



**Newall Green  
Primary School**

*Aiming High To Reach Our Goals*

Firbank Road, Newall Green, Wythenshawe, Manchester, M23 2YH  
Tel: 0161 437 2872 Fax: 0161 436 2178 [www.newallgreen.manchester.sch.uk](http://www.newallgreen.manchester.sch.uk)



## Safeguarding Children Level 1

# Taking care of yourself

Child abuse is a very sensitive and emotive subject.

We may have had difficult or abusive personal experiences as a child or have problems as parents.

**IF THIS TRAINING RAISES ANY PERSONAL ISSUE OR UNRESOLVED MEMORIES,  
PLEASE TAKE CARE OF YOURSELF AND SEEK HELP AND ADVICE AFTERWARDS.**

# Acronyms

KCSIE Keeping Children Safe in Education

LAC Looked After Child

CP Child Protection

EHA Early Help Assessment

FGM Female Genital Mutilation

HBV Honour Based Violence

CSE Child Sexual Exploitation

ACE Adverse Childhood Experiences

# Who are the DSL's at Newall Green PS

Sarah Rudd (Executive Head)

Tom Rudd (DSL)

Lisa Redford

Vanessa Andrews (LAC)

Evelyn Uche (PSO)

Sarah Drake (Governor)

Sarah Burton

Liz Pattenden

Kirstie McKenzie

# Outcomes

1. To consider our attitudes and feelings
2. To understand the legal, inspection and guidance framework
3. To understand the definitions of abuse
4. To be able to recognise the signs of abuse
5. To be aware of local procedures, issues and priorities
6. To know what to do in NGPS

# Child Protection / Safeguarding

In practice, Safeguarding is the policies and practices that schools and Governing Bodies employ to keep children safe and promote their well-being. This means everything from security of the buildings, to the safe recruitment of staff and everything in between.



Child Protection is one aspect of Safeguarding. Child Protection is a term used to describe the activity that is undertaken to ***protect specific children who are suffering or likely to suffer significant harm.***

# Children with SEN and Disabilities

- Awareness that behaviour, mood and injury may relate to possible abuse and not just their SEN or disability
- Higher risk of peer group isolation
- Disproportionate impact of bullying
- Difficulties in communication

Our SENCo's are: Kirstie McKenzie, Clare Mullally and Vicky Murphy

# Child on Child abuse

- **Bullying (including cyber, racial and homophobic bullying)**
- **Gender based violence**
- **Teenage relationship abuse**
- **Sexually inappropriate behaviour**
- **Sexting**
  
- **Resource:** Traffic Light Tool: <https://www.brook.org.uk/our-work/category/sexual-behaviours-traffic-light-tool>

# Which increase the risk of abuse?

Poverty      Being a single parent

History of abuse of parent or carer

Social Isolation

Domestic Abuse

Mother and father are not married

Mother is out of work

Substance Misuse

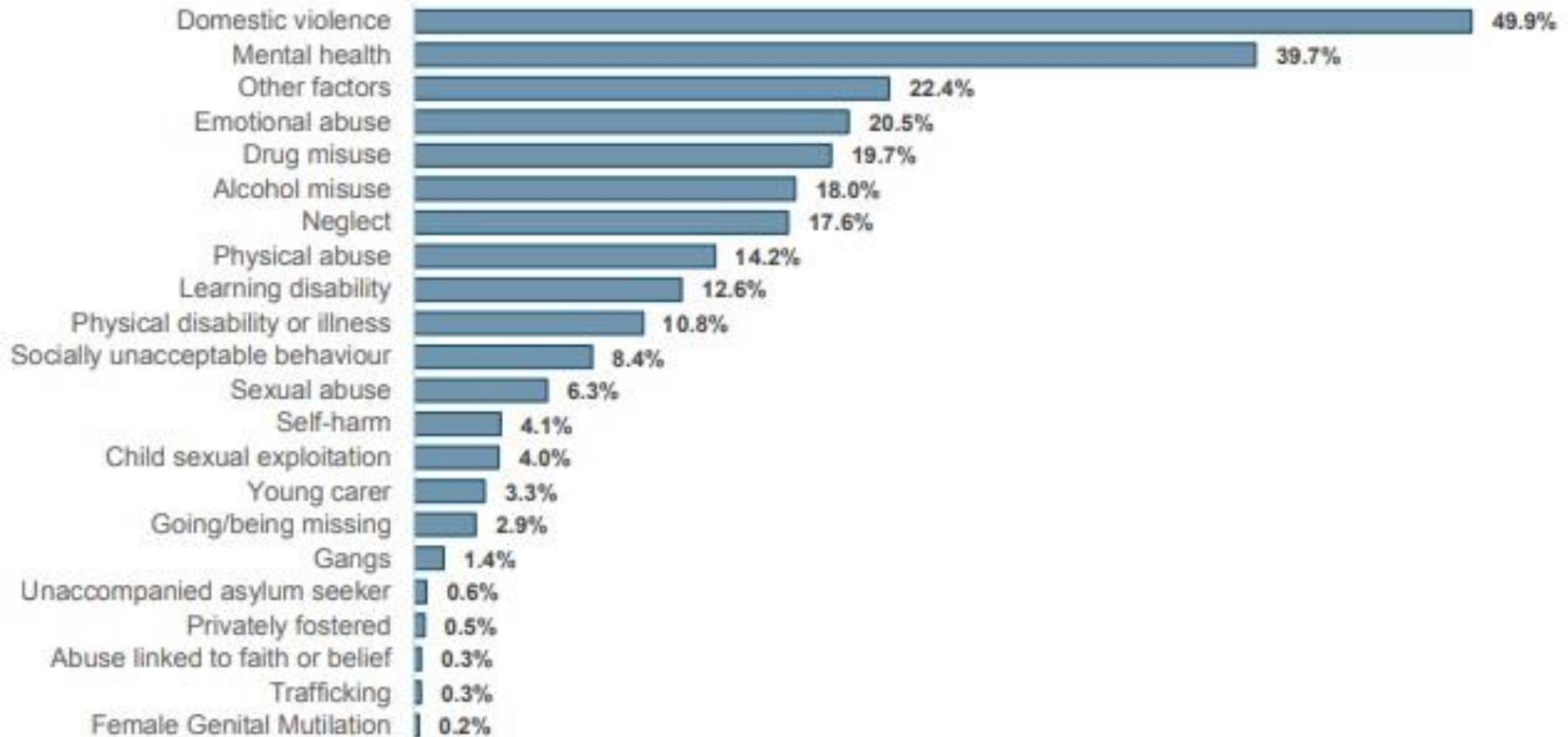
Parent's don't go to church\mosque

Father is mixed race

Special needs of child

Poor mental health of parent/carers

# Factors identified at end of assessment



# Definition of 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.**



**KEEPING CHILDREN SAFE IN EDUCATION 2022**

# Categories Of Abuse

What are the 4 types of abuse?

Physical abuse

Neglect

Emotional abuse

Sexual Abuse

Research suggests that as many as 1 in 6 children experience what we would now define as abuse. Children with disabilities are at greater risk because of their increased vulnerability and they may not be able to communicate what is happening to them.

# Daniel Pelka

<https://www.youtube.com/watch?v=d5gD7g3FHWA>

What does this case tell us about

1. Abuse
2. Abusers
3. Barriers to effective protection
4. The way people and services responded
5. What went wrong

# Children Missing from Education

- *What are the signs of CME?*
- *When might you notice/What actions can you take as a classroom teacher?*
- *What actions can you take as a form tutor?*
- *...Curriculum Leader?*
- *...Receptionist?*
- *...TA?*
- *... YOU!*

The warning comes after four-year-old Chadrack Mbala-Mulo was found starved to death at home in Hackney after being unable to raise the alarm when his mother died suddenly. He had been away from school for two weeks.



# The NGPS way

- As well as every member of staff being responsible for Safeguarding, we also have a safeguarding team at NGPS who work closely together to ensure that no child slips through the net
- The team consists of Tom, Sarah, Liz, Vanessa, Kirstie, Lisa, Eve, Sophie, Liz, and Amanda J
- Safeguarding issues are posted on our safeguarding system called CPOMS
- Every Friday at 8.30am the team meets to discuss any concerns around vulnerable pupils that have been posted on CPOMS that week
- Every week Tom and the team work closely with the South Manchester social workers to protect the vulnerable children

# What should I do?

- A culture of constant vigilance and readiness and consistency
- Be observant but not intrusive: a watchdog not a bloodhound! It is NOT your job to 'investigate'
- Don't promise confidentiality (or break it if you have to)
- Keep an open mind – don't judge what the child says
- Listen to the child rather than speaking yourself
- Reassure them that they have done nothing wrong
- Accept their language, even if it is unconventional
- Make dated and timed records straightaway (or immediately afterwards) but do not ask the child to write down or sign anything and log it on cpoms

**Then tell whoever needs to know - immediately. Who is that? How? What is NGPS's procedure?**

# So what are the signs of abuse

## Self-injury

Aggressive and attention-seeking behaviour

Significant change in behaviour

Extreme anger or sadness

Age inappropriate  
sexual behaviour

Suspicious bruises with  
unsatisfactory explanations

## Depression

Lack of self-esteem

# Lauren Wright 1994-2000

- Abandoned at the age of 3
- Lived with paternal grandmother and father
- Father married Tracey Scarff
- Anonymous reports made to Social Care
- Seen by paediatrician but injuries thought to be consistent with explanations provided
- Lauren died on 6<sup>th</sup> May 2000



# Lauren Wright 1994-2000

*“Lots of times, often she was covered with lots of small bruises and with major bruises about once a month. These included black eyes, bruising to her face and scratches across her back”*

Class teacher

*“Her physical deterioration had been apparent for the last 5 months before she died”*

Headteacher

# Lauren Wright, what went wrong?

- Lauren's step-mother was a member of staff in the school
- The senior designated professional had left the school and the role had not been replaced
- A governor had offered to take on the role of senior designated professional
- Lauren's teacher had not received any child protection training
- Lauren's step-mother had told a paediatrician that Lauren was being bullied at school
- The school did not make a referral to children's social care

# Serious case reviews... lessons

Poor recording practice

Failing to listen to views of the child

Failing to assess complex situations and improve

Failing to take time to safeguard

Failing to address physical and emotional neglect

Failing to take into account cultural and religious context

Failing to consider the rights and needs of the child

**Think the unthinkable**

**Be professionally curious**

**Child centred focus**

# Concern, Disclosure, Harm

Do not wait, it is your responsibility to pass the information on.

Do not leave it until the end of the day or even the following day

# Whistleblowing

- If you are worried about the conduct of a member of staff then let the Head teacher know.
- If you are worried about the conduct of the Head teacher then let the Chair of Governors know.

# Part 2

- Part 2



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## Adverse Childhood Experiences (ACE's)

# Context

- Today's youngsters are the unhappiest in almost a decade because they do not know how to cope with setbacks, research by the Prince's Trust has found.
- The charity said worries about the future, money, and "not being good enough" were "piling up" on young people aged 16-25.
- Its research found that happiness and confidence in emotional health had dropped to their lowest levels since 2009

# Context

- 50% of life time mental illness starts before the age of 14
- Only 30% of those who need support currently get access to it
- Many of the problems young people face are rooted in unmet needs/early trauma
- Up to 40% of young people have an insecure attachment with at least one caregiver
- As many as 80% of young people with diagnosed ADHD have attachment issues

# Attachment

<https://www.youtube.com/watch?v=IOeQUwdAjE0>

This video is restricted on school site so needs to be viewed off site

# Attachment

Attachment is the affectionate bond children have with special people in their lives that lead them to feel pleasure when they interact with them and be comforted by their nearness during times of stress. Researchers generally agree that there are four main factors that influence attachment security: **opportunity to establish a close relationship with a primary caregiver; the quality of caregiving; the child's characteristics; and the family context.** Secure attachment is an important protective factor for mental health later in childhood, while attachment insecurity is widely recognised as a risk factor for the development of behaviour problems.

# Impact on the lives of young people

The relationship between ACEs and the development of health harming behaviours and chronic disease in adulthood was first explored in the USA by Felitti et al 1998. Based on this research, organisations including the US Centres for Disease Control and Prevention (CDC) and the World Health Organization (WHO) have strongly promoted research into ACEs internationally and have developed standard ACE tools to support measurement of the prevalence and impact of ACEs on population health.

# Impact on the lives of young people

A growing body of research is revealing the long-term impacts that experiences and events during childhood have on an individual's life chances.

Adverse Childhood Experiences (ACEs) have been shown to be associated with the development of a wide range of harmful behaviours including:

smoking, harmful alcohol use, drug use, risky sexual behaviour, violence and crime. They are also linked to diseases such as diabetes, mental illness, cancer and cardiovascular disease, and ultimately to premature mortality.

ACE's: Highly stressful and potentially traumatic events or situations

Maltreatment

Violence & Coercion

**Prejudice**

*Adjustment*

Bereavement &  
Survivorship

**Adult  
responsibilities**

**Inhumane treatment**

Household or  
family  
adversity

# Impact on the lives of young people

2x more likely to binge drink  
or have a poor diet

11x more likely to have been  
involved with the Police

11x more likely to have used  
illicit drugs

6x more likely to have an  
unexplained teenage  
pregnancy

3x more likely to be a current smoker

7x more likely to have  
been involved in  
violence

4x more likely to have low levels of mental  
wellbeing & life satisfaction

Certain individuals and groups are more at risk of developing mental health problems than others. These risks can relate to the child themselves, to their family, or to their community or life events. **Risk factors are cumulative.** Children exposed to multiple risks such as social disadvantage, family adversity and cognitive or attention problems are much more likely to develop behavioural problems.

Analysis of data for 16,000 children suggested that boys with **five or more risk factors** were almost eleven times more likely to develop conduct disorder under the age of ten than boys with no risk factors. Girls of a similar age with **five or more risk factors** were nineteen times more likely to develop the disorder than those with no risk factors.

# Risk factors (the Child)

- Genetic influences
- Low IQ and learning disabilities
- Specific development delay or neuro-diversity
- Communication difficulties
- Difficult temperament
- Physical illness
- Academic failure
- Low self-esteem

# Protective factors (the child)

- Being female (in younger children)
- Secure attachment experience
- Outgoing temperament as an infant
- Good communication skills, sociability
- Being a planner and having a belief in control
- Humour
- Problem solving skills and a positive attitude
- Experiences of success and achievement
- Faith or spirituality
- Capacity to reflect

# Risk factors (in the family)

- Overt parental conflict including domestic violence
- Family breakdown (including where children are taken into care or adopted)
- Inconsistent or unclear discipline
- Hostile and rejecting relationships
- Failure to adapt to a child's changing needs
- Physical, sexual, neglect or emotional abuse
- Parental psychiatric illness
- Parental criminality, alcoholism or personality disorder
- Death and loss – including loss of friendship

# Protective factors (in the family)

- Affection
- Clear, consistent discipline
- Support for education
- Supportive long term relationship or the absence of severe discord
- At least one good parent-child relationship (or one supportive adult)

# Risk factors (in the school)

- Bullying
- Discrimination
- Breakdown in or lack of positive friendships
- Deviant peer influences
- Peer pressure
- Poor pupil to teacher relationships

# Protective factors (in the school)

- Clear policies on behaviour and bullying
- 'Open door' policy for children to raise problems
- A whole-school approach to promoting good mental health
- Positive classroom management
- A sense of belonging
- Positive peer influences

# Risk factors (in the community)

- Socio-economic disadvantage
- Homelessness
- Disaster, accidents, war or other overwhelming events
- Discrimination
- Other significant life events

# Protective factors (in the community)

- Wider supportive network
- Good housing
- High standard of living
- High morale school with positive policies for behaviour, attitudes and anti-bullying
- Opportunities for valued social roles
- Range of sport/leisure activities

# Scenario (Example)

- You are teaching your lesson when child A arrives late and appears to be quite wound up
- When required to produce some work, child A refuses to engage
- Another student accuses Child A of throwing a pencil
- Child A then gets involved in an argument with one of their peers
- Child A then verbally abuses you and aggressively pushes the table away before storming out of the classroom

# Child A

- Lives with Mum and Dad plus younger sibling
- Both parents work
- Older siblings removed several years ago due to neglect and alleged sexual abuse
- Child A shared a bed with Dad's brother, a scheduled 1 offender
- Child A has repeatedly alleged that Dad takes drugs and deals drugs but no evidence ever found following referrals to Children's Services
- Mum and Dad were on the verge of splitting up recently
- Dad went missing from home with younger sibling, aged 4
- Referral made and now picked up by Children's Services – family on register at CP for neglect
- Dad now staying in Oldham – Child A is with Gran until house is habitable (see photographs)

# Child A



# What students say

"when you notice, or I tell you that I need help, you should already know what the

"Include me in decisions about my life"

"Understand my behaviour"

"Keep me safe and don't betray my trust"

"Recognise

"Stop asking me to repeat myself"

to talk to you"

survive  
this long"

"The way  
treat me  
matter"

"Social Sevices should have taken me from my mum years ago"

"Don't label me because of the experiences I've had"

"I feel like nobody cares"

you don't know where I'm coming from"

"I'm lonely"

"Find a way that we can both understand each other"

"Don't pass me from person to person"

# Emotional intelligence

Relationships are at the heart of all we do. We are the adults and we need to manage our emotions when faced with a challenging situation. We need a nuanced response depending on the situation and at times, the child.

## **Key behaviours that can escalate a situation:**

Mentioning home

Following a student

Shouting (a raised voice is ok if you are in control of your emotions)

Sarcasm

Personal space

Finger pointing

Inconsistency

Not listening

## **Calming techniques:**

Hands off

Crouching down

Calm voice

Repeated instructions

When/then

Give them time

Body Language

# Why don't more children disclose

They may not realise that they are being abused

Threats and coercion by the abuser or love for them

Fear of the consequences, for themselves and for the abuser/wider family

Issues of power and authority

A fear that they will not be believed

Communication or learning difficulties

Embarrassment and a sense of shame or guilt

Lack of opportunity or knowledge of where to go

Nobody listened/noticed

**It is everyone's job to at least try to overcome these obstacles**

# Relationships 'The NGPS way'

- Relationships are at the heart of our teaching model.
- The good news is that you don't need to be a specialist on attachment to make a difference to young people's future mental health and wellbeing.
- Building rapport with students and parents might just help the most vulnerable to better cope with the chaos and trauma that they are having to deal with.

# Part 3

- Part 3

# Female genital mutilation (FGM)

Female genital mutilation (FGM) is the partial or total removal of external female genitalia for non-medical reasons. It's also known as female circumcision or cutting. Religious, social or cultural reasons are sometimes given for FGM. However, FGM is child abuse and is illegal.

# FGM indicators

A girl at immediate risk of FGM may not know what's going to happen. But she might talk about or you may become aware of:

- A long holiday abroad or going 'home' to visit family relative or cutter visiting from abroad
- A special occasion or ceremony to 'become a woman' or get ready for marriage
- A female relative being cut – a sister, cousin, or an older female relative such as a mother or aunt

# Indicators FGM may have taken place

- Have difficulty walking, standing or sitting
- Spend longer in the bathroom or toilet
- Appear withdrawn, anxious or depressed
- Having unusual behaviour after an absence from school or college.
- Be particularly reluctant to undergo normal medical examinations
- Ask for help, but may not be explicit about the problem due to embarrassment or fear

# Sudan

The reasons for FGM is connected to control or to stop pre- marital sex, preserve virginity and show love.

They said that when women enter new relationships, they re-do the procedure to show love. This is referred to as 'Taadeel' – that is 'to repair', 'cement' and 'secure' new relationships. This means that FGM is a continuous practice and not a one off act. It increases pleasure for the men and also adds value to a relationship to know a woman has done it again for them.

Two Sudanese men were interviewed, they stated

In the UK, British Sudanese women originally from Sudan if married to Sudanese men, end up divorced when they discover the women have not had FGM done. "The divorce is almost immediate" said one interviewee. "It is happening as we speak," he said. Women have it done to save their marriages.

They said most children born here have not had FGM done, but some are taken outside of the country to have the procedure done.

# Case study

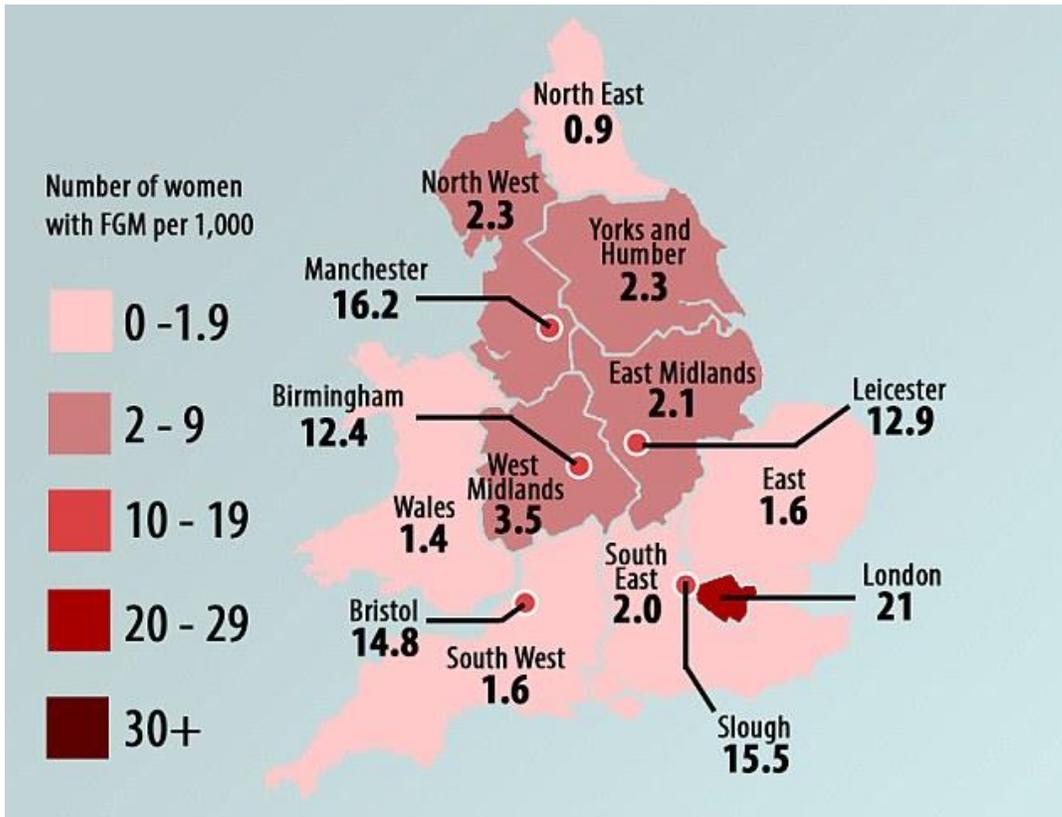
I was born in Sierra Leone and lived with my mother and sister. I was cut when I was 8 years old. I was told that there will be a grand ceremony and they bought me a very pretty dress. They invited a lot of other women and there was music and dance. Then the women took me into an empty room and one came behind me and pinned me to the floor by pressing my shoulders hard. Another held my left leg and a third held my right leg. At that point I started panicking and asked them to release me. They did not listen. My mother has disappeared and the only familiar face was that of my auntie who kept on telling me to lie down and be quiet. A very old lady came in sat in front of my opened legs and opened a piece of cloth. She took out a blade and started cutting me. The pain was excruciating. I started screaming. I tried with all my strength to free my legs but the two women holding me, held harder and harder and I kept screaming. The woman kept on cutting. I think I fainted at that point.

I felt betrayed by my mother and did not want to talk to her. She told me that when I grew up I would be able to have children safely and my husband would love me.

Since that day I had a lot of pain when I passed water and when I started having a period I would scream from the pain sometimes. I never felt anything when my husband came to my bed at night. I cleaned his house, cooked for him and he forced me to sleep with him all the time. It hurt a lot. I could not have children; it might have been a result of the cutting. My husband left me because he had the right to take another wife and because he said I brought him bad luck.

I was at a really low point in my life, I had nobody.

# FGM in England and Wales



There are an estimated 137,000 women and girls affected by FGM in England and Wales

Source: Macfarlane, A. and Dorkenoo, E. (2015) Prevalence of female genital mutilation in England and Wales: national and local estimates (PDF).

# Implements used



# How to prevent FGM

- Watch out for the signs-
- Parents state that they or a relative is taking child out of the country for a prolonged period of time.
- The country they are going to check if the practise is prevalent.
- A child may state they are having a special procedure.
- Children may talk about FGM to friends in general conversation.

# FGM Is Illegal

FGM has been a criminal offence in the UK since 1985. In 2003 it also became a criminal offence for UK nationals or permanent UK residents to take their child abroad to have female genital mutilation.

Anyone found guilty of the offence faces a maximum penalty of 14 years in prison.

## **Reporting requirements**

Regulated health and social care professionals and teachers in England and Wales must report 'known' cases of FGM in under 18s to the police

**It is a form of child abuse and violence against women**

# Reporting

- If a disclosure has been made or you have concerns then speak to a member of the Safeguarding Team immediately.
- You should ensure that you keep a comprehensive record of any discussions held with the young person and who you have spoken with. This will include the circumstances surrounding the initial disclosure of FGM, Safeguarding actions taken.
- The report is then made to the Police on either 101 or 999 if necessary.

# Forced marriage and so called honour based violence

A forced marriage is a marriage in which one or both spouses do not (or, in the case of some adults with learning or physical disabilities or mental incapacity, cannot) consent to the marriage and violence, threats or any other form of coercion is involved. Coercion may include emotional force, physical force or the threat of physical force and financial pressure.

'Honour' based violence (HBV) is a form of domestic abuse which is perpetrated in the name of so called 'honour'. The honour code which it refers to is set at the discretion of male relatives and women who do not abide by the 'rules' are then punished for bringing shame on the family.

# What is arranged marriage?

**Arranged marriage** is a type of marital union where the bride and groom are selected by individuals other than the couple themselves, particularly family members, such as the parents. Depending on culture, a professional matchmaker may be used. " **Arranged marriages** have historically been prominent in many cultures

# Radicalisation and Extremism

## Definition of Radicalisation

“Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism leading to terrorism”.

(UK Prevent Strategy 2011)

## Definition of Extremism

“Extremism is the vocal or active opposition to our fundamental values, including democracy, the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. We also regard calls for the death of members of our armed forces as extremist.”

(Counter-Extremism Strategy, 2015)

# Manchester Referral Route

Where you think there is an immediate threat to life call the emergency services on 999  
If you have a concern for the safety of a specific young person at risk of radicalisation  
you should follow your school's safeguarding procedure - **Speak to your designated  
Safeguarding Lead**

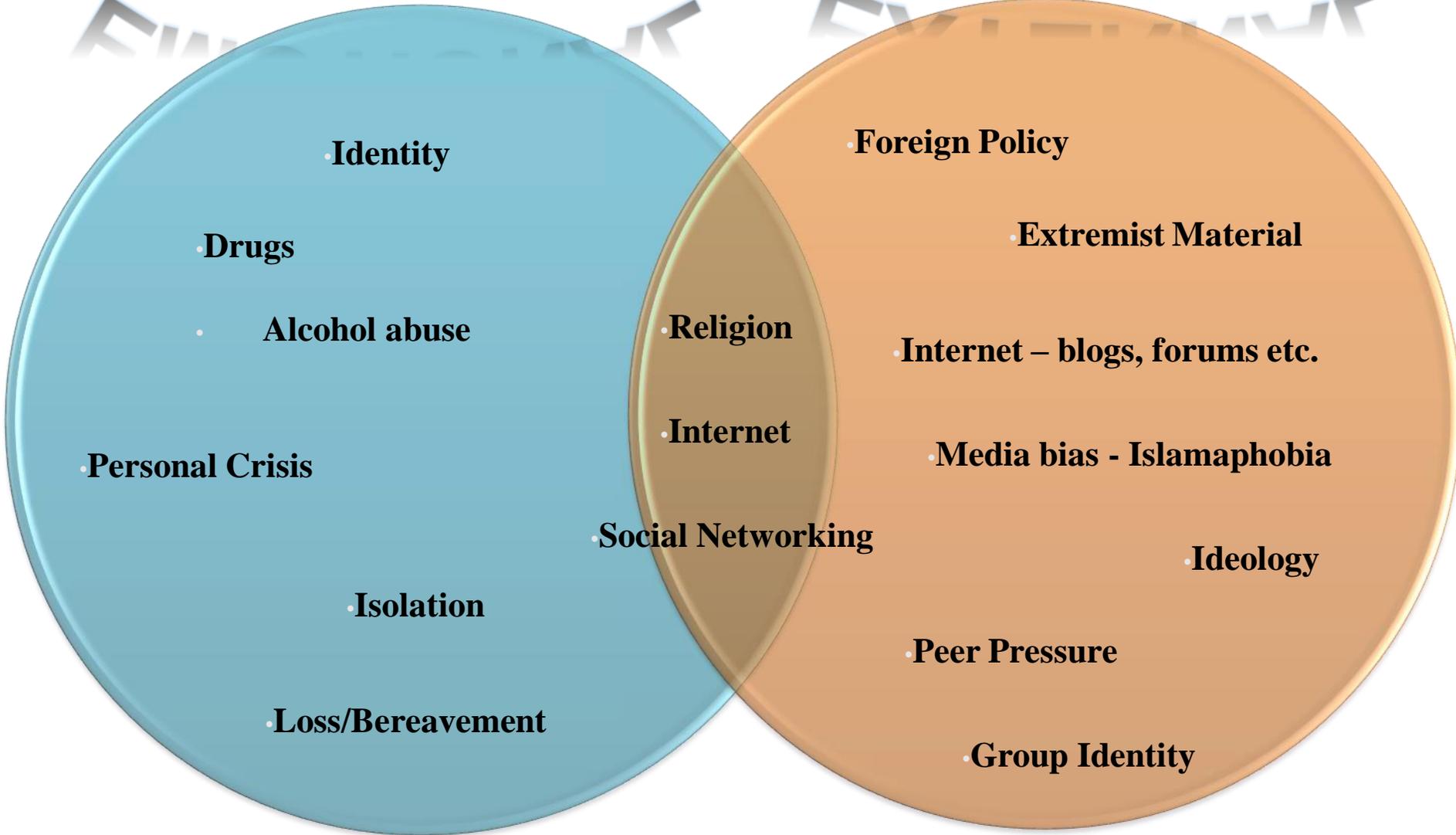
The access/referral point for all partners is Manchester's Contact Centre tel: 0161 234  
5001

# Signs of Radicalisation

<b>Emotional</b>	<b>Verbal</b>	<b>Physical / Environmental</b>
Short tempered	Fixated on a subject	Tattoos
Angry	Closed to new ideas	Use of internet
New found arrogance	Change in language / use of words	Change of routine
Withdrawn	Asking inappropriate questions	New circle of friends
Depressed	Scripted speech	Absent
Tired	Derogatory/inflammatory comments	Missing from school and or home

# EMOTIONAL

# EXTERNAL



# What is Prevent?

**CONTEST** is the name of the United Kingdom's counter-terrorism strategy. It is split into 4 strands:-

1. Protect...against attack. Border controls/ bomb proof infra structure etc

2. Prepare...mitigate impact where an attack can't be stopped

3. Pursue...detect attacks, disrupt and stop them, prosecute those responsible

## 4. PREVENT

– Safeguarding vulnerable individuals in the UK using established safeguarding procedures

**Manchester is one of 10 priority areas in the UK. Concerns are high for:-**

Hate Crime, Far Right Crime and Disorder, Online and Offline, ISIS/ISIL, travel to Syria and increasingly travel of young women and even families.

# The Prevent Duty – July 2015

- Places a statutory responsibility of specified authorities to have due regard to the need to prevent people being drawn into terrorism
- ▶ ‘All publicly funded schools are required by law to teach a broad and balanced curriculum which promotes the spiritual, moral, social and cultural development of pupils and prepares them for the opportunities, responsibilities and experiences of life. They must promote community cohesion....and are required to promote British values’
- ▶ ‘Schools and childcare providers should have clear procedures in place for protecting children at risk of radicalisation’

# Channel

If an individual is being targeted towards political, religious or ideological extremism, they can be referred to the *Channel* programme. This is a multi-agency approach which aims to identify options to 'push' someone away from being radicalised further.

School staff and childcare providers should understand when it is appropriate to make a referral to the *Channel* programme. *Channel* focuses on providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism. It provides a mechanism for schools to make referrals if they are concerned that an individual might be vulnerable to radicalisation

# Channel

The government has emphasised that schools must promote British values in their ethos and teaching. These five values are:

- Democracy
- The rule of law
- Individual liberty
- Mutual respect
- Tolerance of those of different faiths and beliefs

# Signs and Symptoms

Not listening to others points of view

Graffiti symbols in work books

**Attempts to access extremist websites**

Writing or artwork promoting extremist messages

Refusal to engage

Rejection of activities they once enjoyed

Sudden and/or unexplained changes in appearance

**Argumentativeness,  
aggression and not willing  
to listen**

Taking a deeper interest in religion

**Distancing themselves from  
friends**

And Finally – just remember what a child may be going through.....

“Cause I Ain’t Got a Pencil” By Joshua T. Dickerson (Baltimore City School pupil)



I woke myself up  
Because we ain’t got an alarm clock  
Dug in the dirty clothes basket,  
Cause ain’t nobody washed my uniform  
Brushed my hair and teeth in the dark,  
Cause the lights ain’t on  
Even got my baby sister ready,  
Cause my mamma wasn’t home.  
Got us both to school on time,  
To eat us a good breakfast.  
Then when I got to class the teacher fussed  
Cause I ain’t got a pencil.