



Mrs Danielle Edwards (Headteacher)
Children in Care (CIC) Lead
Young carers lead



Miss Karen Atkinson
Mental Health & Well-Being / RSHE Lead
SENDCO



Mrs Louise Oxley
Prevent Lead



Mrs Niaomi Mock
Attendance officer – Parent support

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

The safeguarding team

Designated safeguarding lead: Mrs Danielle Edwards

(Miss Karen Atkinson when Mrs Edwards is not in.)

Deputy Safeguarding lead: Miss Karen Atkinson

Designated safeguarding leads: Mrs Louise Oxley and Mrs Niaomi Mock

Safeguarding is EVERYONE'S responsibility.

We would talk to parents about concerns unless it puts the child at increased risk. Seek advice from the DSL first.

In exceptional circumstances you can refer to other agencies directly, however DSLs are trained in how to do this effectively & have access to more information.

Concerns about a child. Have you spoken to them?
RECORD THEM

As soon as possible refer to your DSL.

Who then actions & provides appropriate feedback

Wakefield Safeguarding Children Partnership

Concerns about a member of staff?

ASAP report to the Headteacher, (Chair of governors if concerns about the head.)

NSPCC Whistle Blowing Helpline: 0800 028 0285

If in any doubt about the response, please talk to your DSL & consult your policy for escalation if necessary.

What to do if a Student Discloses?

Do	Don't
- Try to get to a quiet space (remember safer working and visibility – glass panel on door) - Reassure them they have done the right thing to tell & that it wasn't their fault. - Listen carefully & calmly, let the child guide the pace (note your body language, e.g. do not cross your arms) - Use open questions (tell, explain, describe, who, what, when, how, where, anything else you want to say?) It is ok to repeat back to clarify. - Listen more than you talk. Use "Uh huh" "Go On" to encourage. - Ask Is there anything else you think I should know or haven't understood properly? Is there anything else you are worried about? How can I help you feel safe? You said about... tell me more about that? - Say what will happen next. "I'm concerned about what you have told me so I need to talk to Ms/Mr X (the DSL) so that we can help". - Make accurate notes using the child's words (any questions asked & the answers) - Inform the DSL immediately. - Arrange follow up check in with the child and keep them appropriately informed.	- React strongly - Rush the child - Share personal experiences - Stop a child talking - they have chosen you to tell - Ask leading questions (that require a yes or no response). Use professional judgement with SEND, as direct questions may be needed for clarity. - Victim blame e.g. Why didn't you tell me before? Why were you on that website? Avoid why questions etc - Investigate or interrogate - Promise confidentiality - Interrupt or jump in too quickly with advice. - Automatically offer physical comfort, students may be uncomfortable with this. - Say you will make it better/fix it. - Gossip afterwards - Take photos of injuries—use the body map instead - Forget to record and report to DSL and check with DSL if any medical attention is required - Take on the responsibility of deciding if it's true or not – follow procedures and let others decide

Remember it could lead to investigation, keep records clear and professional. If a student starts to tell and then stops - offer reassurances, signpost to other members of staff or to Childline.

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Signs of Child Abuse & Neglect

Sexual Abuse

Sexual abuse involves forcing or enticing a child to take part in sexual activities, including non-contact activities, such as looking at or making indecent images.

There are few physical signs, more likely to notice emotional and behavioural factors.

- Aggressive/disruptive behaviour.
- Withdrawn/clingy.
- Self-harming, incl. eating disorders, headbanging etc.
- Sexually concerning behaviours in drawings/playing with toys.
- Trouble sleeping/mood swings.
- Sexualised conduct not in keeping with age/development stage.
- Soiling/smearing faeces/bed wetting/ recurrent UTIs/sores in genital area.
- Reluctance to remove clothing for swimming or PE.
- Signs of exploitation – unexplained gifts/ money/going missing etc.

The internet has increased the risk of non-contact sexual abuse and children must be alert to these dangers when online. Staff should be alert to signs of grooming for Child Sexual Abuse Material (CSAM)/ Indecent Images of Children IIOC.

It is important staff understand normal sexual behaviours for the age range they work with e.g. Brook Traffic Lights tool

Emotional Abuse

Emotional abuse is the persistent emotional maltreatment of a child

- Developmental delay with no medical explanation.
- Disassociation/lack of normal response, not crying, not jumping at loud noise etc.
- Low self esteem/self harm.
- Overly affectionate to strangers.
- Extreme emotional outbursts/challenge authority.
- Lack of confidence/social skills/friends.
- Doesn't want to go home/have friends to visit.
- Regressing to younger child behaviours.
- Reckless to own or others safety.
- Difficulty making and maintaining relationships.
- "Attention" seeking behaviours i.e. Attachment seeking behaviours.
- Developmental delay.
- Poor health/not taken to GP or dentist when needed.
- Emotionally needy/obsessive behaviour/self harm.
- Persistently dirty/body odour.
- Accidental injuries indicating a lack of supervision.
- Regular tiredness/infections.
- Using drugs/alcohol.
- DSL's See Wakefield Neglect Toolkit.
- (NB Children do not "get used to" neglect)



Neglect

Neglect is the failure to meet a child's physical and or psychological needs.

- Inadequate/unwashed clothing for the child's size/ weather.
- Underweight for age but eats well in school.
- Frequent school absences/ poor punctuality.
- Parents are dismissive/ uninterested.
- Developmental delay.
- Poor health/not taken to GP or dentist when needed.
- Emotionally needy/obsessive behaviour/self harm.
- Persistently dirty/body odour.
- Accidental injuries indicating a lack of supervision.
- Regular tiredness/infections.
- Using drugs/alcohol.
- DSL's See Wakefield Neglect Toolkit.
- (NB Children do not "get used to" neglect)

High Risk Factors

- Domestic Abuse
- Parental substance misuse
- Poor parental mental health
- Parents with learning difficulties
- Children with disabilities
- Families with past history of child abuse

Physical Abuse

Physical abuse involves any action that causes physical harm to a child including fabricating the symptoms of or deliberately inducing illnesses.

- Bruising of various ages/burns and scalds without reasonable explanation or parents and child's story differs.
- Bite marks.
- Fractures/bruising in non-mobile children.
- Overmedication/force feeding.
- Injuries in unusual areas or outline of implement e.g. cigarette, hair straightener, belt. Genital area—FGM.
- Refusal to discuss injuries/inconsistent explanations.
- Parents claim fits/episodes at home which are never observed in school.
- Signs of poisoning—drowsiness/seizures/ vomiting/breathing problems.
- Talk of punishment which seems excessive/fear of parents/others.
- Arms and legs are kept covered.
- Concerned about younger siblings without saying why.
- Reluctance to remove clothing for swimming or PE.
- Parents are uninterested/undisturbed by an injury or accident.

Further Information

Often signs and indicators cross over different categories. Remember children can be abused outside the home and by other children. SEND children may develop at different rates to peers. However staff must be alert to general changes in behaviour/ Mental Health and bear in mind that challenging, disruptive behaviour can be a sign of abuse.

Be Professionally Curious and Record and Report any concerns immediately to DSL's as outlined in your policy.

For more information see Keeping Children Safe in Education. KCSIE



Pupil's Name:	Date of Birth:
	Class:
Date and Time of Incident:	Date and Time (of writing):
Name:	
Print	Signature
Job Title:	
Record the following factually: What are you worried about? Who? What (if recording a verbal disclosure by a child use their words)? Where? When (date and time of incident)? Any witnesses?	

RECORD your concerns on:

CPOMS

Or

Yellow concern form

TED

T- Tell me

E- Explain

D- Describe

W questions

NSPCC

Things aren't being done properly, so I know we're putting the children we work with in danger. I've raised my concerns, but I kind of got... brushed off. I don't want to press it, but it feels wrong to leave it. What should I do?

A chat with your partner over a cup of tea won't change anything. A chat with us will. We can change a child's life.

Call the NSPCC Whistleblowing Advice Line today
0800 028 0285
Free & Anonymous

EVERY CHILDHOOD IS WORTH FIGHTING FOR
www.nspcc.org.uk/adviceandsupport

PREVENT

Prevent is the government strategy that aims to reduce the threat to the UK from terrorism by stopping people becoming terrorists or supporting terrorism or extremist causes. If concerned follow normal school safeguarding procedures.

Lead in school: Mrs D Edwards/ Mrs L Oxley