Safeguard Children 2015**:-

- for services to be effective each professional and organisation should play their full part; and
- for services to be effective they should be based on a clear understanding of the needs and views of children.

Recognition & Identification of Abuse

Taken from Working Together to Safeguard Children 2015, Appendix A

What is abuse?

Abuse and neglect are forms 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 a stranger for example, via the internet. They may be abused by an adult or adults, or another child or children.

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.

EMOTIONAL ABUSE

Emotional Abuse is 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 children 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 the 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, though it may occur alone.

SEXUAL ABUSE

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 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.

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), failing to protect a child from physical and emotional harm or danger, failure to ensure adequate supervision (including the use of inadequate care-givers) or failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Indicators of Abuse

Caution should be used when referring to lists of signs and symptoms of abuse. Although the signs and symptoms listed below may be indicative of abuse there may be alternative explanations. In assessing the circumstances of any child any of these indicators should be viewed within the overall context of the child's individual situation including any disability.

Please remember if you feel unsure or worried, do something about it. Don't keep it to yourself.

EMOTIONAL ABUSE

Emotional abuse is difficult to:

- define

- identify/recognise

- prove.

Emotional abuse is chronic and cumulative and has a long-term impact. Indicators may include:

- Physical, mental and emotional development lags
- Sudden speech disorders
- Continual self-depreciation ('I'm stupid, ugly, worthless, etc')
- Overreaction to mistakes
- Extreme fear of any new situation
- Inappropriate response to pain ('I deserve this')
- Unusual physical behaviour (rocking, hair twisting, self-mutilation) - consider within the context of any form of disability such as autism
- Extremes of passivity or aggression
- Children suffering from emotional abuse may be withdrawn and emotionally flat. One reaction is for the child to seek attention constantly or to be over-familiar. Lack of self-esteem and developmental delay are again likely to be present
- Babies – feeding difficulties, crying, poor sleep patterns, delayed development, irritable, non-cuddly, apathetic, non-demanding
- Toddler/Pre-School – head banging, rocking, bad temper, 'violent', clingy. Spectrum from overactive to apathetic, noisy to quiet. Developmental delay – especially language and social skills

- School age – Wetting and soiling, relationship difficulties, poor performance at school, non-attendance, antisocial behaviour. Feels worthless, unloved, inadequate, frightened, isolated, corrupted and terrorised
- Adolescent – depression, self harm, substance abuse, eating disorder, poor self-esteem, oppositional, aggressive and delinquent behaviour
- Child may be underweight and/or stunted
- Child may fail to achieve milestones, fail to thrive, experience academic failure or under achievement
- Also consider a child's difficulties in expressing their emotions and what they are experiencing and whether this has been impacted on by factors such as age, language barriers or disability

NEGLECT

There are occasions when nearly all parents find it difficult to cope with the many demands of caring for children. But this does not mean that their children are being neglected. Neglect involves ongoing failure to meet a child's needs.

Neglect can often fit into six forms which are:

- Medical – the withholding of medical care including health and dental.
- Emotional – lack of emotional warmth, touch and nurture
- Nutritional – either through lack of access to a proper diet which can affect in their development.
- Educational – failing to ensure regular school attendance that prevents the child reaching their full potential academically
- Physical – failure to meet the child's physical needs
- Lack of supervision and guidance – meaning the child is in dangerous situations without the ability to risk assess the danger.[1]

Common Concerns:
With regard to the child, some of the regular concerns are:

- The child's development in all areas including educational attainment
- Cleanliness
- Health
- Children left at home alone and accidents related to this
- Taking on unreasonable care for others
- Young carers

Neglect can often be an indicator of further maltreatment and is often identified as an issue in serious case reviews as being present in the lead up

[1] Source: Horwath, J (2007): Child neglect: identification and assessment: Palgrave Macmillan

to the death of the child or young person. It is important to recognise that the most frequent issues and concerns regarding the family in relation to neglect relate to parental capability. This can be a consequence of:

- Poor health, including mental health or mental illness
- Disability, including learning difficulties
- Substance misuse and addiction
- Domestic violence

School staff need to consider both acts of *commission* (where a parent / carer deliberately neglects the child) and acts of *omission* (where a parent's failure to act is causing the neglect). This is a key consideration with regard to school attendance where parents are not ensuring their child attend school regularly.

Many of the signs of neglect are visible, however school staff may not instinctively know how to recognise signs of neglect or know how to respond effectively when they suspect a pupil is being neglected. Children spend considerable time in school so staff have opportunities to identify patterns over time and recognise and respond to concerns about their safety and welfare. All concerns should be recorded and reflected upon, not simply placed in a file.

Here are some signs of possible neglect:

Physical signs:

- Constant hunger
- Poor personal hygiene
- Constant tiredness
- Emaciation
- Untreated medical problems
- The child seems underweight and is very small for their age
- The child is poorly clothed, with inadequate protection from the weather
- Neglect can lead to failure to thrive, manifest by a fall away from initial centile lines in weight, height and head circumference. Repeated growth measurements are crucially important
- Signs of malnutrition include wasted muscles and poor condition of skin and hair. It is important not to miss an organic cause of failure to thrive; if this is suspected, further investigations will be required
- Infants and children with neglect often show rapid growth catch-up and improved emotional response in a hospital environment
- Failure to thrive through lack of understanding of dietary needs of a child or inability to provide an appropriate diet; or they may present with obesity through inadequate attention to the child's diet
- Being too hot or too cold – red, swollen and cold hands and feet or they may be dressed in inappropriate clothing

- Consequences arising from situations of danger – accidents, assaults, poisoning
- Unusually severe but preventable physical conditions owing to lack of awareness of preventative health care or failure to treat minor conditions
- Health problems associated with lack of basic facilities such as heating
- Neglect can also include failure to care for the individual needs of the child including any additional support the child may need as a result of any disability

Behavioural signs:

- No social relationships
- Compulsive scavenging
- Destructive tendencies
- If they are often absent from school for no apparent reason
- If they are regularly left alone, or in charge of younger brothers or sisters
- Lack of stimulation can result in developmental delay, for example, speech delay, and this may be picked up opportunistically or at formal development checks
- Craving attention or ambivalent towards adults, or may be very withdrawn
- Delayed development and failing at school (poor stimulation and opportunity to learn)
- Difficult or challenging behaviour

PHYSICAL ABUSE

When dealing with concerns regarding physical abuse, refer any suspected non-accidental injury to the Designated Safeguarding Lead <u>without delay</u> so that they are able to seek appropriate guidance from the police and/or Children's Services in order to safeguard the child.

Staff must be alert to:

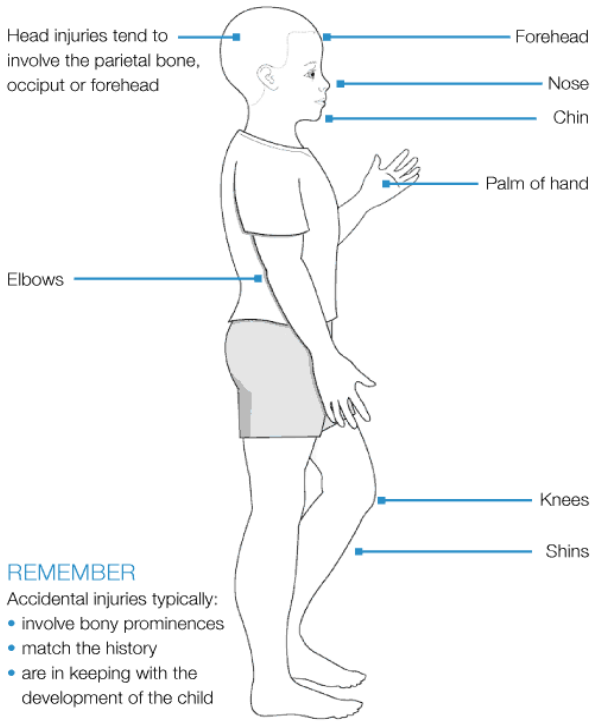
- Unexplained recurrent injuries or burns; improbable excuses or refusal to explain injuries;

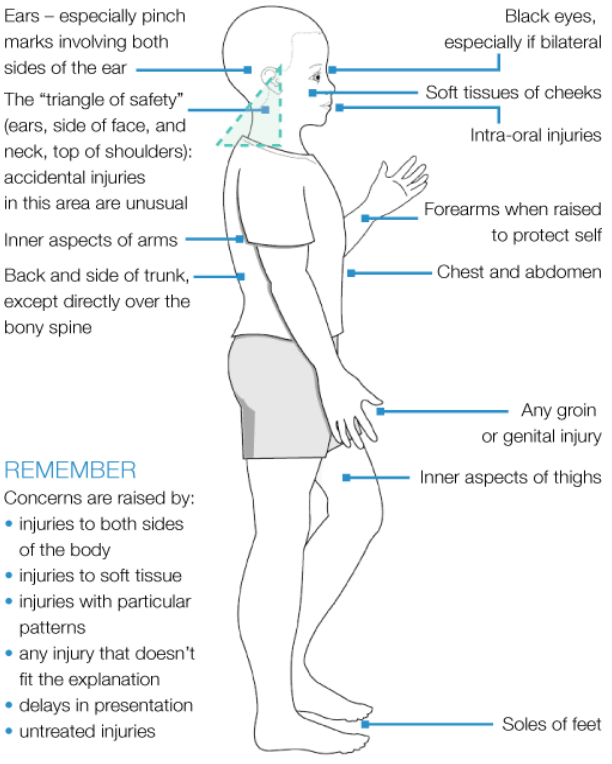
- Injuries that are not consistent with the story: too many, too severe, wrong place or pattern, child too young for the activity described.

Physical signs:

- Bald patches
- Bruises, black eyes and broken
- Untreated or inadequately treated injuries
- Injuries to parts of the body where accidents are unlikely, such as thighs, back, abdomen

- Scalds and burns
- General appearance and behaviour of the child may include:
  - Concurrent failure to thrive: measure height, weight and, in the younger child, head circumference;
  - Frozen watchfulness: impassive facial appearance of the abused child who carefully tracks the examiner with his eyes.
- Bruising:
  - Bruising patterns can suggest gripping (finger marks), slapping or beating with an object.
  - Bruising on the cheeks, head or around the ear and black eyes can be the result of non-accidental injury.
  - Mongolian blue spots may be mistaken for bruises. Mongolian blue spots are rare in children of white European background, but very common in children of African, Middle Eastern, Mediterranean or Asian background. Mongolian blue spots are can vary in size, but most are a few centimetres across. They can appear anywhere on the body, but are most common at the base of the spine, the buttocks or on the lower back. Occasionally they are present on the back of the shoulder. It is very unusual for a child to have a Mongolian blue spot on the scalp or face. However, because of their colour and location, they can wrongly be confused with bruising. The difference between them is that bruises change colour and shape over a period of days, whereas Mongolian blue spots take many years to fade.
- Other injuries:
  - Bite marks may be evident from an impression of teeth
  - Small circular burns on the skin suggest cigarette burns
  - Scalding inflicted by immersion in hot water often affects buttocks or feet and legs symmetrically
  - Red lines occur with ligature injuries
  - Retinal haemorrhages can occur with head injury and vigorous shaking of the baby
  - Tearing of the frenulum of the upper lip can occur with force-feeding. However, any injury of this type must be assessed in the context of the explanation given, the child's developmental stage, a full examination and other relevant investigations as appropriate.
  - Fractured ribs: rib fractures in a young child are suggestive of non-accidental injury
  - Other fractures: spiral fractures of the long bones are suggestive of non-accidental injury


Head injuries tend to involve the parietal bone, occiput or forehead
Forehead
Nose
Chin
Palm of hand
Elbows
Knees
Shins
REMEMBER
Accidental injuries typically:
• involve bony prominences
• match the history
• are in keeping with the development of the child


Ears – especially pinch marks involving both sides of the ear
The "triangle of safety" (ears, side of face, and neck, top of shoulders): accidental injuries in this area are unusual
Inner aspects of arms
Back and side of trunk, except directly over the bony spine
Black eyes, especially if bilateral
Soft tissues of cheeks
Intra-oral injuries
Forearms when raised to protect self
Chest and abdomen
Any groin or genital injury
Inner aspects of thighs
Soles of feet
REMEMBER
Concerns are raised by:
• injuries to both sides of the body
• injuries to soft tissue
• injuries with particular patterns
• any injury that doesn't fit the explanation
• delays in presentation
• untreated injuries

Behavioural signs:

- Wearing clothes to cover injuries, even in hot weather
- Refusal to undress for gym
- Chronic running away
- Fear of medical help or examination
- Self-destructive tendencies
- Fear of physical contact - shrinking back if touched
- Admitting that they are punished, but the punishment is excessive (such as a child being beaten every night to 'make him study')
- Fear of suspected abuser being contacted
- Injuries that the child cannot explain or explains unconvincingly
- Become sad, withdrawn or depressed
- Having trouble sleeping
- Behaving aggressively or be disruptive
- Showing fear of certain adults
- Having a lack of confidence and low self-esteem
- Using drugs or alcohol
- Repetitive pattern of attendance: recurrent visits, repeated injuries
- Excessive compliance
- Hyper-vigilance

SEXUAL ABUSE

Sexual abuse is usually perpetrated by people who are known to and trusted by the child – e.g. relatives, family friends, neighbours, people working with the child in school or through other activities.

Characteristics of child sexual abuse:

• It is usually planned and systematic – people do not sexually abuse children by accident, though sexual abuse can be opportunistic;

• Grooming the child – people who abuse children take care to choose a vulnerable child and often spend time making them dependent. This can be done in person or via the internet through chat-rooms and social networking sites;

• Grooming the child's environment – abusers try to ensure that potential adult protectors (parents and other carers especially) are not suspicious of their motives. Again, this can be done in person or via the internet through chat-rooms and social networking sites.

In young children behavioural changes may include:

- Regressing to younger behaviour patterns such as thumb sucking or bringing out discarded cuddly toys

- Being overly affectionate - desiring high levels of physical contact and signs of affection such as hugs and kisses
- Lack of trust or fear of someone they know well, such as not wanting to be alone with a babysitter or child minder
- They may start using sexually explicit behaviour or language, particularly if the behaviour or language is not appropriate for their age
- Starting to wet again, day or night/nightmares

In older children behavioural changes may include:

- Extreme reactions, such as depression, self-mutilation, suicide attempts, running away, overdoses, anorexia
- Personality changes such as becoming insecure or clinging
- Sudden loss of appetite or compulsive eating
- Being isolated or withdrawn
- Inability to concentrate
- Become worried about clothing being removed
- Suddenly drawing sexually explicit pictures
- Trying to be 'ultra-good' or perfect; overreacting to criticism
- Genital discharge or urinary tract infections
- Marked changes in the child's general behaviour. For example, they may become unusually quiet and withdrawn, or unusually aggressive. Or they may start suffering from what may seem to be physical ailments, but which can't be explained medically
- The child may refuse to attend school or start to have difficulty concentrating so that their schoolwork is affected
- They may show unexpected fear or distrust of a particular adult or refuse to continue with their usual social activities
- The child may describe receiving special attention from a particular adult, or refer to a new, "secret" friendship with an adult or young person
- Children who have been sexually abused may demonstrate inappropriate sexualised knowledge and behaviour
- Low self-esteem, depression and self-harm are all associated with sexual abuse

Physical signs and symptoms for any age child could be:

- Medical problems such as chronic itching, pain in the genitals, venereal diseases
- Stomach pains or discomfort walking or sitting
- Sexually transmitted infections
- Any features that suggest interference with the genitalia. These may include bruising, swelling, abrasions or tears

- Soreness, itching or unexplained bleeding from penis, vagina or anus
- Sexual abuse may lead to secondary enuresis or faecal soiling and retention
- Symptoms of a sexually transmitted disease such as vaginal discharge or genital warts, or pregnancy in adolescent girls

CHILD SEXUAL EXPLOITATION

The sexual exploitation of children and young people (CSE) under-18 is defined as that which:

'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 them performing, and/or another or others performing on them, sexual activities.'

Child sexual exploitation can occur through the use of technology without the child's immediate recognition; for example being persuaded to post sexual images on the Internet/mobile phones without immediate payment or gain. In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's limited availability of choice resulting from their social/economic and/or emotional vulnerability.' (Department for Education, 2012)

Child sexual exploitation is a form of abuse which involves children (male and female, of different ethnic origins and of different ages) receiving something in exchange for sexual activity.

Who is at risk?

Child sexual exploitation can happen to any young person from any background. Although the research suggests that the females are more vulnerable to CSE, boys and young men are also victims of this type of abuse.

The characteristics common to all victims of CSE are not those of age, ethnicity or gender, rather their powerlessness and vulnerability. Victims often do not recognise that they are being exploited because they will have been groomed by their abuser(s). As a result, victims do not make informed choices to enter into, or remain involved in, sexually exploitative situations but do so from coercion, enticement, manipulation or fear. Sexual exploitation can happen face to face and it can happen online. It can also occur between young people.

In all its forms, CSE is child abuse and should be treated as a child protection issue.

WARNING SIGNS AND VULNERABILITIES CHECKLIST[2]

The evidence available points to several factors that can increase a child's vulnerability to being sexually exploited. The following are typical **vulnerabilities in children prior to abuse**:

- Living in a chaotic or dysfunctional household (including parental substance use, domestic violence, parental mental health issues, parental criminality)
- History of abuse (including familial child sexual abuse, risk of forced marriage, risk of 'honour'-based violence, physical and emotional abuse and neglect)
- Recent bereavement or loss
- Gang association either through relatives, peers or intimate relationships (in cases of gang-associated CSE only)
- Attending school with young people who are sexually exploited
- Learning disabilities
- Unsure about their sexual orientation or unable to disclose sexual orientation to their families
- Friends with young people who are sexually exploited
- Homeless
- Lacking friends from the same age group
- Living in a gang neighbourhood
- Living in residential care
- Living in hostel, bed and breakfast accommodation or a foyer
- Low self-esteem or self-confidence
- Young carer

The following signs and behaviour are generally seen in children who are **already being sexually exploited.**

- Missing from home or care
- Physical injuries
- Drug or alcohol misuse
- Involvement in offending
- Repeat sexually-transmitted infections, pregnancy and terminations
- Absent from school
- Evidence of sexual bullying and/or vulnerability through the internet and/or social networking sites
- Estranged from their family
- Receipt of gifts from unknown sources
- Recruiting others into exploitative situations
- Poor mental health
- Self-harm
- Thoughts of or attempts at suicide

[2] The Office of the Children's Commissioner (2012) Interim Report - Inquiry into Child Sexual Exploitation in Group and Gangs.

Evidence shows that any child displaying several vulnerabilities from the above lists should be considered to be at high risk of sexual exploitation. If you identify a child who you consider to be suffering from or a high risk of CSE, it is important that the Designated Safeguarding Lead is school is informed so that they can contact Children's Services.

Prevention of Forced Marriage & Female Genital Mutilation

Schools are well placed to raise concerns and take action to prevent young people from being forced into marriage whilst on extended visits to their parents' home country or that of extended family. The majority of extended holidays or visits to family overseas are for valid reasons. This guidance aims to raise the awareness of education professionals regarding the safeguarding of children at risk. It should be read together with the multi-agency practice guidelines produced by the Forced Marriage Unit and the Foreign and Commonwealth Office.

What is forced marriage?
A forced marriage is a marriage in which one or both spouses do not (or, in the case of some adults with learning or physical disabilities, cannot) consent to the marriage and duress is involved. Duress can include physical, psychological, financial, sexual and emotional pressure.
This is not the same as an arranged marriage. In arranged marriages, the families of both spouses take a leading role in arranging the marriage but the choice whether or not to accept the arrangement remains with the prospective spouses.

Who is at risk?
Pupils, male or female, from as young as 11 may be at risk of being forced into marriage by parents. They may be pressurised and then agree to marry one of the prospective candidates without time for reflection. The younger pupils may be betrothed with the expectation that they will enter full married state at a later stage of their lives.

In the UK, young people can be forced into a legal marriage from age 16 or undergo a religious ceremony at an earlier age and suffer sexual abuse.

The key motives for forcing a child into marriage have been identified as:

- Controlling unwanted behaviour and sexuality (including perceived promiscuity such as kissing or hand holding, or being gay, lesbian, bisexual or transgender) – particularly the behaviour and sexuality of women
- Controlling unwanted behaviour, for example, alcohol and drug use, wearing make-up or behaving in a 'westernized manner'
- Preventing 'unsuitable' relationships, e.g. outside the ethnic, cultural religious or caste group
- Protecting 'family honour' or 'izzat'
- Rejecting a proposal of marriage
- Responding to peer group or family pressure
- Attempting to strengthen family links
- Achieving financial gain

- Ensuring land, property and wealth remain within the family
- Protecting perceived cultural ideas
- Protecting perceived religious ideals that are misguided
- Ensuring care for a child or vulnerable adult with special needs when parents or existing carers are unable to fulfil that role
- Assisting claims for residence and citizenship
- Long standing family commitments

Female Genital Mutilation
Female genital mutilation (FGM) involves procedures that include the partial or total removal of the external female genital organs for cultural or other non-therapeutic reasons. The practice is medically unnecessary, extremely painful and has serious health consequences, both at the time when the mutilation is carried out and in later life.

Who is at risk?
In the UK, it is estimated that up to 24,000 girls under the age of 15 are at risk of female genital mutilation (FGM). UK communities that are *most* (although not exclusively) at risk of FGM include Kenyans, Somalis, Sudanese, Sierra Leoneans, Egyptians, Nigerians and Eritreans. However women from non-African communities that are at risk of FGM include Yemeni, Kurdish, Indonesian and Pakistani women.

Suspicions may arise in a number of ways that a child is being prepared for FGM to take place abroad. These include knowing that the family belongs to a community in which FGM is practised and is making preparations for the child to take a holiday, arranging vaccinations or planning absence from school.
The child may also talk about a 'special procedure/ceremony' that is going to take place.

Girls are at particular risk of FGM during summer holidays. This is the time when families may take their children abroad for the procedure. Many girls may not be aware that they may be at risk of undergoing FGM.

If you suspect that someone you know is at risk of being subjected to any form of FGM, you should take action to report it immediately.

What can you do to spot the risks?
When managing requests for absence, it is useful for school clusters/pyramids to share a common absence request form which requests information on all siblings who attend other schools. Sometimes younger siblings tell teachers information that has a bearing on older members of the family. Schools should liaise with each other when considering requests for leave of absence during term-time.

Parents/carers will sometimes require translation or interpretation of absence request forms and explanation of the rules concerning term time holidays.
Where head teachers require a meeting with parents to discuss applications for extended leave of absence during term time, this can provide an opportunity to gather important information.

When parents/carers make requests for extended holiday leave, consider whether the parents/carers are volunteering information on the following:

- The precise location of where the pupil is going
- The purpose of the visit
- The child/children know and corroborate the purpose of the visit
- The return date and whether it is estimated or fixed

Parents/carers may not always be able to provide a definite return date due to return flights being booked as last minute availability occurs. The circumstances triggering a trip may also necessitate a flexible return date.

If a return date has been specified and a child has not returned to school, school must contact their Attendance Improvement Officer. In no circumstances should a school remove the student from the roll without first making enquiries about the child's disappearance in line with Norfolk County Council's Children Missing Education Procedures. Children's Services and the Police should be notified as appropriate.

Safeguarding Children with a Disability: Practice Guidance

Children with disabilities are more vulnerable to abuse than their peers who do not have a disability for a range of reasons and yet, research shows us that they are less likely to be safeguarded from harm than people without learning disabilities.

When considering whether a disabled child is at risk of or suffering significant harm, professionals should always take into account the nature of the child's disability but should not confuse behaviours that might indicate a person is being abused with those associated with disability (e.g. behaviour that challenges). The following are some additional indicators of possible abuse or neglect:

- A bruise in a site that might not be of concern on an ambulant child, such as the shin, might be of concern on a non-mobile child
- Not getting enough help with feeding leading to malnourishment
- Poor toileting arrangements
- Lack of stimulation
- Unjustified and/or excessive use of restraint
- Rough handling, extreme behaviour modification e.g. deprivation of liquid, medication, food or clothing
- Unwillingness to try to learn a child's means of communication
- Ill-fitting equipment e.g. callipers, sleep boards, inappropriate splinting; misappropriation of a child's finances
- Invasive procedures which are unnecessary or are carried out against the child's will.

What have we learnt from Serious Case Reviews?

A Serious Case Review is a review conducted when a child dies or is seriously injured and abuse or neglect are known or suspected to be a factor in the death. The purpose of the review is to consider whether there are lessons to be learned about the way in which agencies work together to safeguard and promote the welfare of children.

Key Themes:
We know that these children rarely die out of the blue, they are often known to a number of agencies and there is usually a history of concerns about the child's safety and welfare.

Family

- Domestic Violence/ Mental Health problems/substance misuse
- Parent(s)/carer(s) often have convictions for violence
- Parents were reluctant to work with agencies or were hostile and aggressive to staff
- Some parents were very 'needy' and dependent on staff to get their own needs met
- Parents refused access to the child
- Parents/family frequently moved house/area, changed GP, health visitor etc
- Family refused to let professionals into the family home
- Explanations for injury implausible or do not 'fit' the pattern of the injury

Child

- Missing from school
- Minor injuries or apparently accidental injuries noted
- Indicators of abuse present
- Not seen by anyone for weeks prior to serious injury/death
- Friends/Neighbours express concerns to agencies but are not always heard

Professionals

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 and concentrated of the needs of the parents,
- failing to re-assess concerns when situations do not improve,
- sharing information too slowly
- a lack of challenge to those who appear not to be taking action.

What does this all mean for me?
Do not think concerns that you have about a child are insignificant or unimportant. Always make a written record of the information and pass this to the Designated Safeguarding Lead without delay.

Serious Case Reviews Examples

Victoria Climbié

Victoria Climbié died in 2000 at the age of eight of hypothermia. She had suffered months of torture, systematic physical abuse and neglect by her great-aunt and her great aunt's boyfriend.

Lord Laming, in his report into the enquiry into Victoria's death, described the final months of her life.

'Victoria spent much of her last days, in the winter of 1999-2000, living and sleeping in a bath in an unheated bathroom, bound hand and foot inside a bin bag, lying in her own faeces and urine and faeces. It is not surprising that towards the end of her short life Victoria was stooped and could walk only with great difficulty.'

The report referred to twelve separate occasions when the signs of Victoria's ill treatment were unheeded by the professionals who could have helped her. He concluded **that 'nothing more than basic good practice'** would have saved Victoria, but this never happened.

Lauren Wright

Lauren Wright died in Norfolk in 2000 at the age of six as a result of severe physical abuse by her step-mother. She had also been subjected to emotional abuse and neglect.

Social Services, Health and Education professionals and many relatives, neighbours and villagers saw the warning signs but did not always act on their concerns.

A report by the Norfolk Area Child Protection Committee concluded that all agencies involved missed opportunities to protect her and that all agencies missed opportunities to make sense of and interpret her circumstances in the light of her current and previous circumstances. Social Services, Health and Education professionals and many relatives, neighbours and villagers saw the warning signs and yet nothing was done to protect.

Daniel Pelka

Daniel Pelka was the middle child of a family who had migrated to this country in 2005 from Poland to Coventry. Daniel was murdered by his mother and stepfather in March 2012 aged 4 years and 8 months old. For a period of at least six months prior to this, he had been starved assaulted, neglected and abused. His older sister Anna was expected to explain away his injuries as accidental. His mother and stepfather were convicted of murder in August 2013 and were both sentenced to 30 years in prison.

Lessons learnt and recommendations

The Serious Case Review highlights many problems, particularly regarding communication between agencies. Here are the main things that school staff should take away from the Review:

Each opportunity to intervene to protect children must be taken
Concerning incidents (for example when Daniel broke his arm) provide key opportunities to intervene at a time when parents may be responsive to the need for change and when children may be able to talk about their experiences. Not to take the opportunity to intervene at such times means chances to protect children are missed and may not occur again.

Domestic abuse/violence is always a child protection issue
This type of abuse must always be approached by professionals as a child protection issue. The report recommends a review of the way domestic violence incidents are dealt with and states that information about such incidents should be shared with schools.

The parent's explanation must be balanced with objective information
Sole reliance on a parent's explanation of events must be balanced with the presenting objective information available or evidence sought to support or challenge parental assertions. Not to do so will potentially leave children at continuing or unassessed risk.

Assessment of risks within a family or to a particular child can never be effective without direct engagement with that child
Those carrying out assessments must work hard to gain an understanding of the child's experiences, wishes and feelings. There must be a child focus to all interventions. In Daniel's case an interpreter should have been employed to ensure his voice was heard.

It is essential that professionals do not focus on concerning incidents in isolation
To be too incident-focussed will mean that the ability to develop an understanding of patterns of behaviour and family lifestyle will be seriously compromised. Separate pieces of evidence need to be put together to get a holistic view of the situation.

Good record keeping is essential and central to professional child care practice
Failure to keep accurate records will significantly compromise interagency working and reduce the collective ability of agencies to protect children.

Any facial injuries to a child must be viewed with concern, with physical abuse needing to be actively considered as a possible cause
Consideration must be given to whether a referral should be made and records of all interventions must be kept. To have no efficient system to collect and collate details of such injuries and actions will compromise later attempts to protect a child.

A robust system is essential to ensure collation of concerns and actions
Even small schools require a robust system to ensure collation of child protection concerns and appropriate actions, rather than relying on informal methods of communication within a small staff group.

When faced with significant and complex concerns about a child's welfare, it is essential that professionals think the unthinkable and always give some consideration to child abuse as a potential cause of

the presenting problems. Not to do so would be a disservice to the child involved and potentially leave him or her at increasing levels of risk.

NSCB Serious Case Review: Case L
On 29 October 2014 the Norfolk Safeguarding Children Board (NSCB) published a Serious Case review, Case L, on its website: www.nscb.norfolk.gov.uk

This case involved a family of five children who experienced chronic neglect. Throughout the period of the review the case was dealt with under a CAF (now Family Support Process or FSP). Four of the children were removed from their family home, after it was determined that their mother was unable to offer adequate care and keep them safe from harm. The children's needs had been neglected for several years, with damaging consequences for their physical, emotional and cognitive development. The second and third siblings were assessed as having suffered permanent harm, attributable to neglectful parenting.

This case concerns a socially isolated and chaotic family where the parents had been in conflict for several years, and there were periodic recorded incidents of domestic abuse (DA). Father was not part of the household, but regularly spent time there in order to see his children. The three oldest siblings had emotional and behavioural difficulties, and two were severely delayed in their learning and development. Mother struggled to meet the children's basic needs, including keeping them safely supervised and taken to school consistently and on time; she relied on the help of her oldest child, herself a very vulnerable young person, as an extra carer.

Various services had been involved in trying to support the family, generally at the 'universal' or Tier 2 levels. There had been occasional involvement from Norfolk Children's Social Care (CSC), but this had been minimal.

CSC received a referral in March 2011, expressing concerns about the children's care; this came from a women's refuge, at some considerable distance away, where the family had just spent two weeks. This referral was not deemed to meet the threshold for an assessment by CSC, who instead recommended that a Common Assessment Framework should be started. The family's Health Visitor (HV) set up and led the CAF initially, until the family moved out of her area later in 2011.

The children's experiences at home and the full extent of their neglectful parenting remained largely unrecognised by the professionals who were trying to work with Mother via the CAF process. Little meaningful progress was made, and over time Mother's engagement declined. Late in 2012, CSC accepted a re-referral, this time from a school, following concerns raised about Child 3 by a new member of staff. A Core Assessment was completed for all the children, which led to an Initial Child Protection (CP) Conference (March 2013), and the adoption of CP Plans designed to improve the children's circumstances as quickly as possible. In the next few weeks, there was growing and concrete evidence that the children were not safe in the home, and they were accommodated (S20 of the Children Act 19893) and placed in foster care in late April 2013. At this point, the children were

assessed by Paediatricians as suffering significant developmental delays and emotional difficulties.

Key Messages

- Be alert to the potential indicators of abuse and always discuss your concerns with your designated person.
- Know where and how to record concerns about children.
- Listen to what children have to say and make time to speak to them when there are concerns.
- Be aware of the 'rule of optimism' (things are getting better) when the evidence is to the contrary.
- Maintain a 'respectful uncertainty' about explanations given by parents who may seem plausible if the concerns continue. Discuss with the designated professional who can check out information and consult with others.
- When concerns about children are accumulating always consider whether a pattern is emerging and link concerns together.
- Be sure to share all the information you have about a child and their family when making a child protection referral to Children's Services or when contacted by Children's Services under s47 of the Children Act (1989).

Managing Concerns

We all have a statutory duty to safeguard and promote the welfare of children, and it is important we take this responsibility seriously.

You may be concerned because:

- The child's behaviour has deteriorated/changed and a number of the possible indicators of abuse have been observed;
- The child has become withdrawn or is missing from the setting regularly;
- You have knowledge of some of the high risk factors e.g. domestic violence, substance misuse, mental illness within the family;
- The child has spoken to you about abuse.

The Role of Staff in Safeguarding Children

	
• Recognise • Respond • Report • Record • Re-refer and challenge if the situation does not seem to be improving	• Ignore • Dismiss • Investigate • Examine a child • Take photographs of injuries • Attempt to resolve

If you have any concerns about a child or young person that you are working with, you must share this information with the Designated Safeguarding Lead (DSL) or one of the alternate post holders. It is important that you find out who these people are and the procedures within the school for reporting concerns **during your induction period**.

Do not think that your worry is insignificant if it is about hygiene, appearance or behaviour – it is important to pass on your concerns about something that appears small than miss a worrying situation.

If you think the matter is very serious and may be related to child protection, for example, physical, emotional, sexual abuse or neglect, you must find one of the designated professionals and provide them with a written record of your concern immediately.

If you are unable to locate the DSL, ask a member of the school office staff to locate them and request that they to speak with you immediately about a confidential and urgent matter.

Any allegation concerning a member of staff, a child's foster carer or a volunteer should be reported immediately to the Headteacher. If an allegation is made about the Headteacher you should pass this information to the Chair of the Governing Body.

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.

Staff should always follow the reporting procedures outlined in the safeguarding policy in the first instance. However, they may also share information directly with Children's Services, or the police if:

- the situation is an emergency and the designated senior person, their alternate and the Headteacher are all unavailable;
- they are convinced that a direct report is the only way to ensure the pupil's safety.

Any member of staff who does not feel that concerns about a child have been responded to appropriately and in accordance with the procedures outlined in the Safeguarding Policy should raise their concerns with the Headteacher or the Chair of Governors. If any member of staff does not feel the situation has been addressed appropriately at this point should contact Children's Services directly with their concerns.

Talking to Children & Young People

It is important that you know how to respond appropriately to children and adults if they disclose abuse or you have concerns.

If a child has chosen to speak to you it is because they feel that you will listen and that they can trust you. You need to listen to what the child has to say, and be very careful not 'lead' the child or influence in any way what they say.

DO	DON'T
• Stay calm • Listen and be supportive • Tell the child what you will do next • Record what was said. • Inform the DSL of your concerns immediately • Seek support for yourself	• Dismiss what the child is telling you • Ask any leading questions, interrogate the child, or put ideas in the child's head, or jump to conclusions • Stop or interrupt a child who is recalling significant events • Promise the child confidentiality- you must explain that you will need to pass on information to keep them safe • Criticise the alleged perpetrator of the abuse • Tell the child everything will be 'OK'

The Use of Questions

School staff are well placed to receive information from children. Where a child is able (and willing) to give a free-flowing account of an abusive event, it is not necessary to ask questions, other than for clarification. However children, and especially very young children, often may only give staff little snippets of information making the asking of questions unavoidable. In fact children often need the help of an adult to steer them through a process of telling, even when they are telling about enjoyable non-abusive events.

It is not the role of adults in school to investigate or resolve safeguarding concerns. Once an adult has clarified that a concern is present, they should cease questioning the child and pass the information on to the DSL without delay. Questions are sometimes necessary however in order to clarify that there is a safeguarding concern and to establish the situation from the child's perspective.

When asking questions to clarify or establish a potential safeguarding concern, adults should:

1. Avoid leading questions. A leading question is one which implies the answer or assumes facts that are likely to be in dispute e.g. ‘was it your dad that hit you?’
2. Make use of open ended questions, as research and practice shows that the most reliable and detailed answers from children of all ages arise from open-ended questions. An open-ended question is one that is worded so that the child is able to provide more information about an event in a way that is not leading, suggestive or putting them under pressure.

Open questions that can be used are how, who, when, where?
Questions beginning with the phrases ‘tell me’ or the words ‘describe’ or ‘explain’ are useful:
Tell me what happened, tell me who was there?
Explain what you mean when you say…?
Describe the place to me.

Recording Concerns

It is important to commit your concerns to paper. Your observations are important and, along with the observations of others, may help to build a clear picture of the child's needs. In many cases it is only when information from a range of sources is put together that a child can be seen to be in need or at risk of harm.

Put your concerns in writing in the format agreed in your school. Be sure to record immediately after you make an observation, or receive information of concern.

Your record must include the following:

- The name of the child
- The place where you have made the observations
- Or who passed information onto you
- The date and time of the observations
- Who you are passing your concerns onto
- Your name and your role

You should:

- Record the facts - i.e. what you saw, what you heard.
- Be careful to avoid any opinion, hearsay or gossip.
- If you are recording what the child or an adult said try to use the exact words used as much as you possibly can.
- Be very clear about why you are concerned about the child.

Remember:

- **Do not delay in passing your concerns to the DSL**
- Do not investigate or seek to resolve the matter yourself
- Seek advice and support from the Designated Safeguarding Lead
- Make a clear and accurate record of the concerns and pass the information on without delay

Safer Working Practice

The vast majority of adults who work with children act professionally and aim to provide a safe and supportive environment which secures the well-being and very best outcomes for pupils in their care. However, it is recognised that in this area of work tensions and misunderstandings can occur. It is here that the behaviour of adults can give rise to allegations of abuse being made against them. Allegations may be malicious or misplaced. They may arise from differing perceptions of the same event. Equally, it must be recognised that some allegations will be genuine and there are adults who will deliberately seek out, create or exploit opportunities to abuse children.

Adults who work with children are in a unique position of trust and they should always maintain appropriate professional boundaries and avoid behaviour which might be misinterpreted by others. Some concerns have been raised about the potential vulnerability of adults in this area of work.

When might you be vulnerable & why?	
• **Alone with a child** • **Administering first aid** • **Restraining a child** • **When a child seeks affection** • **Providing intimate personal care**	• **Lack of training or support** • **When you are unclear about guidance and/ or procedures** • **When you fail to report or seek advice / poor lines of communication** • **When you fail to record** • **Ethos and culture**

- You should be aware of your school's code of conduct and seek clear advice about what is acceptable and unacceptable practice.
- Your behaviour should always be open and transparent
- You must adopt high standards of personal conduct
- Your behaviour in or out of school must not compromise your position within the school

Sexual Offences Act 2003 – Sections 16-19
Where a person aged 18 or over is in a specified position of trust with a child **under 18**, it is an offence for that person to engage in sexual activity with or in the presence of that child, or to cause or incite that child to engage in or watch sexual activity even if the relationship is consensual. This applies where the child is in education and the person works in the same establishment as the child, even if s/he does not teach the child.

Further advice is available in the following document:
***Guidance for Safer Working Practice for Adults who work with Children and Young People in Education Settings*, DCSF, March 2009**

Managing allegations against adults

When staff have concerns about another adult's behaviour or allegations arise, it is inevitably a distressing and difficult time for all concerned. It is important that you raise any concerns at the earliest opportunity so that incidences can be dealt with quickly and fairly.

- Self-report if you think you got it wrong or if your behaviour may have be misinterpreted;
- Pinpoint what practice is concerning you and why;
- Voice your concerns, suspicions or uneasiness as soon as possible;
- Don't think "What if I'm wrong?" think "What if I'm right?"
- Seek support, guidance and advice without delay.

Whistle-blowing

Whistle-blowing is the mechanism by which adults can voice their concerns, made in good faith, without fear of repercussion. **It is important that you understand the whistle-blowing procedures of your school and who to talk to if you have a concern about another adult.**

Keeping Children Safe in Education: Part 4
This statutory guidance outlines out the procedures for responding to allegations against staff and volunteers who work in education settings.

Remember:

- All allegations must be taken seriously and properly investigated in accordance with local procedures and statutory guidance.
- In the event of any allegation being made to you by a child or another adult you must pass the information on.
- DO NOT INVESTIGATE.
- You should make a clear record of the allegations and report this to the Headteacher without delay.
- If the allegation is about the Headteacher, you should report the information to the Chair of Governors
- Adults who are the subject of allegations are advised to contact their professional association.
- **Any member of staff or volunteer who does not feel confident to raise their concerns with the Headteacher or Chair of Governors or does not feel that their concerns have been taken seriously should contact the Local Authority Designated Officer directly on 01603 223473.**

Norfolk Safeguarding Children Board

Norfolk Safeguarding Children Board:

Promotes safeguarding awareness raising

Produces multi-agency policies, procedures and protocols

Monitors and evaluates the effectiveness of local safeguarding services

Provides core multi-agency safeguarding training

Reviews child deaths

Undertakes serious case reviews and shares key messages

Safeguarding is everyone's responsibility

Telephone 01603 223409

www.nscb.norfolk.gov.uk