

# Safeguarding Policy

## Introduction

Walton Hall recognises its legal duty under s175 Education Act 2002 and the 1989 Children Act and takes seriously its responsibilities to protect and safeguard the interests of all pupils. The school recognises that effective child protection work requires sound procedures, good inter-agency co-operation and a workforce that is competent and confident in responding to child protection situations.

These procedures aim to provide a framework which ensures that all practice in the area of child protection is consistent with stated values and procedures that underpin all work with children and young people. Statutory guidance defines a child as anyone who has not yet reached their 18<sup>th</sup> Birthday. Due to the nature of our provision these procedures also provide a framework for our work with 'vulnerable adults' within our Post 16 provision.

This document has regard to the statutory guidance 'Working Together to Safeguard Children 2013' and 'Keeping Children Safe in Education April 2014'. The Policy is in keeping with Staffordshire Safeguarding Children Board's (SSCB) Policies, Procedures and Training Strategy and reflects what Staffordshire Safeguarding Children's Board considers to be safe and professional practice in this context. Child Protection has to be considered within professionals' wider "safeguarding" responsibilities that include a duty to co-operate under the Children Act 2004 and takes account of the need for children to 'be healthy' and 'stay safe'.

This document also seeks to make the professional responsibilities clear to all staff (teaching and non teaching) governors and volunteers, temporary and supply staff to ensure that statutory and other duties are met in accordance with Staffordshire Safeguarding Children Board requirements and procedures. All staff and volunteers need to have read and be familiar with the Policy.

This Safeguarding Policy will be reviewed annually by the governing body.

The term DSP refers to 'Designated Senior Person' for Child Protection.

## **Safeguarding and Promoting the Welfare of Children**

The definition for Safeguarding and promoting the welfare of children in Working Together to Safeguard Children 2013 is:

- protecting children from maltreatment
- preventing impairment of children's health or development
- ensuring children grow up in circumstances consistent with the provision of safe and effective care
- taking action to enable all children to have the best outcomes.

## **Underpinning values**

Where there is a safeguarding issue, Walton Hall will work in accordance with the principles outlined in the Staffordshire Safeguarding Children Board Inter-agency Child Protection procedures:

- A child's welfare is paramount. Each child has a right to be protected from harm and exploitation and to have their welfare safeguarded
- Each child is unique. Action taken by child welfare organisations should be child-centred, taking account of a child's cultural, ethnic and religious background, their gender, their sexual orientation, their individual ability and any special needs
- Children, parents and other carers should be made aware of their responsibilities and their rights, together with advice about the power of professionals to intervene in their family circumstances
- Parents will be advised about the School Safeguarding Policy in the Welcome Pack and on admission to the school. A copy of the Policy is available on the school website and at the school office on request.
- Individual family members must be involved in decisions affecting them. They must be treated with courtesy and respect and with due regard given to working with them in a spirit of partnership in safeguarding children's welfare. However, it may not be appropriate to advise parents/carers immediately about a referral depending on circumstances and the advice given by Children's Social Care. The welfare of the child is paramount in such situations
- Each child has a right to be consulted about actions taken by others on his/her behalf in an age appropriate way. The concerns of children and their families should be listened to and due consideration given to their understanding, wishes and feelings. However, it may not always be possible to respect a child/carer's request for confidentiality. If a child may be at risk of significant harm, there is a duty on the school to share information with Children's Social Care. This should be explained to the child and appropriate reassurance given when this child has expressly asked for confidentiality in these circumstances
- Personal information is usually confidential. It should only be shared with the permission of the individual concerned (and/or those with parental responsibility) unless the disclosure of confidential personal information is necessary in order to protect a child or promote their welfare. In all circumstances, information must be confined to those people directly involved in the professional network of each individual child and on a strict "need to know" basis
- Professionals should be aware of the effects of outside intervention upon children, upon family life and the impact and implications of what they say and do
- Explanations by professionals to children, their families and other carers should be plainly stated and jargon-free. Unavoidable technical and professional terminology should be explained in simple terms
- Sound professional practice is based upon positive inter-agency collaboration, evidence-based research and effective supervision and evaluation
- Early intervention in providing support services utilising the Common Assessment Framework Process and if necessary an assessment under Section 17 of the Children Act (1989). This is an important principle of practice in inter-agency arrangements for safeguarding the welfare of children.

## **Thresholds for Intervention:**

### **Early Support: Common Assessment Framework - CAF**

Practitioners should complete a Common Assessment Framework (CAF) when:

- Age appropriate progress is not being made and the causes are unclear or
- The support of more than one additional agency is needed to meet the child or young person's needs.

Key staff receive CAF awareness training and it is the responsibility of the DSP to ensure staff are familiar with CAF processes. Staff should discuss children who appear to have additional needs with the Designated Person for Child Protection or CAF Lead within the individual school, the child and parents. The school will need to obtain parental/pupil consent for a CAF to be completed. Wherever possible our pupils will be included in the decision to undertake a CAF and their consent obtained. The competency of the pupil or vulnerable adult to do this will have to be considered based upon individual pupil's abilities and levels of understanding. The school CAF co-ordinator may need to make a referral directly to other agencies, or request the support of Staffordshire County Council Local Support Team (LST). School staff follow the guidance of the SSCB Threshold Document - accessing the right help at the right time ([www.staffsscb.org.uk](http://www.staffsscb.org.uk) – procedure 1E)

### **Child in Need - S17 of the Children Act 1989:**

A 'Child in Need' referral should be considered where the needs of the child are unlikely to be met under a CAF, such as a child with complex disabilities, when a social work led assessment is required.

Section 17 of the Children Act says that an assessment for services should be undertaken by the Local Authority in the following circumstances:

- Child(ren) are unlikely to achieve or maintain, or to have opportunity to achieve or maintain a reasonable standard of health or development, without the provision of services by a local authority.
- Their health or development is likely to be impaired, or further impaired without the provision of such services.
- They are disabled.

If the Designated Person for Child Protection considers that the welfare concerns indicate that this is a 'Child in Need', he/she will speak with parents / young person and obtain their consent for referral to First Response (see below) to request an assessment. If parents refuse to give consent, but the child's needs are not being met, the Designated person for Child Protection will discuss the issues with the FRT.

Appropriate school staff should be invited to participate in Child in Need (CIN) meetings convened by Children's Social Care when children are deemed to require section 17 services.

Some children in 'acute need' (see SSCB Threshold guidance) may require Child in Need section 17 support. This could include children who self harm or disclose an intent to commit suicide (SSCB procedure 4U).

### **Child Protection:**

S47 of the Children Act 1989 says the Local Authority has a statutory duty to investigate when there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm due to the actions or inactions of others. School staff do not investigate whether a child has been abused. This is the duty of Social workers from the Safeguarding team and the police. School staff refer reasonable concerns which indicate that a child may be at risk of significant harm.

It is the 'significant harm' threshold that justifies statutory intervention into family life. A professional making a child protection referral under S.47 must therefore provide information which clearly outlines that a child is suffering or likely to suffer significant harm. It is not possible to rely on one absolute criterion when judging what constitutes significant harm. Consideration of the severity of ill-treatment may include the extent of the harm suffered, the context within which it occurred and its duration. Significant harm may also arise from a combination of significant events which are both acute and long standing and which may impair the child's physical, psychological and social development.

In order to both understand and evidence 'significant harm', it is necessary to consider the family context, together with the child's development within their wider social and cultural environment. It is also necessary to consider any special needs, e.g. medical condition, communication difficulties or disability that may affect the child's development and care within the family. The nature of harm, in terms of ill-treatment or failure to provide adequate care also needs consideration alongside the impact on the child's health and development and the adequacy of care provided.

**If staff have significant concerns about any child they should make them known to the schools Designated or Deputy Designated Child Protection Persons without delay in accordance with reporting and recording procedures both verbally in person and backing this up in writing by completing the 'Initial Concerns' proforma. These concerns may include:**

#### **Physical abuse:**

This 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 (*Working Together to Safeguard Children' 2013*).

#### **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 over protection and limitation of exploration and learning, or preventing the child from 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. (*Working Together to Safeguard Children' 2013*).

### **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 or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs (*Working Together to Safeguard Children' 2013*).

### **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 (e.g. 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 online images, watching sexual activities, or 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. (*Working Together to Safeguard Children' 2013*).

### **Identifying cases of female genital mutilation (FGM) and Forced Marriage**

There are many different types of abuse but there are some that staff may be initially less aware of. Female genital mutilation (FGM) and Forced Marriage fall into this category. The school does have measures in place to safeguard against this type of abuse. Any indications that FGM or Forced Marriage are imminent, or have already taken place, will be dealt with under the child protection procedures outlined in this policy. In support of this provision, the school will do everything that it can to ensure that:

- the school is an 'open environment', where students feel able to discuss issues that they may be facing;
- the Designated Child Protection Persons are aware of the issues surrounding FGM and Forced Marriage;
- advice and signposts are available for accessing additional help, e.g. the

- NSPCC’s helpline, Child Line services, Forced Marriage Unit
- awareness raising about FGM is incorporated in the school’s safeguarding training.

If there is a disclosure of abuse of this kind, or staff are concerned for any other reason, they are advised:

- to alert the school’s DSP to their concerns. This member of staff will then refer concerns to social care, who will inform the police if they need assistance. If a pupil has disclosed that they are at risk in this way, the case will still be referred to social care even if it is against the pupil’s wishes.
- **not** to consult or discuss with the pupil’s parents or family, or others within the community.

### **Making referrals**

Where a child is registered at school, consultation must take place with the school’s Designated Senior Child Protection person (DSP) or named deputy according to individual site procedures –who will be the most appropriate person to initiate any referral. A written record of your concerns should be made using the schools internal recording form. This should then be given to the DSP (or Deputy if DSP unavailable) who will then make the decision if a referral is needed to the First Response Team or the child’s existing social worker. If the child lives in an authority outside of Staffordshire, the matter will be referred by the Designated Person to Children’s Social Care in that area.

As per statutory government guidance ‘Keeping Children Safe in Education’. anybody can make a referral. However, due to the role of the Designated Person for Child Protection this member of staff may be party to additional and pertinent information and therefore is best placed to do so. If it is not possible to speak to the Designated or Deputy Designated Person for Child Protection, and there would be an unwarranted delay by doing so, the member of staff should contact First Response to discuss concerns. The Designated Child Protection Person must be informed about the referral as soon as possible.

For referral to First Response phone 0800 1313126 and speak to the operator. You will need to follow this up with written confirmation on the Multi-agency referral form (MARF) within 48 hours. The multi agency form is available from the SSCB website (procedure 3B): [www.staffsscb.org.uk](http://www.staffsscb.org.uk)

### **Confidentiality**

Confidentiality is an issue that needs to be understood by all those working with children, particularly in the context of child protection. This is a complex area and involves consideration of a number of pieces of legislation.

You can never guarantee confidentiality to a child as some kinds of information may need to be shared with others. A suggested form of words that may help when talking to children is as follows:

“I will keep our conversation confidential and agree with you what information I can share, unless you tell me something that will affect



your personal safety or that is illegal, but I will tell you if I am going to pass information on and who to.”

Professionals can only work together to safeguard children if there is an exchange of relevant information between them. This has been recognised in principle by the courts. However, any disclosure of personal information to others, included social services departments, must always have regard to both common and statute law.

Normally, personal information should only be disclosed to third parties (including other agencies) with the consent of the subject of that information (Data Protection Act 1998 European Convention on Human Rights, Article 8). Wherever possible, consent should be obtained before sharing personal information with third parties. In some circumstances, however, consent may not be possible or desirable but the safety and welfare of the child dictate that the information should be shared.

The law requires the disclosure of confidential information necessary to safeguard a child or children. Under Section 47 of the Children Act 1989 statutory agencies have a duty to co-operate. Therefore, if the Police or Social Care/Services are conducting a Section 47 investigation under the 1989 Children Act, staff must share requested information relevant to the investigation. Legal advice should be sought if in doubt from the County Legal Services Department.

When pupils transfer to our school at any time other than key transition points eg mid year, it may be necessary to inform other partners. A process is in place for informing the school nurse team in these circumstances via the school administration staff.

### **Talking to and listening to children**

If a child chooses to disclose, you SHOULD:

- be accessible and receptive
- listen carefully and uncritically at the child's pace
- take what is said seriously
- reassure the child that they are right to tell
- tell the child that you must pass this information on
- make a careful record of what was said.

You should NEVER:

- take photographs of injuries
- examine marks/ injuries solely to assess whether they may have been caused by abuse (there may be a need to give appropriate first aid)
- investigate or probe, aiming to prove or disprove possible abuse – never ask leading questions
- make promises to children about confidentiality or keeping 'secrets'
- assume that someone else will take the necessary action
- jump to conclusions or react with shock, anger or horror
- speculate or accuse anybody
- confront another person (adult or child) allegedly involved
- offer opinions about what is being said or about the persons allegedly involved

- forget to record what you have been told
- fail to pass the information on to the correct person
- ask a child to sign a written copy of the disclosure or a 'statement'.

For children with communication difficulties or who use alternative/augmented communication systems, you may need to take extra care to ensure that signs of abuse and neglect are identified and interpreted correctly, but concerns should be reported in exactly the same manner as for other children.

### **Record keeping**

Well kept records are essential in situations where it is suspected or believed that a child may be at risk from harm.

Records should:

- state who was present, time, date and place
- use the child's words wherever possible
- be factual/state exactly what was said
- differentiate clearly between fact, opinion, interpretation, observation and/or allegation
- be written in ink and signed by the recorder.

Records about child protection or pertaining to welfare concerns or issues, including CAF paperwork, will be retained securely and separately to the curriculum records of the child. If the child moves to another school or education setting, these records will be suitably redacted in regard to the identification of other children or adults and sent in a timely and secure manner to the Designated Child Protection person of the receiving school.

### **Attendance at Child Protection Conferences**

The Designated Child Protection Person or their deputy will be expected to attend the initial Child Protection Conference and Reviews, and provide a written report. A suggested template for this report is available on:

<http://education.staffordshire.gov.uk/Pupil-Support/Families-First-in-School/Education-safeguarding-support/Education-safeguarding-support.aspx>

Parents should be informed of what is in the report as there should be no surprises about the information shared at Conference.

If a child is made subject to a Child Protection Plan it may be more relevant for the class teacher or head of year to attend the subsequent core group meetings and they will be given appropriate support around safeguarding issues by the Designated Senior Person (DSP) for child protection.

### **Protecting yourself against allegations of abuse**

Keeping children safe in education 2014 says that all staff members should be aware of systems within their school or college which support safeguarding and these should be explained to all staff as part of **staff induction**. This includes the ensuring all staff are aware of the individual site **Behaviour Policy**. You should seek to keep your personal contact with children under review and seek to minimise the risk of any situation arising in which misunderstandings can occur. The following sensible precautions can be taken when working alone with children:



- work in a room where there is a glass panel in the door or leave the door open
- Make sure that other adults visit the room occasionally
- Avoid working in isolation with children unless thought has been given to safeguards
- Never give out personal mobile phone numbers or private e-mail addresses
- Do not give pupils lifts home in your car (unless this has been specifically agreed by senior management)
- Do not arrange to meet pupils outside of school hours
- Never 'befriend' or chat to pupils on social network sites
- Staff making contact with ex-pupils, particularly those under 18 years of age or 'vulnerable adults' must ensure that they have informed senior management of the nature of the contact and reason for contact.

Under the Sexual Offences Act 2003 it is a criminal offence for anyone working in an education setting to have a sexual relationship with a pupil even when the pupil is over the **age of consent but under 18 years of** age.

Any use of physical force or restraint against pupils will be carried out and documented in accordance with the relevant physical restraint policy. If it is necessary to use physical action to prevent a child from injury to themselves or others parents will be informed. Children will not be punished by any form of hitting, slapping, shaking or other degrading treatment.

### **Recruitment, supervision and training for staff**

When recruiting new members of staff the school follows the government guidance 'Keeping children safe in education' 2014 and Safer Recruitment principles, and has due regard to the Safeguarding Vulnerable Groups Act 2006 and The Protection of Freedoms Act 2012.

The school ensures that enhanced DBS checks are undertaken in line with government guidance, that appropriate references are obtained and that qualifications are verified. Accredited Safer Recruitment training has been undertaken by Senior members of staff and appropriate Governors who sit on recruitment panels in accordance with statutory guidance.

All staff will be encouraged to read the government guidance 'Keeping Children Safe in Education 2014' and have been given a copy of Part One of this guidance which they must read.(See appendix 7)

Newly appointed staff and volunteers will have a robust induction into the child protection procedures when they join the school. They will be made aware of the Staffordshire Safeguarding Children Board procedures ([www.staffsscb.org.uk](http://www.staffsscb.org.uk)) as part of that induction programme, and be given a copy of the school Safeguarding Policy. They will also attend the **Level 1 Safeguarding and Promoting the Welfare of Children and Young People training within 6 months of joining the school.** The initial Level One Child Protection training given to each member of the organisation will be updated every three years and recorded. Staff and volunteers will be given Safer Working Practice guidance when joining the school. **Any reason for staff to be having personal, social contact with pupils at the school must be explained to the head of school with the rationale and any safeguarding actions required will be recorded.** The head of school must ensure the CEO is informed.

Any staff member, volunteer or governor who becomes the subject of a police investigation in relation to physical or sexual offences against adults or children, or are charged with such a criminal offence, must inform the head of school, who will be responsible for immediately informing the CEO. Staff must disclose any convictions, cautions, court orders, reprimands and warnings which may affect their suitability to work with children whether received before, or during their employment at the school. The head of school or CEO will discuss any potential safeguarding matters with the LADO and any required action will be agreed.

Any staff member, volunteer or governor whose own children become subject to child protection investigations must inform the head of school, who will be responsible for informing the Executive Headteacher. The head of school or Executive Headteacher will discuss with the Local Authority Designated Officer (LADO) in regard to procedures for dealing with allegations against persons who work in a position of trust with children. Appropriate action will be agreed.

The Designated and Deputy Designated Child Protection Persons will attend Staffordshire Safeguarding Board Courses at Level Two and above at least **every 2 years in order** to maintain continuous professional development and comply with statutory guidance and the SSCB training strategy.

This school recognises the importance of professional reflective supervision when working with vulnerable children. Arrangements are in place for the Designated Safeguarding Leads to have regular and scheduled supervision. The Designated Safeguarding Leads offer appropriate support to other staff within the school according to need or at their request. (Ensuring there is effective support and supervision for staff working with vulnerable children is highlighted In Working Together 2013. The organisation must decide on the best way to offer this support e.g. peer support between Designated and Deputy Safeguarding Leads)

### **Allegations of abuse against a person working in a position of trust**

Children can be the victims of abuse by those who work with them in any setting. All allegations of abuse of children carried out by any staff member or volunteer is therefore taken seriously.

Staff have a professional duty to report concerns about the conduct of other adults working in the school if there are indications that a child or children could be at risk of harm. Adults working in this school are encouraged to raise any concerns about conduct or practice so that this can be addressed appropriately. Allegations of abuse made against adults working in the school, whether historical or current, should be reported to the head of school, who will inform the CEO (or, if the allegation is against the head of school, it should be reported to the CEO. Allegations of abuse against the CEO should be reported to the head of school who will immediately contact the Chair of Governors.. Adults working in the school are also able to follow the 'Whistle Blowing Policy' if they feel unable to follow standard procedures relating to an allegation against staff. Please see Whistle Blowing Policy.

In line with government guidance and SSCB procedures, the CEO/ Chair of Governors will contact a Local Authority Designated Officer (LADO) to discuss the allegation if the concerns are that an adult in a position of trust has:

- behaved in a way that has harmed a child, or may have harmed a child;
- possibly committed a criminal offence against or related to a child;
- behaved towards a child or children in a way that indicates he or she would pose a risk of harm if they work regularly or closely with children

*(Keeping children safe in education April 2014)*

This initial discussion will establish the validity of any allegation under SSCB procedures ([www.staffsscb.org.uk](http://www.staffsscb.org.uk) procedure 4A) and if a child protection safeguarding referral is required due to a child having suffered or being at risk of suffering 'significant harm'. If this is the case a referral will be raised with the relevant Safeguarding team and a section 47 child protection strategy meeting will be convened that the Head / Chair should attend.

If an individual child is not identified but there are concerns about the behaviour of a person in a position of trust which require consideration by other agencies or organisations, the LADO will convene a Joint Evaluation Meeting (JEM) to consider the issues and any action required.

The fact that a member of staff offers to resign will not prevent the allegation procedure and any necessary disciplinary action reaching a conclusion.

The decision of the strategy/Joint evaluation meeting could be:

- investigation by children's social care
- police investigation if there is a criminal element to the allegation
- single agency investigation completed by the school which should involve the Senior HR advisor for the School.

If the matter does not meet the threshold for intervention by other agencies, but concerns remain about the conduct of a person in position of trust working with children, the school will take appropriate investigatory and, if appropriate, disciplinary action. Referrals to the Disclosure and Barring Service (DBS) will be made by the school when appropriate, in line with current guidance.

The fact that a member of staff offers to resign will not prevent the allegation procedure and any necessary disciplinary action reaching a conclusion.

## **E-Safety**

The growth of different electronic media in everyday life and an ever developing variety of devices including PC's, tablets, laptops, mobile phones, webcams etc place an additional risk on our children.

Internet chat rooms, discussion forums or social networks can all be used as a means of contacting children and young people with a view to grooming them for inappropriate or abusive relationships. The anonymity of the internet allows adults, often pretending to be children, to have conversations with children and in some cases arrange to meet them.

Access to abusive images is not a 'victimless' act as it has already involved the abuse of children. The internet has become a significant tool in the distribution of indecent photographs of children and should be a concern to all those working with pupils at this school.

Pupils can engage in or be a target of cyberbullying using a range of methods including text and instant messaging to reach their target. Mobile phones are also used to capture violent assaults of other children for circulation (happy slapping), or distributing indecent images of children (e.g. sexting).

The best protection is to make pupils aware of the dangers through curriculum teaching particularly PSHE and sex and relationship education.

#### Protection is Prevention

- Software is in place to minimise access and to highlight any person accessing inappropriate sites or information
- Pupils will be encouraged to discuss openly their use of technology and anything which makes them feel uncomfortable. (If this results in child protection concerns the schools designated child protection person should be informed immediately)
- Pupils should not give out their personal details, phone numbers, schools, home address, computer passwords etc
- Pupils should adhere to the school policy on mobile phones.

The police will be involved if there is any criminal element to misuse of the internet, phones or any other form of electronic media.

#### Storage of any form of electronic Imagery of pupils and vulnerable young adults:-

- NO personal telephones or electronic devices should be used to take electronic imagery of pupils or vulnerable young adults.
- When any form of electronic imagery of pupils or vulnerable young adults are taken using school cameras they are with signed parental permission to say whether they can be used for internal, school, publicity, web etc. and this is strictly adhered to.
- No images are shared with anyone else without parental/carer's permission being sort.
- School Productions or Events Parents and carers are cautioned that any imagery is for their own use and must not be placed upon the internet.
- No personal telephones or electronic devices capable of recording images in any form are to be taken into the swimming pool or changing areas.
- If pictorial images or recording is required for swimming the member of staff must inform a member of the leadership team that this will be taking place and the imagery must be used for instant feedback and then deleted.

## Resources

Section 175 of the Education Act 2002 puts an explicit duty on Governing Bodies to ensure their functions are exercised with a view to safeguarding and promoting the welfare of pupils. The governing body will therefore ensure that sufficient resources are made available to enable the necessary tasks to be carried out properly under Staffordshire Safeguarding Children Board procedures including attending meetings,

collating and writing assessment reports, and staff training. The Governing Body will also ensure that all Governors have an understanding of safeguarding issues and those policies and procedures are in place in school to safeguard and promote the welfare of all pupils in the school. Safeguarding awareness will be addressed through the curriculum as appropriate to ensure all the pupils understand what is meant by safeguarding and how they can be safe.

### **Extremism**

As part of our safeguarding ethos we encourage pupils to respect the fundamental British values of democracy, the rule of law, individual liberty and mutual respect, and tolerance of those with different faiths and beliefs. We ensure that partisan political views are not promoted in the teaching of any subject in the school and where political issues are brought to the attention of the pupils, reasonably practicable steps have been taken to offer a balanced presentation of opposing views to pupils.

Key documents referred to in this policy are:

- Staffordshire Safeguarding Children Board Procedures (online) [www.staffsscb.org.uk/professionals/procedures/](http://www.staffsscb.org.uk/professionals/procedures/)
- 'Working Together to Safeguard Children' 2013 (DfE)
- Staffordshire Safeguarding Children Board Training Catalogue (online) [www.staffsscb.org.uk/professionals/Inter-Agencytraining/events/](http://www.staffsscb.org.uk/professionals/Inter-Agencytraining/events/)
- Keeping children safe in education April 2014 [www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/300309/KCSIE\\_gdnce\\_FINAL.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/300309/KCSIE_gdnce_FINAL.pdf)
- Staffordshire Policy on the use of Restrictive Physical Interventions (including restraint) in mainstream schools
- Safeguarding Children: Safer Recruitment in Education
- The Children Act 1989 and 2004
- Education Act 2002
- Whistle Blowing policy
- Staffordshire e-safety Tool Kit

### **Links with other school policies**

- This policy document should also be considered within the context of other policies and documents relating to our work with children and young people.

For example:

PSHE Curriculum

Whistle Blowing Policy

### **The Designated Senior Person for Child Protection (DSP):**

Ms P Carmichael, (Head of School)

Ms A Cameron, Deputy Headteacher

**The Deputy Designated Child Protection Persons:**

Ms S Terry, Head of Care  
Mr L Gravell, Student Behaviour Support  
Mrs B Stafford, School Nurse  
H McCarthy, Deputy Head of Care

**The Nominated Governor for Safeguarding is:** Mrs E Pohl

**The Chair of Governors is:** Mrs S Osborne-Town

Further advice on Safeguarding matters can also be obtained from:

Education Safeguarding Advice Service 01785 895836;  
Email [esas@staffordshire.gov.uk](mailto:esas@staffordshire.gov.uk)

First Response Team including LADO advice (0800 1313126).  
Emergency Duty Team (for out of office hours referrals for children and vulnerable adults) 0845 6042886

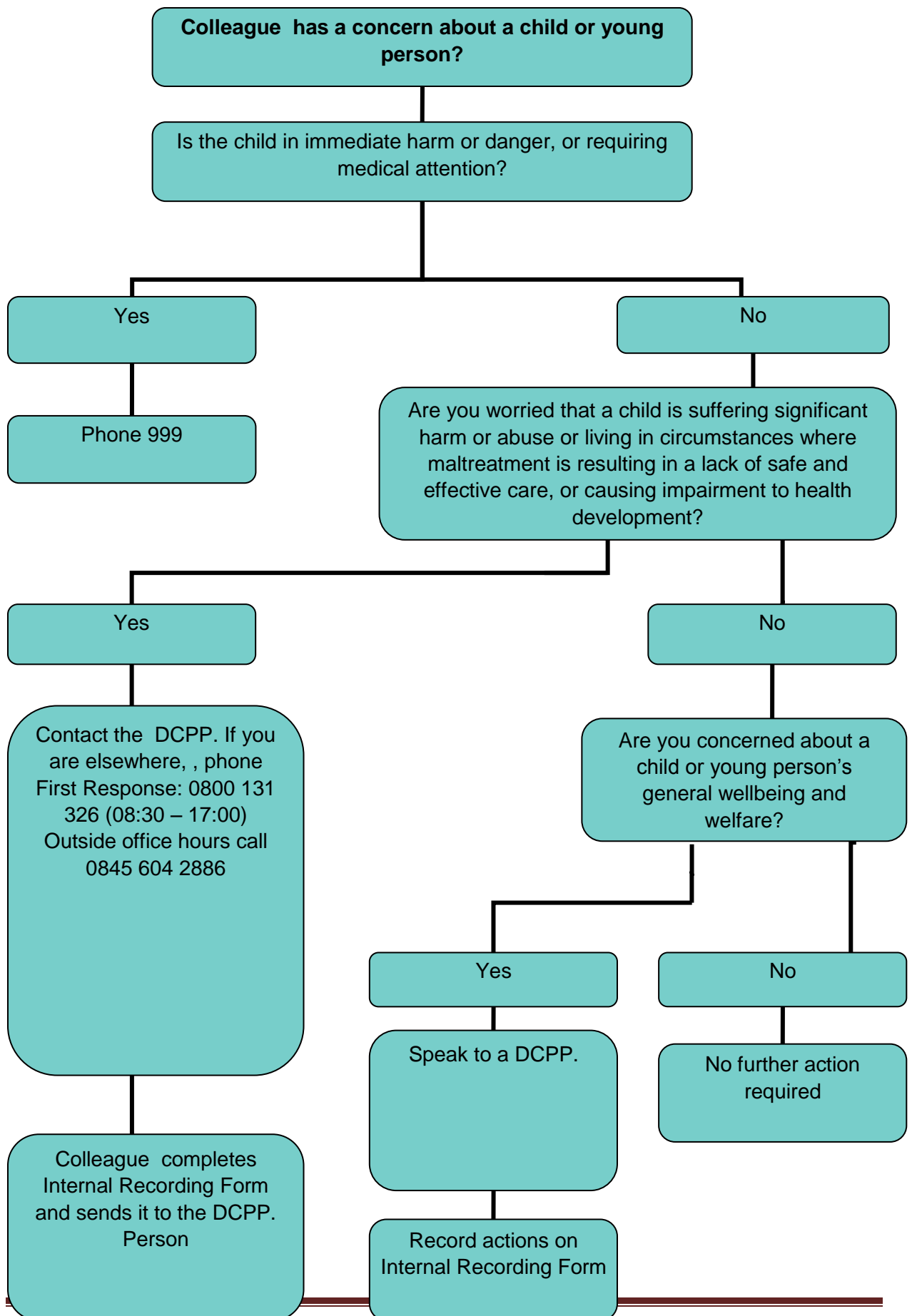
LST Co-ordinator Karen Brophy, telephone 01785 895836)

**Staffordshire Vulnerable Adults referral contact details:-** 0845 604 2719 or EDT number above





## Appendix 2 – Flow Chart for Children/Young People



## Appendix 3

### Types and Signs of Abuse

It is generally accepted that there are the types of abuse described in the table below:

#### **Children and Vulnerable Adults:**

Physical, emotional (or psychological), sexual and neglect.

#### **Vulnerable Adults:**

Financial, discriminatory and institutional.

Although financial, discriminatory and institutional abuse are generally referred to in relation to concerns about vulnerable adults, children may be subjected to these forms of abuse, and staff must be alert to the indicators for both sectors.

Please note that the tabled examples and signs detailed below may also be indicators of other medical factors and may not necessarily confirm abuse and neglect. These tables are provided as a guide to help practitioners within their assessment process and the work with children, adults and their families.

<b>PHYSICAL ABUSE</b>	
<b>Examples include</b>	<b>Signs include</b>
<ul style="list-style-type: none"><li>• Shaking</li><li>• Pinching</li><li>• Slapping</li><li>• Force-feeding</li><li>• Biting</li><li>• Burning or Scalding.</li><li>• Causing needless physical discomfort</li><li>• Inappropriate restraint</li><li>• Locking someone in a room</li></ul>	<ul style="list-style-type: none"><li>• Unexplained bruising, marks or injuries on any part of the body</li><li>• Frequent visits to the GP or A&amp;E</li><li>• An injury inconsistent with the explanation offered</li><li>• Fear of parents or carers being approached for an explanation</li><li>• Aggressive behaviour or severe temper outbursts</li><li>• Flinching when approached</li><li>• Reluctance to get changed or wearing long sleeves in hot weather</li><li>• Depression</li><li>• Withdrawn behaviour or other behaviour change</li><li>• Running away from home/ residential care</li><li>• Distrust of adults, particularly those with whom a close relationship would normally be expected</li></ul>

<b>EMOTIONAL/PSYCHOLOGICAL ABUSE</b>	
<b>Examples include</b>	<b>Signs include</b>
<ul style="list-style-type: none"> <li>• Intimidation and/or threats</li> <li>• Bullying</li> <li>• Rejection</li> <li>• Shouting</li> <li>• Indifference and the withdrawal of approval</li> <li>• Denial of choice</li> <li>• Deprivation of dignity or privacy</li> <li>• The denial of human and civil rights</li> <li>• Harassment</li> <li>• Being made to fear for one's well being</li> </ul>	<ul style="list-style-type: none"> <li>• A failure to thrive or grow</li> <li>• Sudden speech disorders</li> <li>• Developmental delay, either in terms of physical or emotional progress</li> <li>• Behaviour change</li> <li>• Being unable to play or socialise with others</li> <li>• Fear of making mistakes</li> <li>• Self harm</li> <li>• Fear of parent or carer being approached regarding their behaviour</li> <li>• Confusion</li> </ul>

<b>SEXUAL ABUSE</b>	
<b>Examples include</b>	<b>Signs include</b>
<ul style="list-style-type: none"> <li>• Rape and other sexual offences</li> <li>• For vulnerable adults, sexual activity including sexual contact and non-sexual contact that the person does not want, to which they have not consented, could not consent, or were pressured into consenting to.</li> <li>• For vulnerable adults, being denied access to a sexual life</li> <li>• Being encouraged or enticed to touch the abuser</li> <li>• Coercing the victim into watching or participating in pornographic videos, photographs, or internet images</li> <li>• Any sexual relationship that develops where one is in a position of trust, power or authority</li> </ul>	<ul style="list-style-type: none"> <li>• Pain or itching in the genital/anal areas</li> <li>• Bruising or bleeding near genital/anal areas</li> <li>• Sexually transmitted disease</li> <li>• Vaginal discharge or infection</li> <li>• Stomach pains</li> <li>• Discomfort when walking or sitting down</li> <li>• Pregnancy</li> <li>• Sudden or unexplained changes in behaviour, e.g. becoming aggressive or withdrawn</li> <li>• Fear of being left with a specific person or group of people</li> <li>• Nightmares</li> <li>• Leaving home</li> <li>• Sexual knowledge which is beyond their age or development age</li> <li>• Sexual drawings or language</li> <li>• Bedwetting</li> <li>• Saying they have secrets they cannot tell anyone about</li> <li>• Self harm or mutilation, sometimes leading to suicide attempts</li> <li>• Eating problems such as overeating or anorexia</li> </ul>

<b>NEGLECT</b>	
<b>Examples include</b>	<b>Signs include</b>
<ul style="list-style-type: none"> <li>• Withholding help or support necessary to carry out daily living tasks</li> <li>• Ignoring medical and physical care needs</li> <li>• Failing to provide access to health, social or educational support</li> <li>• The withholding of medication, nutrition and heating</li> <li>• Keeping someone in isolation.</li> <li>• Failure to intervene in situations that are dangerous to the vulnerable person Inadequate supervision and guidance – leaving the child to cope alone, abandoning them or leaving them with inappropriate carers and failing to provide appropriate boundaries about behaviours such as under age sex or alcohol.</li> </ul>	<ul style="list-style-type: none"> <li>• Constant hunger, sometimes stealing food from others</li> <li>• Dirty or 'smelly'</li> <li>• Loss of weight, or being constantly underweight</li> <li>• Inappropriate dress for the weather</li> <li>• Complaining of being tired all the time</li> <li>• Not requesting medical assistance and/or failing to attend appointments</li> <li>• Having few friends</li> <li>• Worsening of health conditions</li> <li>• Pressure sores</li> <li>• Mentioning their being left alone or unsupervised</li> <li>• Sore or extreme nappy rash</li> <li>• Skin infections</li> <li>• Lack of response to stimuli or contact</li> <li>• Poor skin condition(s)</li> <li>• Frozen watchfulness</li> <li>• Anxiety</li> <li>• Distressed</li> <li>• Child moves away from parent under stress</li> <li>• Little or no distress when separated from primary carer</li> <li>• Inappropriate emotional responses</li> <li>• Language delay</li> </ul>

**Vulnerable adults may experience several other types of abuse as detailed below:**

<b>FINANCIAL ABUSE (Vulnerable Adults)</b>	
<b>Examples include</b>	<b>Signs include</b>
<ul style="list-style-type: none"> <li>• Being over charged for services</li> <li>• Being tricked into receiving goods or services that they do not want or need</li> <li>• Inappropriate use, exploitation, or misappropriation of property and/or utilities</li> <li>• Theft</li> <li>• Deception</li> <li>• Fraud</li> <li>• Exploitation or pressure in connection with wills</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of basic requirements e.g. food, clothes, shelter</li> <li>• Inability to pay bills.</li> <li>• Unexplained withdrawals from accounts.</li> <li>• Inconsistency between standard of living and income</li> <li>• Reluctance to take up assistance which is needed</li> <li>• Unusual interest by family and other people in the person's assets</li> <li>• Recent changes in deeds</li> <li>• Power of Attorney obtained when person lacks capacity to make the decision.</li> </ul>

<b>DISCRIMINATORY</b>	
<b>Examples</b>	<b>Signs</b>
<ul style="list-style-type: none"> <li>• Use of inappropriate “nick names”</li> <li>• Use derogatory language or terminology</li> <li>• Enforcing rules or procedures which undermine the individual’s well being</li> <li>• Denial to follow one’s religion</li> <li>• Lack of appropriate food</li> <li>• Denial of opportunity to develop relationships</li> <li>• Denial of health care.</li> </ul>	<ul style="list-style-type: none"> <li>• Being treated unequally from other users in terms of the provision of care, treatment or services</li> <li>• Being isolated</li> <li>• Derogatory language and attitude by carers</li> <li>• Dismissive language by staff</li> <li>• Hate campaigns by neighbours or others</li> <li>• Deteriorating health</li> <li>• Indicators of other forms of abuse</li> </ul>

<b>INSTITUTIONAL ABUSE</b>	
<b>Examples</b>	<b>Signs</b>
<ul style="list-style-type: none"> <li>• Service users required to ‘fit in’ excessively to the routine of the service</li> <li>• More than one individual is being neglected</li> <li>• Everyone is treated in the same way</li> <li>• Other forms of abuse on an institutional scale</li> </ul>	<ul style="list-style-type: none"> <li>• Inflexible daily routines, for example: set bedtimes and/or deliberate waking</li> <li>• Dirty clothing and bed linen</li> <li>• Lack of personal clothing and possessions</li> <li>• Inappropriate use of nursing and medical procedures</li> <li>• Lack of individualised care plans and failure to comply with care plans</li> <li>• Inappropriate use of power, control, restriction or confinement</li> <li>• Failure to access health care, dentistry services etc</li> <li>• Inappropriate use of medication.</li> <li>• Misuse of young adult’s finances or communal finances</li> <li>• Dangerous moving and handling practices</li> <li>• Failure to record incidents or concerns</li> </ul>



## Appendix 4

### Links to useful web sites:

- <http://www.staffsscb.org.uk/>
- <http://www.staffsscb.org.uk/professionals/thresholds/>
- <http://www.staffsscb.org.uk/professionals/procedures/>
- <http://www.staffsscb.org.uk/inter-agencytraining/events>
- <http://www.intra.staffordshire.gov.uk/services/people/familiesfirst/accessingsupportfromthefamiliesfirstservice.aspx>
- [www.staffsscb.org.uk/professionals/GuidetoLADO.htm](http://www.staffsscb.org.uk/professionals/GuidetoLADO.htm)
- <http://education.staffordshire.gov.uk/pupilsupport/sen/services/safeguarding/policie sprocedures>
- [www.education.gov.uk](http://www.education.gov.uk)
- [www.gov.uk/disclosure-barring-service](http://www.gov.uk/disclosure-barring-service)
- <http://preview.staffordshirecares.info/StayingSafeintheCommunity/Stopabuseofadults.aspx>
- [www.homeoffice.gov.uk](http://www.homeoffice.gov.uk)
- [www.gov.uk/forced-marriage](http://www.gov.uk/forced-marriage)

## Appendix 5

### The Fraser Guidelines

- The Fraser Guidelines resulted from the case pursued by Mrs. Victoria Gillick in the 1980s who objected to the G.P. supplying her 15 year old daughter with the contraceptive pill.
- The case went to the House of Lords in 1985. The judgement made by Lords Fraser and Scarman resulted in the advice given to Health Professionals and Youth Counsellors, known as the Fraser Guidelines
- The guidelines specifically refer to contraception but the principles also apply to other treatments including abortion, drug counselling, health care.
- To be considered 'Competent' to make their own decisions on their own health/wellbeing without the knowledge or involvement of their parents, the young person must meet a number of criteria:

#### **ALL CRITERIA MUST BE MET**

- Young person understands the professional's advice.
- You should not persuade the young person to inform his or her parents if they are unhappy or unwilling to do this or persuade the young person, if it is not their wish to do so, to allow the professional to inform the parents that s/he is seeking contraceptive advice.
- The young person is very likely to begin or continue having intercourse with or without contraceptive treatment
- Unless s/he receives contraceptive advice or treatment, the young person's physical or mental health or both are likely to suffer.

The young person's best interests require the doctor/health professional to give contraceptive advice, treatment or both without parental consent.

**A record needs to be kept to say that the young person meets the criteria laid down in the Fraser Guidelines (House of Lords 1985)**

**It is very important that staff working with sexually active teenagers are familiar with the distinction between consensual sexual activity, harmful sexual behaviour, and sexual exploitation. A young person's risky sexual behaviour may not be a 'life style choice' but a result of coercion and exploitation. Refer to SSCB guidance in these cases and discuss with the DCP.**

## Appendix 6

### Internal Recording Form CONFIDENTIAL

All child and adult protection concerns must be recorded on this form. Once you have completed this form in full, you must pass it to the Designated Child Protection Person..

Setting where concern observed: \_\_\_\_\_

Date of  
Concern \_\_\_\_\_

Time of  
Concern \_\_\_\_\_

Name of  
Child/Young  
Adult \_\_\_\_\_

DOB (if  
known) \_\_\_\_\_

**Nature of concern:** *(include area where and when incident/observation occurred. If child made direct disclosure, please try to use some of their words (do not ask them to sign any sort of statement). If you have seen an injury, describe where you saw it. Do not take photographs. If you are concerned about behaviour, be specific. Try to avoid words like 'inappropriate'.)*

**Name of person raising concern:**

**Job/Role within school::**

**Telephone number:**

**Action taken:**

*This does not replace the Multi-Agency Referral Form which should still be completed within 24 hours if the above concerns result in a referral being made to First Response*

## Appendix 7



Department  
for Education

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

## Contents

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## Summary

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

### What school and college staff should know and do

1. Safeguarding and promoting the welfare of children is defined for the purposes of this guidance as: protecting children from maltreatment; preventing impairment of children's health or development; ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and taking action to enable all children to have the best outcomes.
2. Children includes everyone under the age of 18.
3. Where a child is suffering significant harm, or is likely to do so, action should be taken to protect that child.<sup>1</sup> Action should also be taken to promote the welfare of a child in need of additional support, even if they are not suffering harm or are at immediate risk.<sup>2</sup>

### The role of the school or college

4. Everyone who comes into contact with children and their families has a role to play in safeguarding children. School and college staff are particularly important as they are in a position to identify concerns early and provide help for children, to prevent concerns from escalating. Schools and colleges and their staff form part of the wider safeguarding system for children. This system is described in statutory guidance *Working Together to Safeguard Children 2013*.<sup>3</sup> Schools and colleges should work with social care, the police, health services and other services to promote the welfare of children and protect them from harm.
5. Each school and college should have a designated safeguarding lead who will provide support to staff members to carry out their safeguarding duties and who will liaise closely with other services such as children's social care.

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

<sup>2</sup> Such action might be taken under section 17 of the Children Act 1989.

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



## **The role of school and college staff**

6. The *Teacher Standards 2012*<sup>4</sup> state that teachers, including headteachers, should safeguard children's wellbeing and maintain public trust in the teaching profession as part of their professional duties.
7. All school and college staff have a responsibility to provide a safe environment in which children can learn.
8. All school and college staff have a responsibility to identify children who may be in need of extra help or who are suffering, or are likely to suffer, significant harm. All staff then have a responsibility to take appropriate action, working with other services as needed.
9. In addition to working with the designated safeguarding lead staff members should be aware that they may be asked to support social workers to take decisions about individual children.

## **What school and college staff need to know**

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

## **What school and college staff should look out for**

12. All school and college staff members should be aware of the signs of abuse and neglect so that they are able to identify cases of children who may be in need of help or protection.
13. Staff members working with children are advised to maintain an attitude of 'it could happen here' where safeguarding is concerned. When concerned about the welfare of a child, staff members should always act in the interests of the child.
14. There are various expert sources of advice on the signs of abuse and neglect. Each area's Local Safeguarding Children Board (LSCB) should be able to advise on

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<sup>4</sup> The Teachers' Standards apply to: trainees working towards QTS; all teachers completing their statutory induction period (newly qualified teachers [NQTs]); and teachers in maintained schools, including maintained special schools, who are covered by the 2012 appraisal regulations.

useful material, including training options. One good source of advice is provided on the [NSPCC website](#). Types of abuse and neglect, and examples of specific safeguarding issues, are described in paragraphs 20-25.<sup>5</sup>

15. Knowing what to look for is vital to the early identification of abuse and neglect. If staff members are unsure they should always speak to children's social care.

16. A child going missing from an education setting is a potential indicator of abuse or neglect. School and college staff members should follow their procedures for dealing with children who go missing, particularly on repeat occasions. They should act to identify any risk of abuse and neglect, including sexual abuse or exploitation. More information can be found in this [guidance about children who run away or go missing from home or care](#)

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

17. If staff members have concerns about a child they should raise these with the school's or college's designated safeguarding lead. This also includes situations of abuse which may involve staff members. The safeguarding lead will usually decide whether to make a referral to children's social care, but it is important to note that any staff member can refer their concerns to children's social care directly.<sup>6</sup> Where a child and family would benefit from co-ordinated support from more than one agency (for example education, health, housing, police) there should be an inter-agency assessment. These assessments should identify what help the child and family require to prevent needs escalating to a point where intervention would be needed via a statutory assessment under the Children Act 1989. The early help assessment should be undertaken by a lead professional who could be a teacher, special educational needs co-ordinator, General Practitioner (GP), family support worker, and/or health visitor.

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

19. It is important for children to receive the right help at the right time to address risks and prevent issues escalating. Research and Serious Case Reviews have repeatedly shown the dangers of failing to take effective action. Poor practice includes: failing to act on and refer the early signs of abuse and neglect, poor record keeping, failing to listen to the views of the child, failing to re-assess concerns when situations do

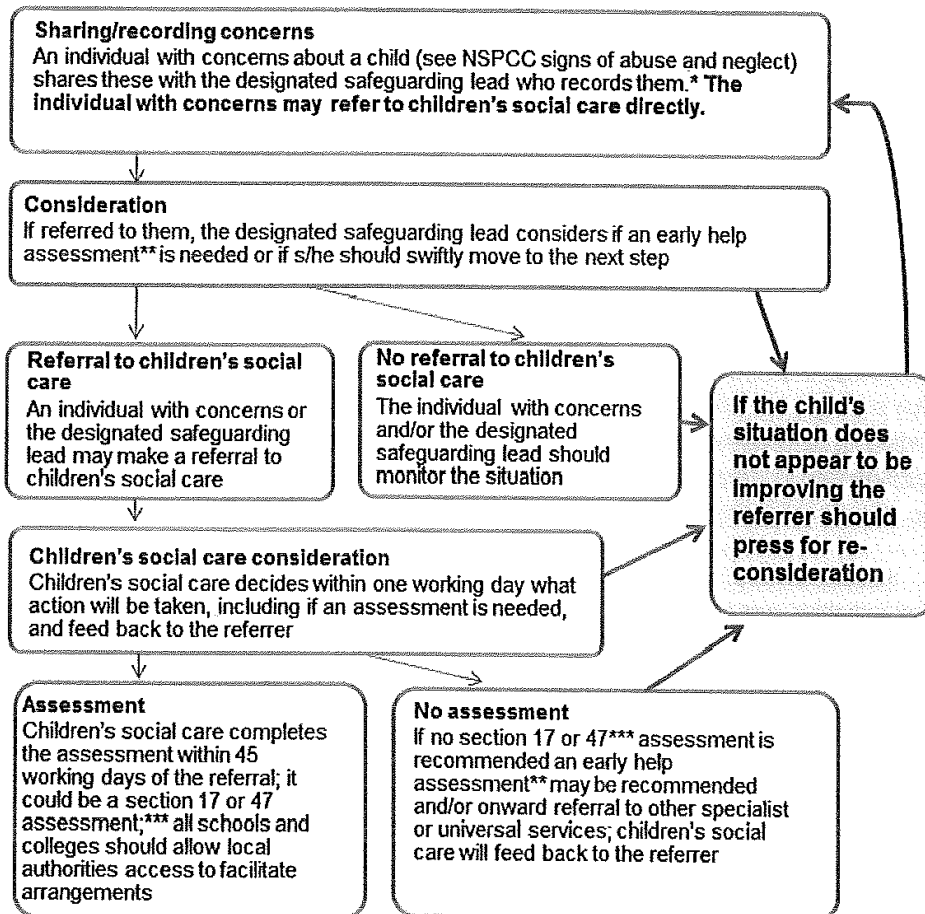
<sup>5</sup> Department for Education (DfE) [training materials on neglect](#)

<sup>6</sup> [Advice on whistleblowing](#) can be found on GOV.UK

not improve, sharing information too slowly and a lack of challenge to those who appear not to be taking action.<sup>7</sup>

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

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



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

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

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

<sup>7</sup> Brandon et al, Learning from Serious Case Reviews (SCRs) 2011

## Types of abuse and neglect

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

21. **Physical abuse:** a form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

22. **Emotional abuse:** the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

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

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

## Specific safeguarding issues

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

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

## **Further information on Child Sexual Exploitation and Female Genital Mutilation**

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

Female Genital Mutilation (FGM): professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a girl being at risk of FGM, or already having suffered FGM. There is a range of potential indicators that a child or young person may be at risk of FGM, which individually may not indicate risk but if there are two or more indicators present this could signal a risk to the child or young person. Victims of FGM are likely to come from a community that is known to practise FGM. Professionals should note that girls at risk of FGM may not yet be aware of the practice or that it may be conducted on them, so sensitivity should always be shown when approaching the subject. Warning signs that FGM may be about to take place, or may have already taken place, can be found on pages 11-12 of the Multi-Agency Practice Guidelines referred to previously. Staff should activate local safeguarding procedures, using existing national and local protocols for multi-agency liaison with police and children's social care.

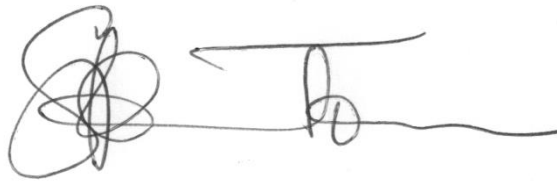
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**The Governing Body should be read as the Interim Executive Board until such times as a new Governing Body takes over.**

A handwritten signature in black ink, consisting of several loops and a long horizontal stroke extending to the right.

**Ratified by the IEB**

**Date 03.07.2014**

**To be reviewed (Annually).....**