Pivotal Education Ltd

Training adults to inspire

The Pivotal Curriculum

For Behaviour and Safety

Unit 5: Safety

Section 5.1

Before we start

Safeguarding Children is a complex task that has recently been thrust into the public consciousness by a continual sequence of high profile cases involving abuse, death, service ineffectiveness and professional incompetence. Despite repeated warnings to staff working within charities, Health and Care agencies and services and Educational organisations, a range of well qualified, positively motivated and experienced professionals have often failed to recognise the risks and dangers facing the abused and violated individuals.

Pivotal Education is committed to providing all staff working in all aspects of the educational and caring and third sector services, with the skills and knowledge, which will help them to provide effective safeguarding for the children, for whom they are responsible.

Schools must follow all procedures to ensure that staff employed in positions of trust, especially, support workers, instructors and volunteers have been assessed as safe and proper persons to interact with pupils. It is incumbent on all staff to be aware of this and to act accordingly at all times. Safeguarding children is a personal responsibility and liability that cannot be passed to the organisation.

Often delegates who are studying Safeguarding have memories of their own triggered or they reflect differently on a past professional situation. Before we start remember:

- This subject may raise painful memories or associations.
- This is not a safe time to share personal memories.
- If you want to, you can speak to your Instructor after the session, contact a Pivotal senior trainer on 0207 0001735 or seek advice from the NSPCC Helpline 0808 800 5000.

Section 5.2

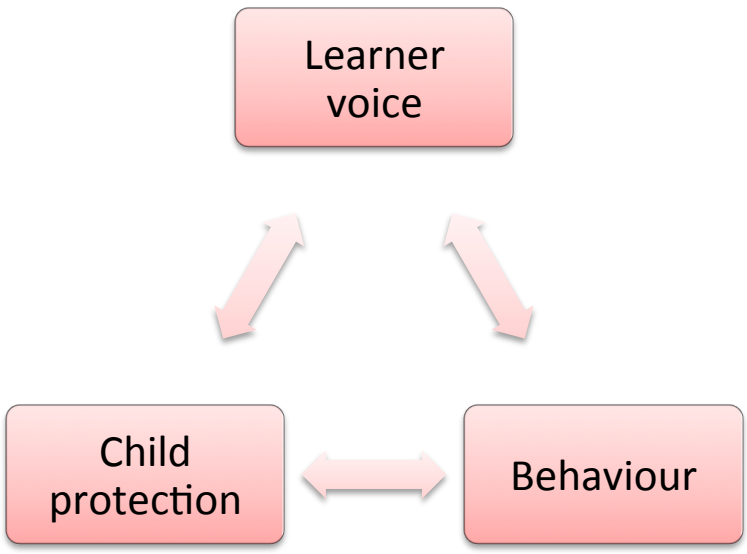
Some statistics

Estimate and complete the missing figures below.

- Almost one in _____ children today has experienced serious physical abuse, sexual abuse or severe physical or emotional neglect at some point in their lifetime.
- One in _____ children in the UK has been neglected.
- There were a total of _____ sexual offences against children recorded by police in the UK in 2011/12.
- One in _____ children in the UK has been physically abused.
- Around one in _____ children in the UK have been exposed to domestic violence.
- On average, every _____ (day/week/month/year) in the UK, at least one child is killed at the hands of another person.
- Over a _____ (half/third/quarter/eighth) of serious case reviews involve a child under one.
- For every child placed on a child protection plan, we estimate there are another _____ children who are suffering from abuse and neglect and not getting the support they need.
- There were more than _____,000 looked after children in the UK in 2012.
- Deaf and disabled children are more than _____ times more likely to be abused or neglected than non-disabled children.

Section 5.3

The safeguarding triangle



Section 5.4

Definitions

Vulnerable learners

Abuse

Neglect

Section 5.5

The legal/guidance framework

- Children Act 1989
- UN convention on rights of a child - 1991
- Protection of Children Act 1999 (CRB)
- No Secrets document 2000
- Education Act 2002
- 5 outcomes of ECM - green paper 2003 (Victoria Climbie)
- Children's Act 2004
- Safeguarding Vulnerable Groups Act 2006
- Working together to safeguard children 2006
- Lord Lamings report 2009
- Adult safeguarding: 6 principles 2011
- Best practice in Safeguarding in FE 2011
- Vetting and barring scheme 2012
- Protection of Freedom Act 2012
- DBS 2013
- Keeping Children Safe in Education 2015
- "What to do if you are worried a child is being abused' 2015
- Information Sharing 2015
- Working together to safeguard children 2015

Section 5.6

Victoria Climbié

Find a mobile device, tablet or computer and research Victoria Climbe and the missed chances to keep her safe from harm. If you need help – try the following links.

http://victoriaclimbie.hud.ac.uk/background.html
http://news.bbc.co.uk/1/hi/uk/2122256.stm
http://www.theguardian.com/society/2003/jan/30/1
http://www.telegraph.co.uk/news/uknews/1385396/12-opportunities-missed-to-save-Victoria.html

Section 5.7

Daily behaviours and routines

Section 5.8

Examples of abuse

Make a list of as many different examples of abuse as you can think of:

Section 5.9

Indicators of abuse

You have been asked to think about one type of abuse (either physical, emotional, sexual or neglect).

Try to list ten indicators that a learner might be suffering from this kind of abuse.

1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Section 5.10

Please note:

1. Individual signs are difficult to judge - clusters of signs are more important.
2. Recognise patterns that may indicate that recurrent incidents and concerns may relate to the risk of, or actual abuse.
3. Signs and symptoms may relate to more than one category of harm that the child may be suffering, or at risk of suffering, from more than one type of harm at the same time.
4. The list of signs and symptoms is not exhaustive.
5. Any doubt about the validity of the concerns consult a member of the designated team.

Physical Abuse

1. Injuries are often inflicted spontaneously. The severity of the injury is often a matter of chance.
2. It is not your job to establish that there was any intention to cause harm to the child. It is your job to contact the appropriate officer.
3. The context of the abuse may assist the designated lead to make a decision so remember what was said and record it in the victim's own words.
4. At the first opportunity, an appropriate person may complete a body map, recording marks or indicators of injuries, noting age, frequency and history of previous injuries.

Indicators of possible physical abuse

- Multiple bruises, other than on the shins
- Bruises to buttocks
- Bruises and scratches to face and head
- Bilateral black eyes
- Torn upper lip (frenulum - where skin joins the upper lip and gum)
- Finger tip bruising on front and back of chest, possibly indicating the child has been forcibly gripped and possibly shaken
- Corresponding finger mark bruises on both cheeks
- Finger marks or hand wheals on any part of the body
- Bite marks anywhere
- Ligature marks (strangling or restraining)
- Weal marks and bruising as a result of beating

- Cigarette burns
- Linear burns (poker, bars of electric fire)
- A burn showing the mark of an object, such as an iron
- Scalds inconsistent with an accident, e.g. scalded buttocks or soles of feet (a typical accidental scald 'cascades' on to the front of a child scalding neck, face, shoulders and chest)
- Fractures to a non-ambulant child
- Spiral or multiple fractures of different ages
- Head injury (subdural haematoma), often with finger tip bruising
- Ear injuries/bruising

Emotional abuse

All forms of abuse will be emotionally damaging. Emotional and behavioural development will be adversely affected by persistent or severe emotional ill treatment or rejection.

Indicators of possible emotional abuse

- Failure to thrive
- Erratic weight and growth patterns
- Frozen awareness
- Psychosomatic illness
- Development delay
- Behavioural signs
- Self-mutilation
- Wetting and/or soiling day or night in school age children
- Withdrawn behaviour
- Aggression
- Difficulty in forming relationships
- Bizarre behaviour
- Unexplained under achievement at school
- Inappropriate seeking of attention
- Escape attempts, e.g. running away, sleeping out, suicide attempts or substance misuse
- Elective mutism

Illness induced syndrome

(Fabricated and Induced Illness, Munchausen's Syndrome by Proxy or Factitious Illness. Symptoms not totally distinct and may be mixed.)

This syndrome is characterised by a young person receiving medical attention for symptoms that have been either falsified or directly induced by their carer.

- Non-accidental poisoning to cause child or young person illness such as fits and faints.
- Carers fabricating a variety of symptoms resulting in extensive medical investigations being carried out or inappropriate medication given.
- Children or young people alleged to have severe disease due to allergies but where there is no objective evidence of food intolerance or allergy.

- Deliberate suffocation of children or young people to simulate respiratory distress or failure.
- Severe failure to thrive as a result of the carer secretly withholding food from the child or young person.

Characteristics of the symptoms

- Unexplained or recurrent illness.
- Discrepancy between the medical findings and the history given by the carer.
- Symptoms can't be explained by medical specialists despite extensive investigations.
- Unexplained presence of drugs/chemicals in the child's/young person's blood, urine, stools or stomach fluids.
- Unexplained presence of blood or other substances in the child's/young person's urine, stools or stomach fluids.
- Symptoms do not occur when the child/young person and the carer are separated.
- A history of unexplained infant deaths having occurred in the family.
- Child or young person from a family whose members are alleged to suffer from a range of unsubstantiated medical disorders.

Symptoms can serve as indicators to alert professionals to a possible child protection concern.

Sexual abuse

The Sexual Offences Act 2003 seeks to strengthen and modernise the law in relation to sexual crimes. The Act's focus is on extending protection from sexual exploitation for children and vulnerable adults by clarifying the key terms 'consent' and 'sexual' and introducing new offences specifically designed to protect the vulnerable. Child and adult at risk protection is an integral part of a district nurse's role so it is essential that you are aware of the key provisions of the 2003 Act in order that you may recognise and report unlawful sexual activity.

Indicators of possible sexual abuse

Notes:

- Sexual abuse frequently leaves no signs.
- Child presents behavioural problems, a disclosure or genito-urinary symptoms (often vague and/or recurrent).
- Many of these symptoms may be caused by conditions unrelated to sexual abuse and that the absence of symptoms/signs does not mean a child has not been subject to sexual abuse.

1. Any even minor injury or bruising in the anal or genital areas (protected normally by legs).
2. Anal or genital soreness, bleeding or discharge.
3. Recurring genito-urinary infections.
4. Pregnancy or sexually transmitted disease.
5. Behavioural problems vary with age and may include:
    a. Sudden onset of wetting or soiling, day or night.
    b. Sleep disturbances such as nightmares or refusing to sleep alone.
    c. Inappropriate sexual play.
    d. Explicit sexual knowledge especially in younger children.
    e. Excessive masturbation.
    f. Promiscuous attention seeking behaviour.
    g. Escape attempts such as running away, sleeping out, suicide attempts and substance misuse.
    h. Self mutilation.
    i. Eating disorders such as Bulimia and Anorexia Nervosa.
    j. Persistent abdominal pain and headaches without obvious cause.
    k. Abuse of alcohol or drugs.

Neglect

Neglect occurs when a child or vulnerable adult is denied access to food, clothing, shelter, heat, medical services, education etc. (not necessarily all of these elements concurrently).

Signs which may suggest neglect

- Failure by carers to protect a child from dangers or to carry out important care tasks.
- Neglect usually requires medical diagnosis, but warning signs, apart from the child's obviously neglected appearance, include:
    a. Voracious appetite
    b. The child thrives away from home
    c. The child is unresponsive
    d. Chronic listlessness
    e. Faltering or static weight gain and growth
    f. Child left unsupervised, unattended or without adequate provision
    g. Inadequate or inappropriate clothing
    h. Smelly and dirty appearance
    i. Untreated medical conditions.

Delay in responding to medical conditions

Parental responses cause concern when they:

- Delay getting medical treatment that is obviously needed.
- Seek medical treatment at a variety of hospitals or doctors.
- Give inappropriate or varying explanations of an injury.
- Repeat explanations for new injuries that have been previously accepted by professionals for earlier injuries.
- Suggest mechanism for injury inconsistent with the nature of the injury.
- Are unaware or deny the injury.
- Blame the child.
- Lack anxiety feelings of guilt.

Section 5.11

Signs and indicators of specific problems

Issue	Possible indicators
FGM	
Radicalisation	
Forced marriage	
Sexual exploitation	
Gangs	
Online bullying	

Section 5.12

Multi-tasking

Work in groups of four or five. Each person has a different role. Name yourselves A, B, C, D and E.

The role of each person is mentioned below.

A. Sit in the chair and is the subject.

B. Stand opposite person A and makes flowing hand gestures that person A has to mirror precisely.

C. Stand to the left of person A and ask simple Maths questions that A has to answer correctly.

D. Stand to the right of person A asking general questions (what is your name, what is the colour of your hair, what kind of trousers are you wearing) that A has to give an incorrect response to. I.e. Person A must lie.

E. Stand behind A and demands quicker and more accurate responses (for groups of five only) .

Person B starts, then Person C joins in, followed by Person D (and E).

All three start slowly and then get faster and more and more demanding.

Section 5.13

Disclosure

Section 5.14

Managing Disclosure

Do

- Explain that you have a duty to report what you are being told
- Assure the speaker that you will listen carefully and take it seriously
- Stay calm, however shocked you may be.
- Clarify facts but don't investigate
- Reassure the person.
- Explain what you will do next.
- Report it immediately to the DSL.
- Record the disclosure fully, keep it factual and in accordance with the schools policy.

Don't:

- Ask leading questions - avoid who, what, when, where questions
- Try to obtain more information by ' interviewing ' people before taking advice
- Appear shocked or angry
- Make judgments or jump to conclusions
- Promise to keep a secret
- Confront or question an alleged abuser.
- Arrange a medical examination unless treatment is required. If physical or sexual assault is alleged or suspected don't advise the person to wash or remove clothing (unless for urgent first aid) *clothing and footwear may need to be preserved and should be handled as little as possible.

Recording a disclosure

- Use your schools standard form
- Use the child's own words, don't paraphrase.
- Make your record as soon as possible after the event, so you do not forget anything.
- Keep it brief and to the point.
- Specify clearly whether you are expressing an opinion, reporting a witness or reporting hearsay.
- Ask for help writing it up if you need to.
- Include information about what action was taken afterwards, even a decision that no action is needed.
- Remember the data protection act: adequate, accurate, securely held.

Section 5.15

Case Study 1: Harvey (aged 4)

Harvey is the oldest of three siblings living with his mother and stepfather, but remains in regular contact with his father. The family lives in poor conditions and struggle with debt and homelessness. Harvey is a loud, noisy and challenging young boy who does not appear to understand the meaning of the word 'no'. Progress in school is good, but his attendance has tailed off. Harvey has had many minor illnesses for which appropriate medical attention is often not sought. There has been a pattern of missed appointments for the children and their mother. Harvey has had a number of bumps to the head and has a history of bruising.

Harvey's mother, Lorraine, reports that she was physically and emotionally abused as a child and has said that her mother continues to be violent towards her as an adult. Lorraine presents as quiet, subdued and overwhelmed. Her parenting skills are limited and inconsistent. There is little interaction with her children with even less emotional warmth or stimulation. Lorraine is not keen to engage or co-operate with school and does not understand their concerns. Lorraine sometimes leaves the children in the care of a young teenager. Harvey's father Darren has been known to children's social care and to CAMHS as a child. He has a history of depression, problems with alcohol and a tendency to get involved in fights after drinking. He is in regular contact with his son, who is always keen to see his father. However, bruises have been noted on Harvey after being in his father's care. It should be noted that Harvey has so many bruises on his body that dyspraxia was considered but later discounted.

You are Harvey's teacher: What are your concerns? What should you do now? What should happen next?

Case Study 2: Nathan (special needs)

Nathan's disabilities are such that he can be very challenging to care for. He has no speech and will often communicate by screaming. He is doubly incontinent, will occasionally smear faeces and will often refuse to walk when with his mother. There have been attempts by the school to engage mother in attempting to address these behaviours, but she has been unable to sustain any programme of work.

There are a number of professionals involved with the family including Social Care and at the age of six years he was considered by this agency to be a 'Child in Need' after a self-referral from his mother. Nathan has been attending school and has a Statement of Special Educational Needs (SEN). There have been a few bruises and injuries seen on Nathan but communication difficulties are such that he cannot verbalise what is happening to him. Mother and step-father report that Nathan self-harms at home. School staff have also noted that Nathan occasionally attempts to self-harm, although no marks or bruises have appeared on these occasions. The school's Designated Safeguarding Lead (DSL) has recently learned that the children have not been attending medical appointments in recent months. Nathan's Teaching Assistant (TA) noticed a fresh injury on his arm when Nathan came into school this morning.

You are Nathan's Teaching Assistant: What are your concerns? What action(s) should you take? What should happen next?

Case study 3: Chloe

You are teaching a mixed gender class. Chloe seems to find difficulty in staying awake. The clothes she is wearing today look more suitable for social occasions and the low cut short vest exposes what seems like a number of black marks on her arms above and below the elbow. She no longer appears to be part of a peer group and spends a lot of time on her own. Her peers are beginning to keep their distance and you have noticed that she often has mood swings. Her work is deteriorating. She used to be an average but conscientious learner, but now she usually does not complete her projects on time.

You are Chloe's Teacher: What are your concerns? What action(s) should you take? What should happen next?

Case study 4: Emily

Emily is 15 years old and has had a steady boyfriend, Jason, for the last year. Jason and Emily are both in your class. They seem to be in a kind and loving relationship.

Emily's father came home unexpectedly and found Emily in bed with Jason. Jason was thrown out. When he had gone Emily was punished by her irate father. He beat her with a belt. Emily had bruise marks across her back and thighs as a result. At training the next day, Emily confides in her closest friends. The friends are concerned for Emily and report the matter to their tutor.

Case study 5: Kerry-Louise

It is January. During the Autumn term, Kerry-Louise 24 (who has learning difficulties) has had a lot of absence, particularly Mondays. She was referred to a specialist in December, following a series of urinary infections. You feel Kerry-Louise is a girl not achieving her potential. She often talks about Dennis, a cousin who came to live with them last Easter, she comes from a caring home she is always well dressed, parents support school activities and there is a younger brother of whom Kerry-Louise talks fondly. She is prone to over-react if there are minor disagreements with friends or she makes a mistake with her work. Last thing on Monday morning, Kerry-Louise says she would like to talk to you. You ask what about. She says “My privates are sore. It's Dennis”.

Section 5.16

Myths surrounding bullying

Myth 1: Bullying is a normal part of childhood and is a passing phase

Myth 2: It is ok to hit someone who is bullying you, it will stop it

Myth 3: Bullying only happens in schools

Myth 4: You can spot a bully from the way they look and act

Myth 5: Online bullying is just banter and harmless

Myth 6: Cyberbullying doesn't involve physical harm so what's the harm?

Myth 7: Cyberbullying can only affect someone if they are online and have an account too

Myth 8: It is not bullying if someone deletes the comment or post

Myth 9: If bullying was so bad, why don't they have a law about it?

Myth 10: It is easy to spot the signs of bullying

Section 5.17

Whistle-blowing: The Public Interest Disclosure legislation (1998)

The "Whistle blowing Act", encourages and enables employees and agency staff to raise their concerns about:

- fraud;
- financial irregularities or serious financial maladministration arising from improper conduct;
- corruption, bribery, dishonesty or blackmail;
- a breach of health and safety regulations;
- abuse of position;
- any criminal activity;
- miscarriages of justice;
- failure to comply with legal obligations;
- serious breaches of organisational procedures which may advantage a particular party;
- unethical conduct;
- endangering or damaging the environment.

The Public Interest Disclosure Act has the following rules for making a protected disclosure:

- you must believe the information in good faith;
- you must believe it to be substantially true;
- you must not act maliciously or make false allegations;
- you must not seek any personal gain.

OFSTED Whistleblowing Hotline:

0300 123 3155

Section 5.18

Barriers

Four things that may prevent learners from disclosing abuse:

1.	
2.	
3.	
4.	

Four things that may prevent staff from reporting disclosure or suspicions of abuse to the DSL:

1.	
2.	
3.	
4.	

Section 5.19

Take-away

What are the three essential responsibilities of an adult in Safeguarding children?

Give one indicator for each of the following: Physical, Emotional, Sexual, Neglect

Give examples of three things should you when a child discloses information to you:

Who should you refer safeguarding issues to?

Who investigates safeguarding allegations?

What should you do if you can't decide what to do?

What do these acronyms mean? CAF, DSL, FGM, CRB, DBS, ECM, SS, LAC, ADHD

Pivotal Education Ltd is an education training consultancy working across the whole of the UK and internationally. Founded in 2001, Pivotal Education has always been committed to providing exceptional training and support for teachers, school leaders and other professionals working with young people.

We are the leading specialists in Behaviour Management and Safeguarding in the UK. Our aim is simple: to train adults to inspire young people.

Our acclaimed in-house training team work with a huge variety of teachers and educators in diverse settings. Our live training sends consistent ripples through your teaching teams, our online training sustains changes in practice and our licensed instructors scheme embeds lasting cultural change.

From highly successful institutions to those in challenging situations, from early years to post -16 learners, Pivotal training inspires, motivates and creates profound cultural change.

Our work extends to 20 countries. We are COBIS (Council of British International Schools) Approved Consultants.

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