

# INTROTRAIN & FRORUM LTD (IFL)

EDUCATION & TRAINING

## Keeping Children Safe in Education.

**Part one: Safeguarding information for all staff**

**What IFL staff should know and do**

**A child centred and coordinated approach to safeguarding**

1. Schools, colleges, and their staff are an important part of the wider safeguarding system for children. This system is described in statutory guidance '**Keeping Children Safe in Education 2021**

**2. Safeguarding and promoting the welfare of children is everyone's responsibility.**

Everyone who meets children, and their families has a role to play.

In order to fulfil this responsibility effectively, all practitioners should make sure their approach is child centred. This means that they should consider, always, what is in the best interests of the child.

3. No single practitioner can have a full picture of a child's needs and circumstances. If children and families are to receive the right help at the right time, **everyone** who meets them has a role to play in identifying concerns, sharing information and taking prompt action.

4. 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 mental and physical 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

**5. Children includes everyone under the age of 18.**

**The role of all staff at IFL**

6. School and college staff are particularly important as they are in a position to identify concerns early, provide help for children, and prevent concerns from escalating.

7. All staff have a responsibility to provide a safe environment in which children can learn.

8. All staff should be prepared to identify children who may benefit from early help. Early help means providing support as soon as a problem emerges at any point in a child's life, from the foundation years through to the teenage years.

9. Any staff member who has a concern about a child's welfare should follow the referral processes set out in paragraphs 41-53. Staff should expect to support social workers and other agencies following any referral.

10. Every school and college should have a designated safeguarding lead who will provide support to staff to carry out their safeguarding duties and who will liaise closely with other services such as children's social care.

### **What IFL Training staff need to know.**

**18.** All staff are aware of systems within ACE Training, which support safeguarding, and these are explained to them as part of their induction. This includes the:

- ☑ child protection policy;
- ☑ behaviour policy;
- ☑ staff code of conduct policy
- ☑ safeguarding response to children who go missing from education; and
- ☑ Role of the designated safeguarding lead (including the identity of the designated safeguarding lead and any deputies).

Is at risk of modern slavery, trafficking or exploitation;

☑ Is at risk of being radicalised or exploited;

☑ Is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse;

☑ Is misusing drugs or alcohol themselves;

☑ Has returned home to their family from care; and

☑ Is a privately fostered child.

### **Abuse and neglect**

**19.** Knowing what to look for is vital to the early identification of abuse and neglect. All staff are aware of indicators of abuse and neglect so that they are able to identify cases of children who may be in need of help or protection. If staff are unsure, they should **always** speak to the designated safeguarding lead (or deputy).

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**20.** All staff are aware that abuse, neglect and safeguarding issues are rarely stand-alone events that can be covered by one definition or label. In most cases, multiple issues will overlap with one another.

**21.** All staff are aware that safeguarding incidents and/or behaviours can be associated with factors outside IFL and/or can occur between children outside of these environments. All staff, but especially the designated safeguarding lead (and deputies) should consider whether children are at risk of abuse or exploitation in situations outside their families. Extra-familial harms take a variety of different forms and children can be vulnerable to multiple harms including (but not limited to) sexual exploitation, criminal exploitation, and serious youth violence.

### ***Indicators of abuse and neglect***

**22. 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. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults or by another child or children.

**23. 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.

### **Child Sexual Exploitation (CSE) and Child Criminal Exploitation (CCE)**

28. Both CSE and CCE are forms of abuse and both occur where an individual or group takes advantage of an imbalance in power to coerce, manipulate or deceive a child into sexual or criminal activity. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, sexual identity, cognitive ability, physical strength, status, and access to economic or other resources. In some cases, the abuse will be in exchange for something the victim needs or wants and/or will be to the financial benefit or other advantage (such as increased status) of the perpetrator or facilitator. Individuals or groups, males or females, and children or adults can perpetrate the abuse. The abuse can be a one-off occurrence or a series of incidents over time, and range from opportunistic to complex organised abuse. It can involve force and/or enticement-based methods of compliance and may, or may not, be accompanied by violence or threats of violence. Victims can be exploited even when activity appears consensual and it should be noted exploitation as well as being physical can be facilitated and/or take place online.

#### ***Peer on peer abuse***

29. All staff are aware that children could abuse other children (often referred to as peer on peer abuse). This is most likely to include, but may not be limited to:

- ☑ Bullying (including cyberbullying);
- ☑ Physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm;
- ☑ Sexual violence, such as rape, assault by penetration and sexual assault;
- ☑ Sexual harassment, such as sexual comments, remarks, jokes and online sexual harassment, which may be stand-alone or part of a broader pattern of abuse;
- ☑ **Upskirting**, which typically involves taking a picture under a person's clothing without them knowing, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim Humiliation, distress or alarm;
- ☑ Sexting (also known as youth produced sexual imagery); and
- ☑ Initiation/hazing type violence and rituals.

30. All staff are clear about IFL's policy and procedures with regards to peer on peer abuse.

#### ***Serious violence***

31. All staff are aware of indicators, which may signal that children are at risk from, or are involved with serious violent crime. These may include increased absence from school, a change in friendships or relationships with older individuals or groups, a significant decline in performance, signs of self-harm or a significant change in wellbeing, or signs of assault or unexplained injuries. Unexplained gifts or new possessions could also indicate that children have been approached by, or are involved with, individuals associated with criminal networks or gangs.

32. All staff are aware of the associated risks and understand the measures in place to manage these.

#### **Female Genital Mutilation**

33. Whilst all staff should speak to the designated safeguarding lead (or deputy) with regard to any concerns about female genital mutilation (FGM), there is a specific **legal duty on Tutors**. If a Tutor, in the course of their work in the profession, discovers that an act of FGM appears to have been carried out on a girl under the age of 18, the tutor must report this to the police.

#### ***Mental Health***

34. All staff are also aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation.

**45.** The designated safeguarding lead or a deputy is always be available to discuss safeguarding concerns. If in exceptional circumstances, the designated safeguarding lead (or deputy) is not available, this should not delay appropriate action being taken. Staff should take advice from local children's social care. In these circumstances, any action taken should be shared with the designated safeguarding lead (or deputy) as soon as is practically possible.

**46.** Staff should not assume a colleague or another professional will take action and share information that might be critical in keeping children safe. They should be mindful that early information sharing is vital for effective identification, assessment and allocation of appropriate service provision. **Information Sharing: Advice for Practitioners Providing Safeguarding Services to Children, Young People, Parents and Carers** supports staff who have to make decisions about sharing information. This advice includes the seven golden rules for sharing information and considerations with regard to the Data Protection Act 2018 and General Data Protection Regulation (GDPR). If in any doubt about sharing information, staff should speak to the designated safeguarding lead or a deputy. Fears about sharing information **must not** be allowed to stand in the way of the need to promote the welfare, and protect the safety of children.

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#### ***What will the local authority do?***

**47.** Within one working day of a referral being made, a local authority social worker should acknowledge receipt to the referrer and make a decision about the next steps and the type of response that is required. This will include determining whether:

- The child requires immediate protection and urgent action is required;
- The child is in need, and should be assessed under section 17 of the Children Act 1989;
- There is reasonable cause to suspect the child is suffering or likely to suffer significant harm, and whether enquiries must be made and the child assessed under section 47 of the Children Act 1989;
- Any services are required by the child and family and what type of services;
- Further specialist assessments are required to help the local authority to decide what further action to take; and
- To see the child as soon as possible if the decision is taken that the referral requires further assessment.

**48.** The referrer should follow up if this information is not forthcoming.

**49.** If social workers decide to carry out a statutory assessment, staff should do everything they can to support that assessment (supported by the designated safeguarding lead (or deputy) as required).

**50.** If, after a referral, the child's situation does not appear to be improving, the referrer should consider following local escalation procedures to ensure their concerns have been addressed and, most importantly, that the child's situation improves.

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#### **Why is all of this important?**

**51.** 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. Examples of poor practice include:

- 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 not improve;