

A stylized illustration of two children holding hands. The child on the left is a boy with dark hair, wearing a green shirt and pink shorts, with green shoes. The child on the right is a girl with blonde pigtails, wearing a pink dress with a white flower pattern and blue shoes. They are holding hands with a grey line, and other parts of other children are visible on the far left and right edges.

Safeguarding and Child Protection in School

Levels 1 and 2

Andrea Glynn – Schools Safeguarding Officer

Lancashire County Council

01772 531196

andrea.glynn@lancashire.gov.uk

A stylized illustration of two children holding hands. The child on the left has dark skin, short dark hair, a green shirt, and pink shorts. The child on the right has light skin, blonde hair, a pink dress with a white flower, and blue shoes. They are holding hands with a grey line that has small brown circles at the joints. The background is white.

Learning Outcomes

Level 1

By the end of this training you should:

- Know what child abuse and neglect are
- Know the categories, signs and symptoms of abuse and neglect
- Have an understanding of child development
- Know how to maintain a child centred approach
- Know what to do in response to concerns
- Understand school's roles and responsibilities
- Know about the legislation and guidance that affects safeguarding in schools

A stylized illustration of two children holding hands. On the left is a boy with brown hair, wearing a green shirt and pink shorts, with green oval feet. On the right is a girl with blonde hair, wearing a pink dress with white flowers and blue oval feet. They are connected by a grey line with brown circular joints. The background is white.

Learning Outcomes

Level 2

By the end of this training you should:

- Be able to identify any signs of abuse or neglect
- Know how and when to refer to Children's Social Care
- Understand how to document concerns and when to share information
- Understand specific safeguarding issues including online safety
- Have an understanding of the Continuum of Need, Thresholds and Early Help/Support

A colorful illustration of children holding hands in a circle. In the foreground, a boy with brown hair, a green shirt, and pink shorts holds hands with a girl with blonde hair, a pink dress with a white flower pattern, and blue shoes. Other children are partially visible in the background, including one with orange hair and one with yellow hair. The background is white with a faint grey line connecting the children's hands.

What is SAFEGUARDING?

- Safeguarding is **EVERYTHING** concerned with keeping children safe. It covers everything from child protection to accidents, crime and bullying.
- Safeguarding is about doing what is best for children.
- Child Protection is a **part** of safeguarding.
- Child Protection is reactive – safeguarding is preventative
- Safeguarding is **EVERYONE's** responsibility, whether you are a volunteer, Head Teacher, Welfare Assistant or member of the community

Legislation, Guidance and Policy

Legislation

- Children Act 1989
- Children Act 2004
- Education Act 2002
- Education & Skills Act 2008

Guidance

- Working Together to Safeguard Children (WTTSC) 2015
- Keeping Children Safe in Education (KCSIE) updated Sept 2016
- What to do if you are worried a child is being abused 2015
- LSCB

School Policy

- Safeguarding Policy – include procedures, information on specific safeguarding issues, PREVENT, Safeguarding Children with Disabilities, Safer Recruitment, Online Safety...
- Associated Policies – E-safety, behaviour, Staff code of conduct, Attendance...

Keeping Children Safe in Education

Part One: Safeguarding Information for all staff

What school and college staff should know and do

Types of abuse and neglect

Specific safeguarding issues

Part two: The management of safeguarding

The responsibility of governing bodies, proprietors and management committees

Part three: Safer Recruitment

Recruitment, Selection and pre-employment vetting

Part four: Allegations of abuse made against teachers and other staff

Duties as an employer and an employee

Initial considerations

Supporting those involved

Managing the situation and exit documents

Specific Actions

A stylized illustration of two children holding hands. The child on the left has brown skin, black hair, a green shirt, and pink shorts. The child on the right has white skin, blonde hair, a pink dress with a white floral pattern, and blue shoes. They are connected by a grey line with circular nodes. The background is white with faint outlines of other children's hands and feet.

KCSIE – Part One

- **What school staff should know and do:**

“Schools and colleges and their staff form part of the wider safeguarding system for children.”

“Safeguarding and promoting the welfare of children is **everyone’s** responsibility”

“...all professionals should make sure their approach is child-centred.”

“...they should consider, at all times, what is in the **best interests** of the child.”

“If children and families are to receive the right help at the right time , **everyone** who comes into contact with them has a role to play in **identifying concerns, sharing information and taking prompt action.**”

A stylized illustration of two children holding hands. On the left is a boy with dark hair, a smiling face, a green shirt, and a pink skirt, standing on green shoes. On the right is a girl with blonde pigtails, a smiling face, a pink dress with white flowers, and blue shoes, standing on blue shoes. They are holding hands with a grey line that has small brown circles at the joints. The background is white.

KCSIE

- **Early Help**

“**All** school and college 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 to the teenage years.”

“In the first instance staff should discuss early help requirements with the designated safeguarding lead.”

“Staff may be required to support other agencies and professionals in an early help assessment.”

A stylized illustration of two children holding hands. The child on the left has dark hair, a smiling face, a green shirt, and a pink skirt. The child on the right has blonde hair, a smiling face, a pink shirt, and a pink skirt. They are holding hands with a grey line. The background is white.

KCSIE

- **Staff training and updates**

“All staff members should receive appropriate safeguarding and child protection training which is regularly updated.”

“In addition all staff members should receive safeguarding and child protection updates (for example, via email, e-bulletins and staff meetings), as required but at least annually, to provide them with relevant skills and knowledge to safeguard children effectively.”

Child Development



4 - 5 years



5 - 8 years



9-11 years



12-17 years

Child Development

4 years

- Walks or runs alone up and down stairs, one foot to a step in adult style.
- Sits with knees crossed.
- Hops on one foot. Stands and runs on tiptoe.
- Speech grammatically correct and completely intelligible.
- Washes and dries hands, brushes teeth.
- Can undress, dress except for laces and ties.
- Understands need for taking turns in play.
- Needs the companionship of other children.
- General behaviour more independent and strongly self willed.
- Gives full name, home address and usually age.
- Eats skillfully

5 years

- Curious about people and how the world works.
- Has more confidence in physical skills.
- Uses words to express their feelings.
- Likes grown up activities.
- Shows definite sense of humour.
- Tender and protective towards younger children and pets.
- General behaviour more sensible, controlled and independent.
- Needs constant reminder for tidiness.
- Engages in elaborate make believe play.



Child Development

5 to 8 years

- Can dress themselves.
- Catches a ball more easily with only their hands.
- Can easily tie their shoes.
- Developing independence from family becomes more important now.
- Events such as starting school bring children this age into regular contact with the larger world.
- Friendships become more and more important.
- Physical, social, and mental skills develop rapidly at this time.
- This is a critical time for children to develop confidence in all areas of life, such as through friends, schoolwork and sports.

Child Development

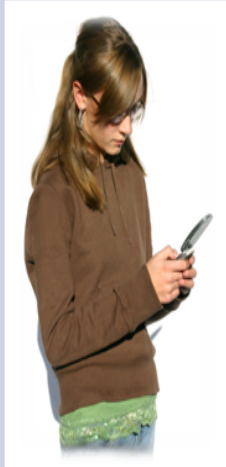
9 to 11 years

- Growing independence from the family and interest in friends might be obvious by now.
- Healthy friendships are very important to the child's development, but peer pressure can become strong during this time.
- Children who feel good about themselves are more able to resist negative peer pressure and make better choices for themselves.
- This is an important time for children to gain a sense of responsibility along with their growing independence.
- Physical changes of puberty may be showing by now, especially for girls.
- Another big change children need to prepare for during this time is starting middle or junior high school.

Child Development

12 to 14 years

- More concern about body image, looks, and clothes.
- Focus on self, going back and forth between high expectations and lack of confidence.
- Moodiness.
- More interest in and influence by peer group.
- Less affection shown towards parents.
- May sometimes seem rude or short tempered.
- Anxiety from more challenging school work.
- Eating problems sometimes start at this age.
- Has more ability for complex thought.
- Better able to express feelings through talking.
- Has a stronger sense of right and wrong.
- Many teens sometimes feel sad or depressed.
- Depression can lead to poor grades at school, alcohol or drug use, unsafe sex, and other problems.



15 to 17 years

- Middle adolescence is a time of physical, mental, cognitive, and sexual changes for teenagers.
- Most girls will be physically mature by now, and most will have completed puberty.
- Boys might still be maturing physically during this time.
- They may have concerns about body size, shape or weight.
- Eating disorders can also be common, especially among females.
- During this phase of development, the teenager is developing their unique personality and opinions.
- Peer relationships are still important, yet will have other interests as they develop a more clear sense of identity.
- Middle adolescence is also an important time to prepare for more independence and responsibility; such as part time work, and many will be leaving home soon after high school.
- Increased interest in the opposite sex, or same sex.
- Decreased conflict with parents. Increased independence from parents.
- Deeper capacity for caring and sharing and the development of more intimate relationships.
- Decreased time spent with parents and more time spent with peers.

Denial

- Difficult to accept abuse takes place

Guilt

- Because we all make mistakes

Fear

- That we won't know what to do

Anger

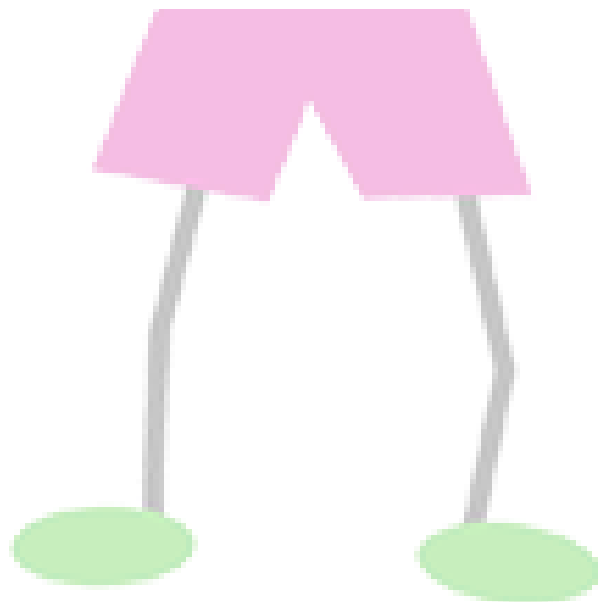
- That people can do such things to children

Pain

- At the recognition of abuse in our own lives

Jealousy

- If we have to let another professional take over



PROFESSIONAL AWARENESS AND RESPONSIBILITY

OBLIVION

What?
 "There's no such thing as child abuse"
 "Abuse doesn't happen amongst people I know"
 "Too much is made of abuse - it isn't that common"

REALITY

Enough awareness to:
 * Reconise abuse situations
 * Help children who are abused
 * Protect children
 * Prevent abusive situations

OBSESSION

"Everyone abuses children"
 "Abuse is very common in some types of family"
 "Any single person who works with children is an abuser"

Both extremes can be abusive

A stylized illustration of two children holding hands. The child on the left has brown hair, a smiling face, a green shirt, and pink shorts, standing on green feet. The child on the right has blonde hair, a smiling face, a pink dress with a white floral pattern, and blue shoes, standing on blue feet. They are holding hands with a grey line and a brown dot at the joint. The background is white with faint outlines of other children's hands and feet.

Child Abuse and Neglect

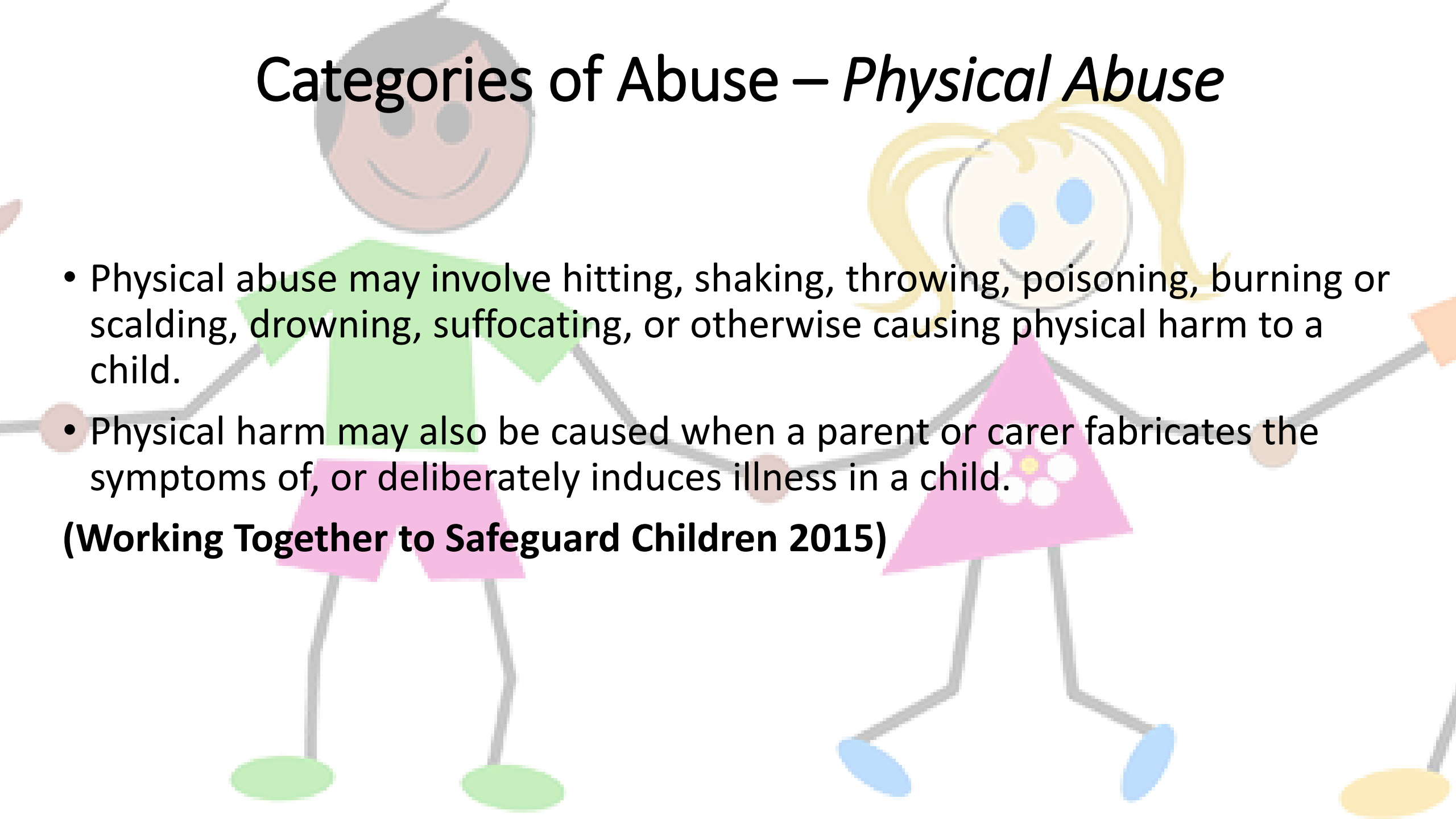
A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults or another child or children.

The abuse or neglect of any child can have a major long term effect on ALL aspects of their development and well-being.

Categories of Abuse – *Physical Abuse*

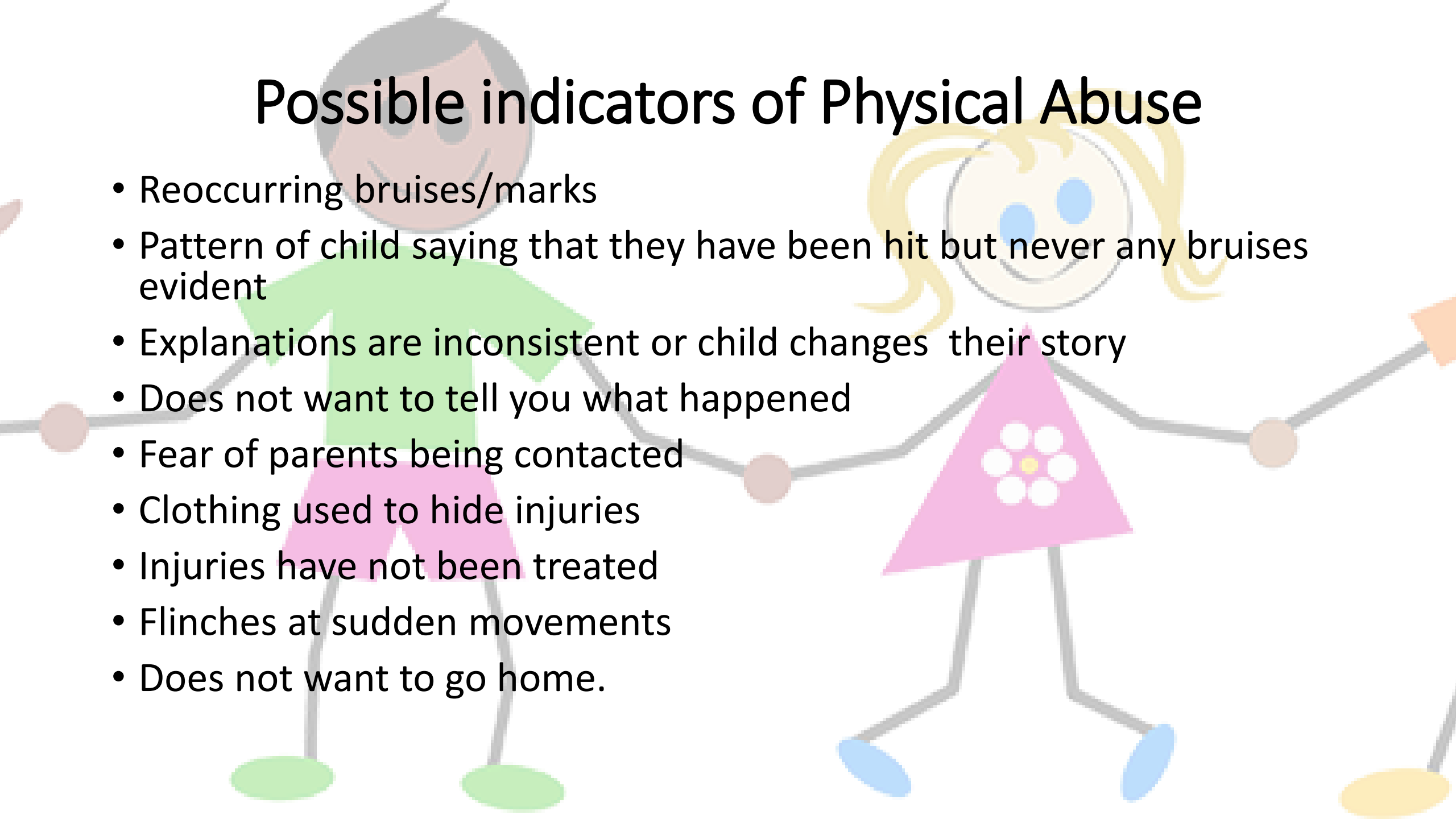
- Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child.
- Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child.

(Working Together to Safeguard Children 2015)



Possible indicators of Physical Abuse

- Reoccurring bruises/marks
- Pattern of child saying that they have been hit but never any bruises evident
- Explanations are inconsistent or child changes their story
- Does not want to tell you what happened
- Fear of parents being contacted
- Clothing used to hide injuries
- Injuries have not been treated
- Flinches at sudden movements
- Does not want to go home.



COMMON SITES FOR NON-ACCIDENTAL INJURY

SKULL fracture, bruising or bleeding under skull (from shaking)

NECK bruising, grasp marks

CHEEK/SIDE OF FACE bruising, finger marks

UPPER AND INNER ARMS bruising, grasp marks

SHOULDERS bruising, grasp marks

BACK, BUTTOCKS, THIGHS linear bruising outline of belt/buckles/scalds/burns

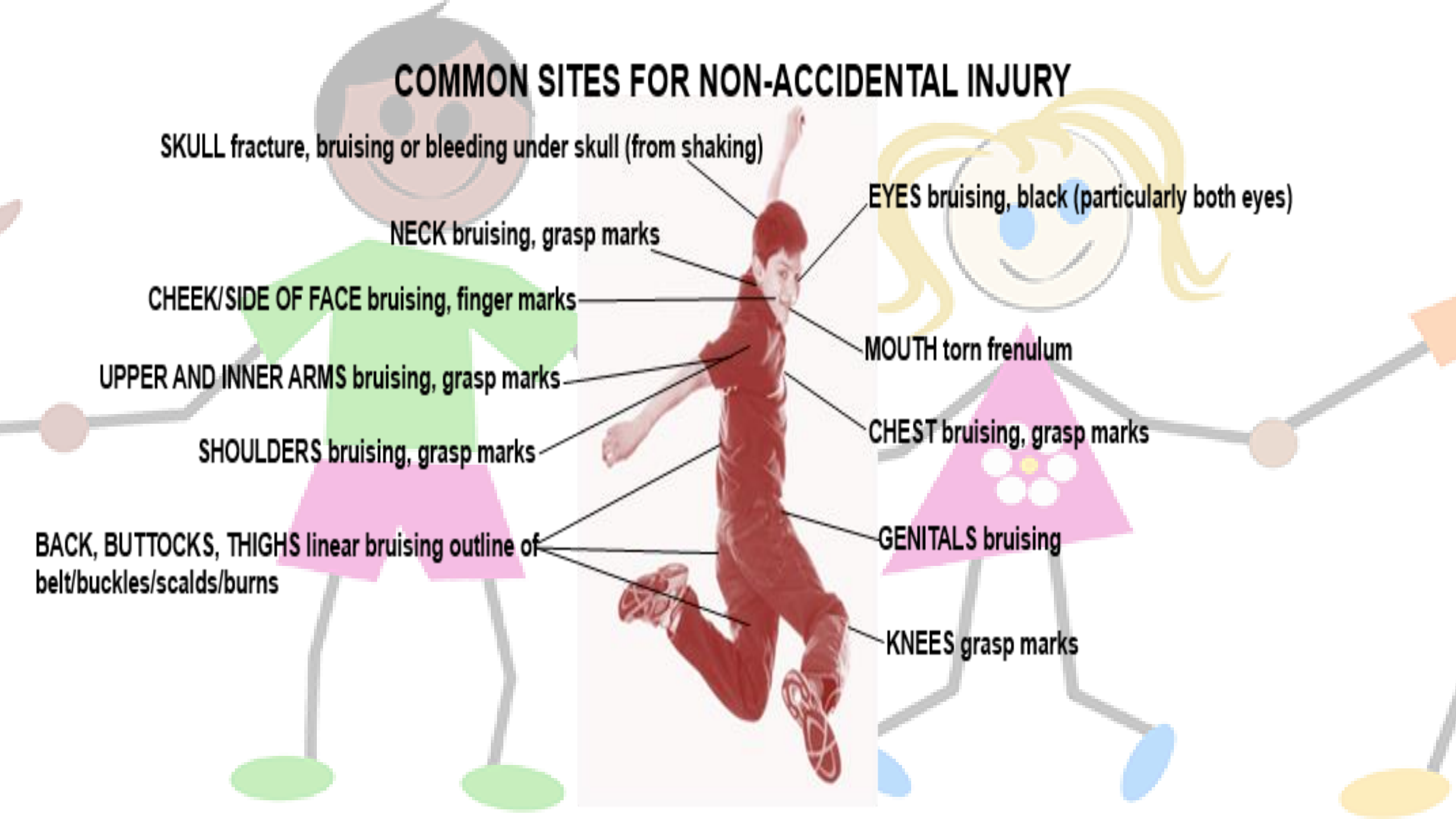
EYES bruising, black (particularly both eyes)

MOUTH torn frenulum

CHEST bruising, grasp marks

GENITALS bruising

KNEES grasp marks



Categories of Abuse – *Sexual Abuse*

- 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 they are aware of what is happening. The activities may involve physical contact, including assault by penetrative (e.g. rape, buggery or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing
- They may include non-contact activities, such as involving children in looking at, or in the production of, sexual 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.

Possible indicators of Sexual Abuse



- Physical injuries
- Pregnancy/STI's/chronic genito-urinary infections
- Patterns/changes in behaviour
- Explicit age-inappropriate language/behaviour
- Self harm
- Person/situation specific fears i.e. men, women, male/female relative, bathing, changing
- Indiscriminate affection
- Depression/anxiety
- Sexual language
- Inappropriate sexualised behaviour

Categories of Abuse – *Emotional Abuse*

- The *persistent* emotional maltreatment of a child such as to cause *severe and persistent adverse effects* on a 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 the 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 serious bullying (including cyber bullying), causing children 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.

Emotional Abuse could be...

- Persistent ridicule, rejection, humiliation
- Conveying to a child that they are useless, worthless
- Living in an atmosphere of fear and intimidation
- Being allowed no contact with other children
- Inappropriate expectations being imposed
- Low warmth, high criticism from the primary care giver
- Being bullied or scapegoated by someone, including another child. This includes online.
- Witnessing domestic abuse and/or it's effects
- Witnessing self harm
- Extremes of passivity/aggression.

Possible Indicators of Emotional Abuse



- Overly-affectionate towards strangers or people they haven't known for very long
- Lacking confidence or becoming wary or anxious
- Appearing not to have a close relationship with their parent, e.g. when being taken to or collected from nursery or school etc.
- Aggressive or nasty behavior towards other children and animals
- Use of language, acting in a way or know about things that you wouldn't expect them to know for their age
- Struggling to control strong emotions or have extreme outbursts
- They may seem isolated from their parents
- Lacking in social skills or have few, if any, friends



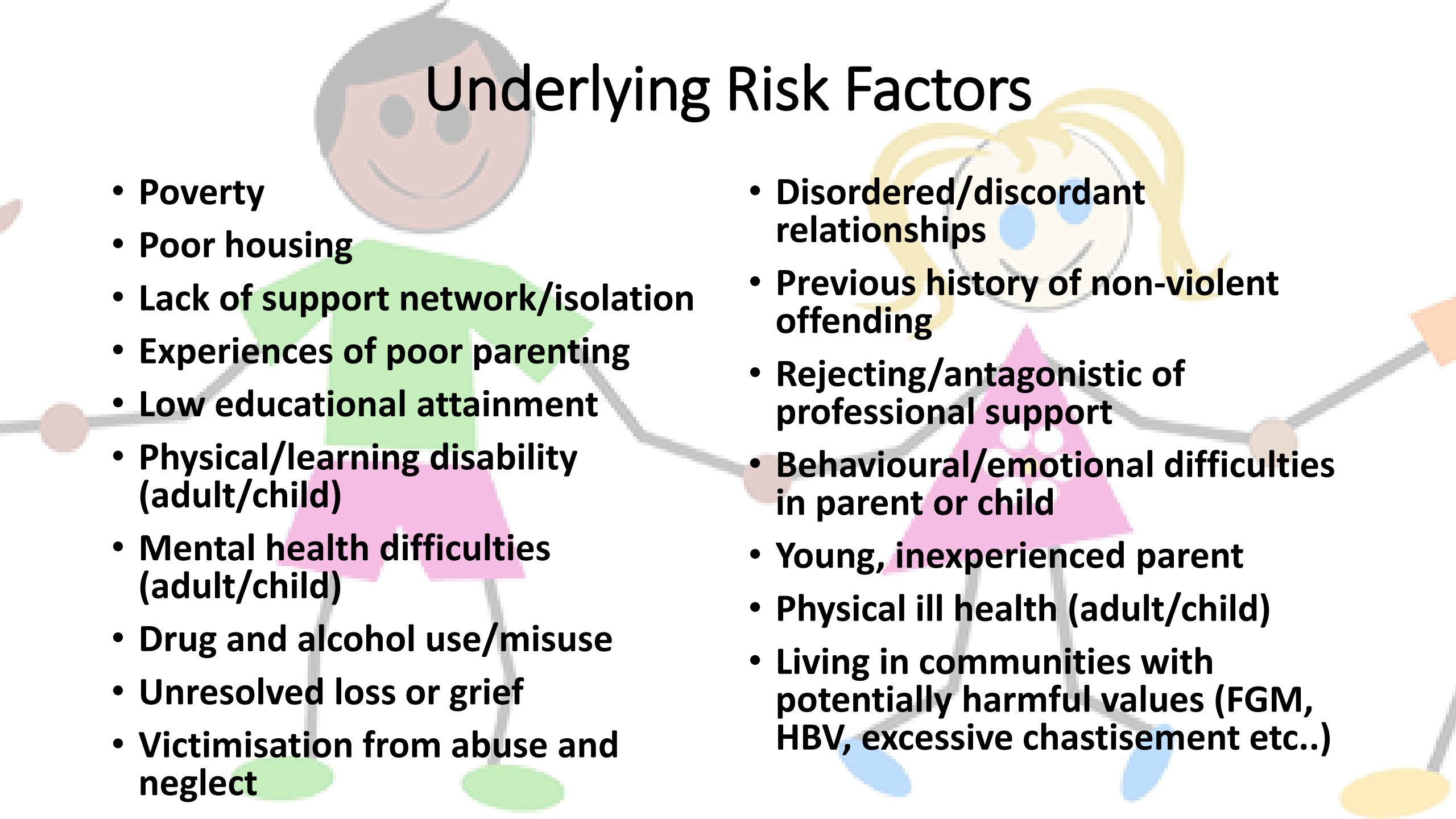
Categories of Abuse – *Neglect*

- 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 and clothing, shelter including exclusion from home or abandonment, failing to protect a child from physical and emotional harm or danger, failure to ensure adequate supervision including the use of inadequate care-takers, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Possible Indicators of Neglect

- **Poor appearance and hygiene** – smelly, dirty, unwashed clothes, inadequate clothing, hungry...
- **Health and development issues** – untreated injuries, medical and dental issues, repeated accidental injuries caused by lack of supervision, recurring illnesses or infections, not been given appropriate medicines, missed medical appointments such as vaccinations, poor muscle tone or prominent joints, skin sores, rashes, flea bites, scabies or ringworm, thin or swollen tummy, anaemia, tiredness, faltering weight or growth and not reaching developmental milestones (known as failure to thrive), poor language, communication or social skills
- **Housing and family issues** - living in an unsuitable home environment for example dog mess being left or not having any heating, left alone for a long time, taking on the role of carer for other family members

Underlying Risk Factors

- 
- **Poverty**
 - **Poor housing**
 - **Lack of support network/isolation**
 - **Experiences of poor parenting**
 - **Low educational attainment**
 - **Physical/learning disability (adult/child)**
 - **Mental health difficulties (adult/child)**
 - **Drug and alcohol use/misuse**
 - **Unresolved loss or grief**
 - **Victimisation from abuse and neglect**
 - **Disordered/discordant relationships**
 - **Previous history of non-violent offending**
 - **Rejecting/antagonistic of professional support**
 - **Behavioural/emotional difficulties in parent or child**
 - **Young, inexperienced parent**
 - **Physical ill health (adult/child)**
 - **Living in communities with potentially harmful values (FGM, HBV, excessive chastisement etc..)**

Specific Safeguarding Issues



- Domestic Abuse
- Child Sexual Exploitation (CSE)
- Child Trafficking
- Fabricated or Induced Illness (FII)
- Female Genital Mutilation (FGM)
- Forced Marriage and honour-based violence (HBV)
- Abuse of disabled children
- Child abuse linked to belief in “spirit possession”
- Organised abuse
- Radicalisation



How might you find out about abuse?

A child tells you what has happened or you witness it directly

Changes in a child's behaviour

You see injury or behaviour consistent with abuse and unlikely to have been caused in another way

You are told of the abuse by the child's friends or their parents

Signs of abuse are seen in artwork, play or creative writing

Anonymous sources tell you of the abuse

Parent's explanations do not fit the injuries, or explanations change

When a child makes a disclosure

Do

- Keep an open mind
- Reassure the child that they are right to tell
- Listen carefully
- Work at the child's pace
- Ask only open questions – if you must ask them, clarify the facts, don't interrogate
- Explain what you need to do next
- Record accurately and quickly using child's words
- Pass on to DSL same day

Don't

- Make false promises about confidentiality
- Interrupt
- Interrogate / investigate
- Assume e.g. this child tells lies
- Make suggestions about what is being said
- Speculate or accuse anyone
- Show anger, shock etc
- Tell the child to go and speak to someone else
- Forget to record accurately and/or pass on to DSL

A stylized illustration of two children holding hands. The child on the left has brown skin, black hair, and is wearing a green shirt and pink shorts. The child on the right has light skin, blonde hair, and is wearing a pink dress with a white flower pattern and blue shoes. They are holding hands with a grey line and a brown dot at the joint. The background is white.

Record Keeping

School CP/Safeguarding records should be:

- Fit for purpose
- Be written as soon as possible after the concern/disclosure
- Be factual
- Be written in ink, signed and dated
- Use the child's language when recording a disclosure
- Be given directly to the DSL or other appropriate member of staff
- Stored securely

A stylized illustration of two children holding hands. The child on the left has brown hair, a green shirt, and pink shorts. The child on the right has blonde hair, a pink dress with a white flower pattern, and blue shoes. They are connected by a grey line with brown circular joints. The background is white.

Information Sharing

- Whilst confidentiality is important, it should not be a barrier to sharing information in relation to safeguarding and child protection.
- Sometimes it is only when the information held by all agencies is collated that the true picture emerges.

“No enquiry into a child’s death or injury has ever questioned why information was shared. It has always asked the opposite.”

Information Sharing

Golden rules for information sharing

1. Remember that the Data Protection Act is not a barrier to sharing information
2. Be open and honest
3. Seek advice where in doubt
4. Share with consent whenever possible and where appropriate
5. Consider safety and wellbeing
6. Necessary, proportionate, relevant, accurate timely and secure
7. Keep a record

Pocket Guide to Information Sharing HM Gov 2008



A stylized illustration of two children holding hands. On the left is a boy with brown hair, wearing a green shirt and pink shorts, with green oval feet. On the right is a girl with blonde hair, wearing a pink dress with white flowers and blue shoes. They are holding hands, and the background is white with faint outlines of other children's hands and feet.

What happens next...?

- Once you have passed your concern on to the DSL you may wonder what happens.
- The DSL will make a decision based on lots of things such as: risk factors/indicators, frequency of concerns, recent events, family history.
- In most cases, it is good practice to contact parents about the concern.
- This should be done in a supportive way and professionals should feel able to challenge parents.
- Early support may be offered via CAF or signposting to other agencies, the concerns may meet the threshold for a referral to Children's Social Care or the situation may continue to be monitored.
- If in any doubt about the correct course of action, seek advice.

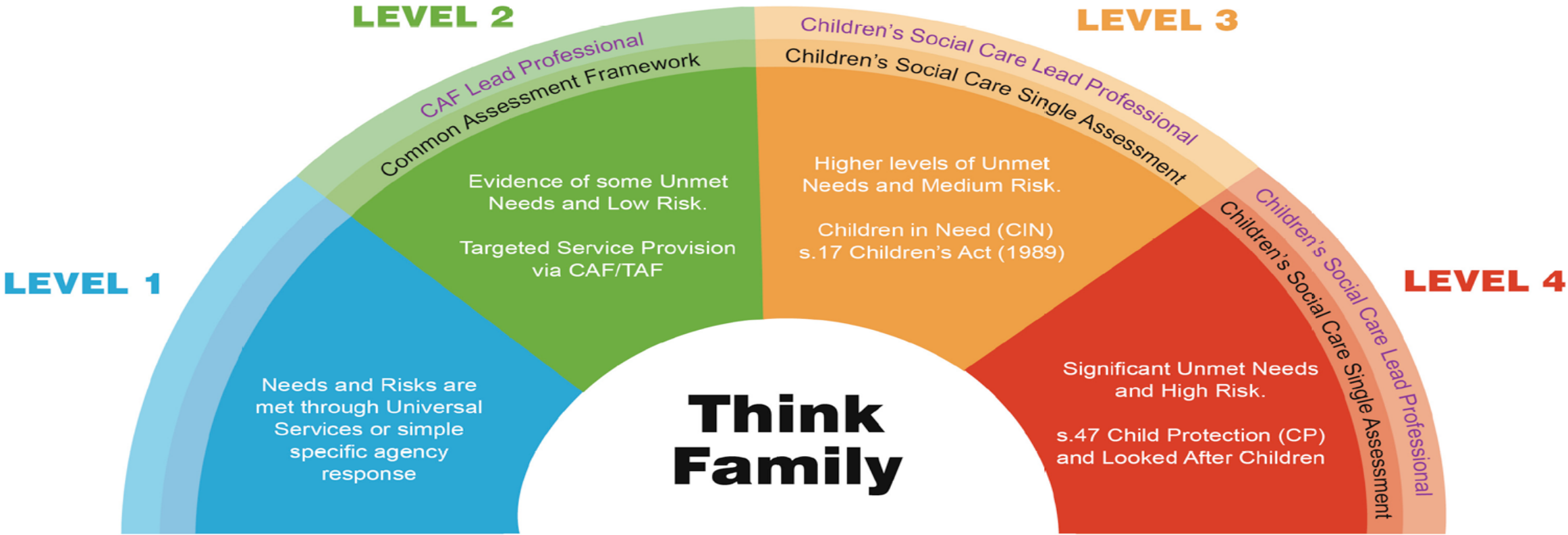
A background illustration of several children holding hands in a circle. One child in the foreground is a girl with brown hair, wearing a green shirt and a pink skirt. To her right is a girl with blonde hair, wearing a pink dress with a white floral pattern. Other children are partially visible on the left and right edges, holding hands. The overall style is simple and colorful.

Informing parents

Do NOT talk or discuss your concerns or referral with parents if:

- It would place anyone at risk (children and adults)
- You suspect Fabricated or Induced Illness (FII)
- You suspect Forced Marriage, FGM or HBV
- You suspect sexual abuse and one of the parents is the suspected perpetrator

Lancashire Continuum of Need



If in doubt, consult with agency safeguarding leads, or the Duty Social Worker on 0300 123 6720



Information Sharing

Thresholds

- **Level 1- Universal**

- Children, young people and families whose needs and risks are and can be met by universal services or simple specific agency response.
- Response Signposting to appropriate universal services, offer of information and advice if necessary.
- Step up/ Step down
- Routine single agency assessment
- Information sharing framework Informed and explicit consent required

Thresholds

- **Level 2** - Some Unmet Needs and Low Risk
- Children, young people and families whose needs and risks are and can be met by universal services or simple specific agency response.

- **Response** - Targeted Service Provision Response
- Identified needs requiring targeted support service engagement.
- Undertake CAF. Identify team around the family (TAF) and Lead Professional
- Step up / Step down
- Common Assessment Framework (CAF)

- **Information sharing** - informed and explicit consent required
- Where consent is refused parents/carers should be informed that services will be limited to single agency provision and where 'high' risk indicators emerge, multi -agency information sharing may be undertaken without consent

Thresholds

- **Level 3** – Higher Levels Of Unmet Need And Medium Risk
- CHILDRENS SOCIAL CARE STATUTORY SINGLE ASSESSMENT

- **Response** - Targeted Service Provision Response
- Child in need, section 17 Children Act 1989
- Child with a Disability who is in Need
- Children and young people unlikely to meet developmental milestones without concerted multi agency support assessed by a social worker.

- A variety of unmet needs and ‘underlying’ risk factors (for example DV, alcohol/drug misuse, mental health issues, CSE)
- There has been resistance at CAF level (2)
- CYP is vulnerable and unlikely to achieve good outcomes
- Requires multi-agency CIN plan
- Step up / Step down

Thresholds

- **Level 4** – Significant Unmet Needs and High Risks
- CHILDRENS SOCIAL CARE STATUTORY SINGLE ASSESSMENT

- **Response** - Child Protection and Safeguarding Response through Children's Social Care
- Section 47 Investigation 'reasonable cause to suspect the child is suffering or likely to suffer significant harm
- May need a Multi -agency Child Protection Plan

- May need to be a Child Looked After (Section 31 Care Order) due to: Child is suffering or likely to suffer (if a court order is not made) significant harm or likelihood of, attributable to the care given to the child (the care not being what it would be reasonable to expect a parent/carer to provide)
- May need to be a Child Looked After (Section 20 Voluntary Accommodation) due to: Being lost or abandoned, having no person who has PR or person caring for the child is prevented from providing suitable accommodation

Specific Safeguarding Issues

01 Background

Forcing someone to marry is a criminal offence (under the Crime and Policing Act 2014) and something that can lead to lifelong suffering for the victim from physical abuse, sexual abuse and servitude.

An "arranged" marriage is one which has the consent of both parties and is perfectly legal and acceptable. Forced marriage (FM) is where one or both parties do not agree to the marriage and where fear/coercion/ duress or force is a factor.

This is not something that just happens to teenagers or young people, it affects people of all ages, genders and many different nationalities

Why it matters 02

In the worst cases, where the victim of FM either resists the marriage or leaves the marriage later, it can end with kidnap, assault and even murder for the victim. Affected communities often do not readily ask for help as they distrust authority or fear dishonouring their family/community and being 'disowned'.

Forcing children to marry is child abuse and puts children and young people at risk of physical, emotional and sexual abuse. Nationally, 27% of forced marriages in 2015 involved children and young people. In Lancashire, in 2015-16, the police dealt with 350 victims of FM/HBV. Of these, 33% were under 18.

07 Questions

Have we completed the Home office 'Forced Marriage' e-learning?
Are we clear about our responsibilities with regards to forced marriage?
Are we ready to pick up subtle clues about this issue?
Will you be brave, step in and possibly save a life?

03 Information

The factors below, collectively or individually may be an indication that a person fears they may be forced to marry, or that a forced marriage has already taken place:

- Education - truancy from lessons, low motivation in school, poor exam results, extended periods of "authorised absence" for sickness or overuses family commitments, unofficial withdrawal from school/ college/ university, history of other siblings missing education and marrying early;
- Health - self-harm, attempted suicide, eating disorders, depression, isolation;
- Employment - poor performance or attendance, limited career choices, not allowed to work, unreasonable financial control

06 What to do

1. Listen carefully and look carefully at the environment that they are in!
2. Always remember, the "one chance rule"! Exercise
3. In urgent cases ring the police on 999, otherwise refer to Children's Social care
4. Contact local experts (IDVA's, refugees, Police PPU's) or The National Forced Marriage Unit for help and advice (020 7008 0230)
5. DO NOT try to mediate or involve the family and community members or discuss concerns about FM with them
6. Exercise extreme caution

e.g. confiscation of wages/income;
• Family history - siblings forced to marry, family disputes, domestic violence and abuse, running away from home, unreasonable restrictions e.g. house arrest
• Risky behaviours such as missing from home or CSE

04

Such violence can occur when perpetrators perceive that a relative has shamed the family and/or community by breaking their honour code.

It is important to note that this is a cultural, not a religious experience and is also a form of domestic violence being perpetrated in all the same ways - physical, emotional, mental, sexual or financial abuse as well as stalking and harassment. It is the combination of behaviours that can be very dangerous and the risks are almost always high.

© Lancashire Safeguarding Children Board 2016

01 Background

The issue of HBV is important in safeguarding people of all ages from South East Asian, African, Middle Eastern, Eastern European, LGBT and Gypsy/Romany/ Traveller communities.

11,000 cases of so-called honour crime were recorded by UK police forces from 2010-14 (BBC, 9.7.15). Around 11% of these in Lancashire alone. Our experience is that HBV is often connected to forced marriage (and associated issues), either preceding a forced marriage or following a refusal of forced marriage. This briefing should be read in conjunction with the briefing on forced marriage.

Why it matters 02

Any professional can come across a victim of HBV and so everyone needs to be aware of the "one chance rule". That is, you may only have one chance to recognise someone's cry for help, however subtle and then have that one chance to save a life.

This means that all professionals need to be aware of their responsibilities and obligations when they come across these cases. When a case of HBV is first identified it is important to obtain as much information as possible as there may not be another opportunity for the individual to reach out. People can be subjected to murder kidnap, assault and years of sexual abuse & servitude when they are not supported at that first opportunity.

07 Questions

How might we come across cases of HBV?
Are we absolutely clear about what to do, especially in light of the "one chance rule"?
Who else can we turn to for advice?

03 Information

The Crown Prosecution Service definition of Honour based violence: "A collection of practices, which are used to control behaviour within families or other social groups to protect perceived cultural and religious beliefs and/or honour.

06

• This Assessment Tool can be used to identify the risk of violence or abuse and can be used for situations of HBV.
• If you are concerned about risk to a child or children, you should make a referral to ensure that a full assessment of their safety and welfare is made.
In urgent cases and were safeguarding is of immediate concern ring the Police on 999 or 101 and refer the matter to your supervisor.

04

Such violence can occur when perpetrators perceive that a relative has shamed the family and/or community by breaking their honour code.

It is important to note that this is a cultural, not a religious experience and is also a form of domestic violence being perpetrated in all the same ways - physical, emotional, mental, sexual or financial abuse as well as stalking and harassment. It is the combination of behaviours that can be very dangerous and the risks are almost always high.

© Lancashire Safeguarding Children Board 2016

WARNING SIGNS AND VULNERABILITIES FOR CHILD SEXUAL EXPLOITATION

Warning signs and behaviours

- Missing from home or care.
- Physical injuries.
- Involvement in offending
- Repeat sexually-transmitted infections, pregnancy and terminations
- Absent from school.
- Change in physical appearance.
- Evidence of sexual bullying.
- Vulnerability via the internet and/or social networking
- Estranged from their family.
- Receipt of gifts from unknown sources.
- Recruiting others into exploitative solutions.
- Poor mental health/Self-harm.
- Thoughts of or attempts at suicide.

CSE Vulnerabilities include:

- Chaotic/dysfunctional household.
- Parental substance use, mental health issues and criminality.
- Domestic abuse and/or neglect.
- History of abuse - familial sexual abuse, risk of forced marriage, risk of 'honour'-based abuse, physical and emotional abuse.
- Recent bereavement or loss.
- CSE Gang association.
- Friends/association with sexually exploited young people e.g.school.
- Learning disabilities.
- Unsure about their sexual orientation / family unaware.
- Homelessness.
- Lacking friends from the same age group.
- Living in a gang neighbourhood.
- Living in residential care.
- Living in hostel, bed and breakfast or a foyer.
- Low self-esteem or self-confidence.
- Young carer.



01

All professionals now have the statutory duty to assist in preventing terrorism (since 1st July 2015). The main aim is prevention and safeguarding.

The 'Channel programme' uses a multi-agency approach to protect people who are vulnerable by:

1. Identifying individuals at risk;
2. Assessing the nature and extent of that risk and
3. Developing an appropriate support plan for the individual.

There is no single indicator of when a person might move to adopt violence in support of extremist ideas. The process of radicalisation is different for everyone and can happen quickly or slowly.

07

Questions to consider

When individuals express disaffection with public services or a particular group within society, how do we interpret that? Most extremists have identity issues and the need for a sense of 'belonging' – respect is key.

Safeguarding – Are you familiar with the Channel duty guidance and the e-learning package for partner agencies?
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/425189/Channel_Duty_Guidance_April_2015.pdf
http://course.ncalt.com/Channel_General_Awareness/01/index.html

02

Why it matters

The risk of radicalisation is the product of a number of factors and identifying this risk requires that staff exercise their professional judgement, seeking further advice as necessary. Many agencies now have a single point of contact, often their safeguarding lead, who can assist. Channel staff are always happy to offer advice and support.

03

Information

Indicators of vulnerability can include:

- Identity Crisis
- Personal Crisis
- Personal Circumstances
- Unmet Aspirations - Perceptions of injustice; feeling of failure
- Criminality

Potential indicators identified by the Channel Guidance include:

- Use of inappropriate language;
- Possession or accessing violent extremist literature;
- Behavioural changes;
- The expression of extremist views;

04

- Advocating violent actions and means;
- Association with known extremists;
- Articulating support for violent extremist causes or leaders;
- Using extremist views to explain personal disadvantage;
- Joining or seeking to join extremist organisations;
- Seeking to recruit others to an extremist ideology.

05

What to do

Be aware of the possibility that young people or their parents may be becoming radicalised, and make sure you know the local procedures to follow (in the LSCB procedures)

Help to alleviate some of the vulnerability factors above.

06



Some of the ideas for this are:

Mentoring, life skills, anger management, cognitive behavioural work, constrictive pursuits, education and skills, careers advice and assistance, family support, health support, housing support, substance misuse support



01 Background



The government has recently issued multi-agency statutory guidance on female genital mutilation (HM Government, April 2016). This guidance sets out the obligations on all health, education and social care professionals who become aware of FGM or its possible/probable commission. FGM has 4 degrees of severity and has been classified as 'significant harm' for the purposes of the protection of children, by The Family Division of The High Court.

FGM is illegal in the UK under the Female Genital Mutilation Act 2003. It affects both women and girls and in children is a form of child abuse. It is estimated that approximately 10,000 girls under 15 now living in the UK have undergone FGM.

07 Questions

Do I know what FGM is and how to spot the signs?

Do I know what to do if I suspect/find FGM?

Will I be bold, openly discussing this and promoting awareness amongst my peers and being pro-active when dealing with 'at risk groups'?



06 What to do

If you fear a girl or woman is at risk of this procedure and may leave your presence/location ring the police on 999 or 101 immediately. Ensure immediate safety as appropriate and contact your supervisor

Responses to actual or suspected FGM must be handled inter-agency and referred through BEFORE THE END OF THAT WORKING DAY

Make detailed records re observations, family tree, residence, heritage, key phrases used, plans for national/international travel and any other significant information

- Family elder (non-related 'cutter') visiting from a country of origin

- The family makes preparations for the child to take a holiday, e.g. arranging vaccinations, planning an absence from school;

- The child talks of a 'special ceremony' that is going to happen;

- Sudden or repeated failure to attend or engage with health and welfare services or very reluctant to undergo genital examination;

- A girl from a practising community is withdrawn from Sex and Relationship Education. Family may wish keep them uninformed about their body and rights.

Why it matters 02



FGM is a procedure where the female genital organs are cut, removed, sutured closed, injured or changed and where there is no medical reason for this. It is a traumatic and violent act for the victim; performed in non-medical settings, sometimes abroad, without anaesthetic and may cause lasting physical and psychological harm.

Women will organise and perform it but it is the men that will drive the need for it preferring to marry pure, untouched and 'initiated' women. Taking girls/women abroad for it to happen is also an offence and should be reported in the same way

03 Information



FGM is illegal, and there is now legislation that deals with the harm it causes as well as a mandatory reporting duty requiring health, education and social care professionals to report known and suspected cases of FGM in under 18s to the Police.

04

It is a cultural, not a religious practice and pre-dates both Christianity and the Muslim faith. The reasons for still doing it are shrouded in myth and tradition, none of which has any medical foundation. The following are some signs that the child may be at risk of FGM:

- A female child in a family where other females have undergone FGM;

- The family is from a nation, region or community in which FGM is practised;

- Strong levels of influence by elders and/or elders are involved in bringing up female children;

05



01 Background

Domestic violence and abuse (DVA) is a complex issue which affects every one of us and reaches every corner of our society. DVA is a serious crime and should be treated as such. It does not recognise class, race, religion, gender, sexuality, culture or wealth and its effects on family life are devastating.

In the overwhelming majority of reported instances the abuser is male and the victim is female, although there are attacks by women on men and between two people of the same gender, whether current or ex partners or family members

07 Questions to consider



Do we routinely ask about domestic violence?

Are we clear about our responsibilities when we encounter Domestic Violence?

Do we make sure we hear from children in domestic violence situations?

06



- Help victims and children to get protection from violence, by providing relevant practical and other assistance;

- Support non-abusing parents in making safe choices for themselves and their children;

- Work separately with each parent where domestic violence and abuse prevents non-abusing parents from speaking freely and participating without fear of retribution. This should always be done as victims will also be at risk if they speak freely about the abuse in front of the perpetrator.

05

of assessment, child abuse enquiries (by CSC and Police) and intervention;

- Identify those who are responsible for domestic violence and abuse, in order that relevant legal responses may be made;

- Take into account there may be continued or increased risk of DVA towards the abused parent and/or child after separation, especially in connection with post-separation child contact arrangements;

- Provide non abusing parents with full information about their legal rights, and about the extent and limits of statutory duties and powers;

02 Why it matters



Prolonged and / or regular exposure to DVA can have a serious impact on a child's development and emotional wellbeing, despite the best efforts of the victim parent to protect the child. DVA has an impact in a number of ways. It can pose a threat to an unborn child, because assaults on pregnant women frequently involve punches or kicks directed at the abdomen, risking injury to both mother and foetus. It can also lead to other possible risks, such as i.e. foetal death, low birth weight, early birth, infection etc.

In Lancashire, we have experience of children injured in utero. Older children may also suffer blows during episodes of abuse. Children are likely to be greatly distressed by witnessing the physical and emotional suffering of a parent or other family member. Children's exposure to parental conflict; even where abuse is not present, can lead to serious anxiety and distress among children, particularly when it is routed through them.

03 Information

Definition of Domestic Violence: 'Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality'. This can encompass, but is not limited to, the following types of abuse:

- Psychological; Physical; Sexual; Financial; Emotional

04

What to do

In responding to situations where DVA may be present, considerations include:

- Ensure the perpetrator and victim are not sitting together when being asked these questions;

- Ask direct questions about domestic violence and abuse;

- Check whether domestic violence and abuse has occurred whenever child abuse is suspected, and consider the impact of this at all stages

Female Genital Mutilation (FGM)

Domestic Violence



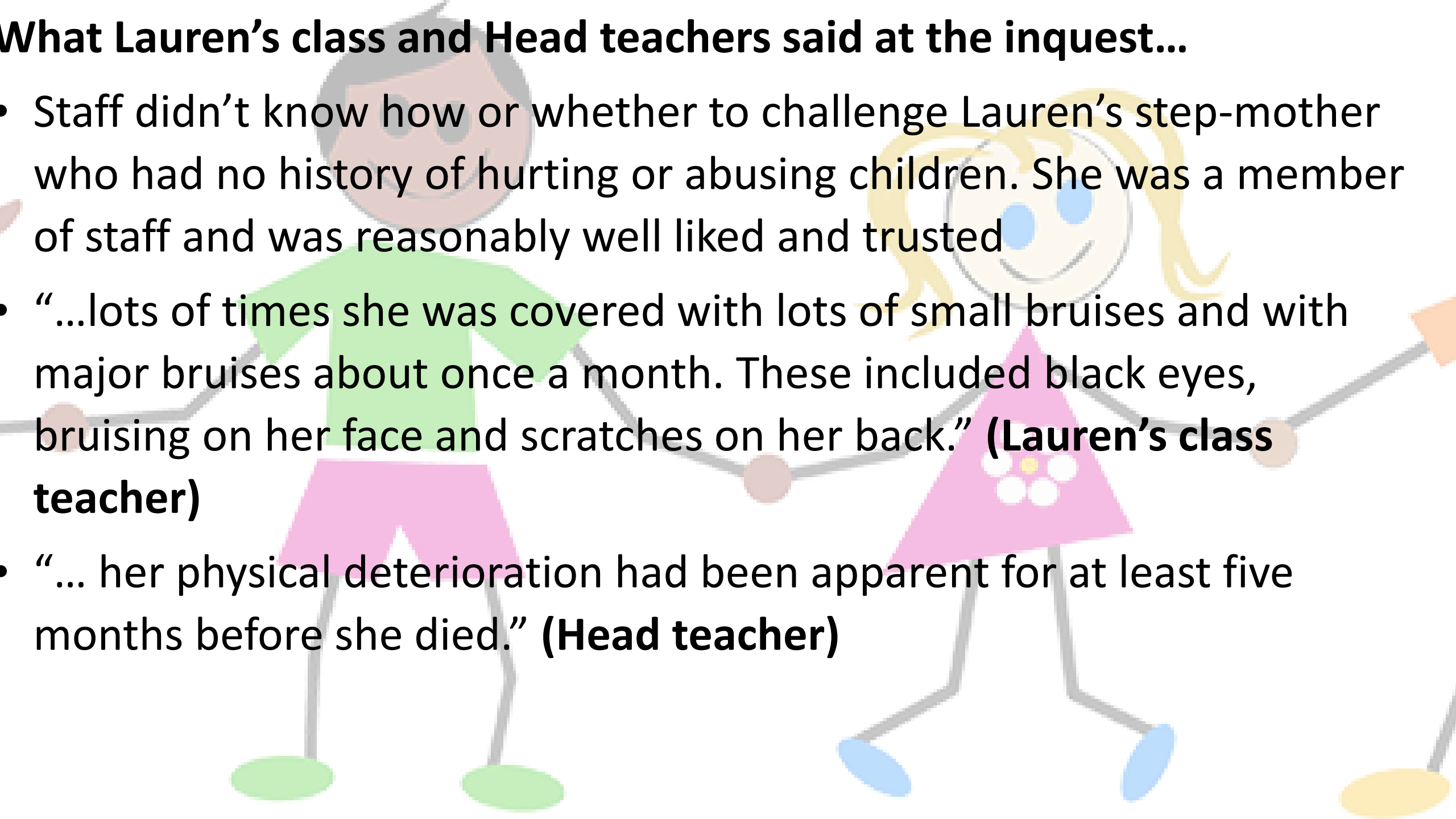
A stylized illustration of two children holding hands. The child on the left has brown hair, a green shirt, and pink shorts. The child on the right has blonde hair in pigtails, a pink dress with white flowers, and blue shoes. They are holding hands with a grey line and a brown dot in the middle. The background is white.

Lauren Wright

- Died in 2000 age 6
- Lost four stone and weighed just over two stone at time of death
- Often appeared with bruises which were explained away
- Killed by step-mother who was a member of school staff
- DSP had left and governor offered to take on this responsibility
- No referral made to Social Services

What Lauren's class and Head teachers said at the inquest...

- Staff didn't know how or whether to challenge Lauren's step-mother who had no history of hurting or abusing children. She was a member of staff and was reasonably well liked and trusted
- "...lots of times she was covered with lots of small bruises and with major bruises about once a month. These included black eyes, bruising on her face and scratches on her back." **(Lauren's class teacher)**
- "... her physical deterioration had been apparent for at least five months before she died." **(Head teacher)**





Case Studies

- Fatima is 15 years old. Recently, she has had an unusual amount of money, new clothes, ipods etc. She attends the local youth group, and likes Sharon, the youth worker, in whom she confides in her that she is planning to run away to London with her boyfriend, Paul, who is 35 years old. She says he is very good to her and has bought her the clothes and a new mobile when they went to Manchester last week. He also drives a 'great' car. It becomes clear that her parents do not know about her plans to go to London, nor her relationship with Paul. She is a fairly naive 15 year old, who looks young for her age.

A background illustration of several stylized children holding hands in a line. The children are drawn with simple shapes and colors: a boy with grey hair, a green shirt, and pink shorts; a girl with blonde hair, a pink dress with white flowers, and blue shoes; and another child with orange hair and a yellow shoe. The children are holding hands, symbolizing community and support.

Contact Numbers

- School Safeguarding Officer – Andrea Glynn 01772 531196
- Children’s Social Care (Referrals) - 0300 1236720
- LADO – Tim Booth – 01772 536694