



Nuns Corner, Grimsby, North East Lincolnshire, DN34 5BQ

SAFEGUARDING

TOOLKIT *for Staff*



GRIMSBY INSTITUTE GROUP

February 2013

*It's everyone's
responsibility*



SAFEGUARDING TOOLKIT

Introduction

Grimsby Institute Group recognises that it has an important role to play with regard to the safety and welfare of all children, young people and vulnerable adults attending the Institute. The Group has a statutory and moral duty to support all individuals who attend the Institute and is committed to working with all agencies to support individuals where there is an identified concern of risk.

While Child Protection looks at recognising abuse and neglect and acting on it, safeguarding looks at keeping children, young people and vulnerable adults safe from a much wider range of potential harm, and delivers preventative action as well as reaction.

The Safeguarding policy formally sets out the system GIG has in place to ensure safeguarding is embedded across the organisation. The policy describes how GIG will fulfil those responsibilities and explains the processes to be used. Responsibilities as described within the Safeguarding policy apply to all staff and any other person working with, or on behalf of the Institute.

It is acknowledged that some staff working across the Group may have limited experience in dealing with issues of a safeguarding nature. As such this toolkit has been collated to provide all staff with information regarding a range of issues they may be presented with.



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Definitions:

Children are defined under the Children Act 1989 and the Education Act 2002 as:

- Those below the age of 18
- Those below the age of 25 with recognised Special Educational Needs

A vulnerable adult is defined in 'No Secrets' (The Government's Guidance on Adult Abuse) as:

- a person aged 18 years or over, who is in receipt of or may be in need of community care services by reason of mental or other disability, age or illness and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation.

As a provider Grimsby Institute Group has a 'duty of care' to ensure that safeguards are in place for all of our learners.

Possible indicators

For each category of abuse possible indicators have been established and a list of indicators of abuse is recorded below. It is important to remember that none of the indicators are conclusive proof of abuse. Isolated indicators may be the result of a number of causes, whilst a cluster of indicators may give cause for greater concern. If you recognise a change in a learners behaviour, or if a learner presents with a cluster of these signs, this increases the level of concern.

- Bruising, particularly a long history of bruising
- Injuries getting progressively worse
- 'Grip' marks on arms may indicate shaking
- 'Slap' marks on cheeks, buttocks, limbs
- Long marks may be caused by a belt, cane etc
- Unexplained recurrent injuries / burns
- Fear of suspected abuser being contacted
- Frozen watchfulness
- Running away

- Sudden poor attendance
- Reluctance to go home
- Aggression towards others
- Shrinking back if touched
- Precocious sexual behaviour
- Persistent problems with sleeping, bedwetting, nightmares
- Overly affectionate
- Depression
- Self harming behaviour
- Suicidal tendencies
- Drug /alcohol use
- Overdoses
- Anorexia, bulimia, or a change in eating pattern
- Low self esteem
- Becoming isolated /withdrawn
- Inability to concentrate
- References to a 'secret' friendship
- Sexually transmitted infections
- Pregnancy
- Termination of pregnancy
- Over reactions to mistakes
- Extremes of passivity or aggression
- Looking thin /poorly /dirty / smelling
- Complaining of hunger/ no funds for lunches
- Untreated conditions / injuries
- Fatigue /excessive sleeping
- Mood swings
- Sudden changes in behaviour / attitude / personal hygiene

Physical abuse

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

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 the child or young person is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, 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.

Emotional Abuse

Emotional abuse is the persistent emotional maltreatment of a child or young person such as to cause severe and persistent adverse effects on the child or young person's emotional development. It may involve conveying to children 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 or young person 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 or young person's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child or young person participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently 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 or young person, though it may occur alone.

Neglect

Neglect is the persistent failure to meet a child or young person's basic physical and/or psychological needs, likely to result in the serious impairment of the child or young person'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, clothing and shelter (including exclusion from home or abandonment);
- protect a child or young person from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate care-givers); or
- ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Financial Abuse

The most common form of abuse amongst vulnerable adults is thought to be financial abuse which includes theft, use of money or property without consent, forced transfer of assets, misuse of power of attorney or appointeeship and denial of access to funds or property.

Bullying

Bullying is not easy to define, however it manifests in the abuse of power and the use of intimidation and or aggression with the intention of hurting another person.

A child or young person may encounter bullying attacks that are:

Physical – pushing, kicking, hitting and other forms of violence or threats

Verbal – Name calling, sarcasm, spreading rumours, persistent teasing

Emotional – Excluding (sending to Coventry) tormenting, ridicule, humiliation

A bully will often rely on a mix of these techniques and sometimes may include other children or young people in the bullying either as witnesses or active participants.

Repeated attacks may escalate in intensity.

Children and young people who bully may seem to focus on one presumed characteristic of a child or young person. However, it's important to remember that a young person's alleged "difference" is not really the point of the bullying—bullies are playing with power any way they can. Children and young people who are bright are often bullied, as are children with learning differences; tall children are bullied, as are small ones; Bullying can be:

- **Racist.** Racial taunts, graffiti, gestures.
- **Sexual.** Unwanted physical contact or abusive comments.
- **Homophobic.** Any hostile or offensive action against lesbians, gay males or bisexuals or those perceived to be lesbian, gay or bisexual.
- **Abuse of the vulnerable.** For example, children and young people with physical disabilities, on the autism spectrum, or with special educational needs. Bullying also occurs in children and young people who are carers or children who have suffered a death in the family.

Persistent bullying can result in

- Depression
- Low self-esteem
- Shyness
- Poor academic achievement
- Isolation
- Threatened or attempted suicide

GIG is committed to providing a supportive, safe and positive environment free from offensive behaviour to help our learners achieve their learning goals and get the most from the college experience. The Institute holds a strong position on bullying which is reflected in the Harassment and Anti Bullying Policy.

Internet (cyber) Safety

Internet abuse

- A young person is sexually abused if images are provided for personal use or for distribution
- A young person is abused through contact via mobile phones or the internet (grooming)
- A young person may be at risk from a person who has made, accessed or collected images of the sexual abuse of a young person

Mobile phones

- It is an offence for a person to have any indecent images of a young person under the age of 18 in their possession
- Taking an image includes photographing / videoing / downloading / file sharing
- Making an image includes photographing / videoing / downloading / blue tooting
- Publishing an image includes sending it to someone else or sharing the file, uploading to the internet, or putting it on a social networking site

Gang Activity

Children and young people who become involved in gangs are at risk of violent crime and as a result of this involvement are deemed vulnerable. Agencies and professionals have a responsibility to safeguard these children and young people and to prevent further harm both to the young person and other potential victims.

Risks associated with gang activity include access to weapons (including firearms), retaliatory violence and territorial violence with other gangs. Other risks include increased likelihood of involvement in knife crime, sexual violence and substance misuse.

Fabricated or induced illness (FII)

Concerns may be raised when it is considered that the health or development of a child or young person is likely to be significantly impaired or further impaired by a parent or caregiver who has fabricated or induced illness. These concerns may arise when:

- reported symptoms and signs found on examination are not explained by any medical condition from which the child or young person may be suffering; or
- physical examination and results of medical investigations do not explain reported symptoms and signs; or
- there is an inexplicably poor response to prescribed medication and other treatment; or
- new symptoms are reported on resolution of previous ones; or
- reported symptoms and found signs are not seen to begin in the absence of the carer; or

- over time the child or young person is repeatedly presented with a range of signs and symptoms;
- or
- the child or young person's normal, daily life activities are being curtailed, for example school attendance, beyond that which might be expected for any medical disorder from which the child is known to suffer.

There may be a number of explanations for these circumstances and each requires careful consideration and review.

Female Genital Mutilation

Female genital mutilation (FGM) is a collective term for procedures which include the removal of part or all of the external female genitalia for cultural or other non therapeutic reasons. The practice is medically unnecessary, extremely painful and has serious health consequences, both at the time when the mutilation is carried out and in later life. The procedure is typically performed on girls aged between four and thirteen, but in some cases FGM is performed on new born infants or on young women before marriage or pregnancy. A number of girls die as a direct result of the procedure from blood loss or infection, either following the procedure or subsequently in childbirth.

FGM is a criminal offence in the UK. Legislation covering FGM makes it an offence for UK nationals or permanent UK residents to carry out FGM abroad even in countries where the practice is legal.

Suspicious may arise in a number of ways that a child or young person is being prepared for FGM to take place abroad. These include knowing that the family belongs to a community in which FGM is practised and are making preparations for the child or young person to take a holiday, arranging vaccinations or planning absence from school, and the child or young person may talk about a 'special procedure' taking place.

Indicators that FGM may have already occurred include prolonged absence from school with noticeable behaviour change on return and long periods away from classes or other normal activities, possibly with bladder or menstrual problems. Midwives and doctors may become aware that FGM has been practised on an older woman and this may prompt concern for female children in the same family.

Forced marriage and honour-based violence

The terms 'honour crime', 'izzat' or 'honour-based violence' embrace a variety of crimes of violence (mainly but not exclusively against women), including assault, imprisonment and murder where the person is being punished by their family or community. They are being punished for actually, or allegedly, undermining what the family or community believes to be the correct code of behaviour. In transgressing against this correct code of behaviour, the person shows that they have not been properly controlled to conform by their family and this is to the 'shame' or 'dishonour' of the family.

Forced marriage is defined as a marriage conducted without the full consent of both parties and where duress is a factor. There is a clear distinction between forced marriage and an arranged marriage. In arranged marriages, the families may take a leading role in arranging the marriage, but the choice whether or not to accept remains with the prospective spouses. In a forced marriage, one or both spouses do not consent to the marriage.

The young person could be facing physical, psychological, sexual, financial or emotional abuse to pressure them into accepting the marriage.

Some forced marriages take place in the UK with no overseas element, while others involve a partner coming from overseas or a British national being sent abroad.

Suspicious that a young person may be forced into marriage may arise in a number of ways. These include a family history of older siblings leaving education early and marrying early; depressive behaviour including self-harming and attempted suicide; unreasonable restrictions such as being kept at home by their parents ('house arrest') or being unable to complete their education; and a person always being accompanied including to school and doctors' appointments. A young person may also talk about an upcoming family holiday that they are worried about, fears that they will be taken out of education and kept abroad, or directly disclose that they are worried they will be forced to marry.

There may be only one opportunity to speak to a potential victim of forced marriage, so an appropriate initial response is vital. Without the right information being taken down (for example, a traceable address overseas), a victim may never be seen again. It is important to gather as much information as possible about the victim immediately, but this should be done on their own, in a private place where the conversation cannot be overheard.

Victims should be reminded of their rights – they have the right to choose who they marry, when and where, and the right to make decisions about their lives.

Many victims are terrified that their families will find out that they have asked for help. **Do not inform the victim's family, friends or members of the community that the victim has sought help as this is likely to increase the risk to the victim significantly.** Forced marriage is closely linked to honour-based violence and honour killings.

Domestic Abuse

Domestic abuse is defined by the Home Office as: “Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been, intimate partners or family members, regardless of gender or sexuality”. The main characteristic of domestic abuse is that the behaviour is intentional and is calculated to exercise power and control within a relationship.

Both the physical assaults and psychological abuse suffered by adult victims who experience domestic abuse can have a negative impact on their ability to look after their children. The negative impact of domestic abuse is exacerbated when the violence is combined with drink or drug misuse; children witness the abuse (by seeing or hearing); children and young people are drawn into the abuse or are pressurised into concealing the assaults. Children and young people's exposure to parental conflict, even where violence is not present, can lead to serious anxiety and distress among children, particularly when it is routed through them.

A parent (in most families usually the mother) may have difficulty in looking after children when domestic abuse results in physical injuries. The impact on parenting is often more subtle. This is particularly so because domestic violence very often co-exists with high levels of punishment, the misuse of power and a failure of appropriate self-control by the abusive partner.

Belittling and insulting a mother in front of her children undermines not only her respect for herself, but also the authority she needs to parent confidently. A mother's relationship with her children may also be affected because, in attempts to avoid further outbursts of abuse, she prioritises her partner's needs over those of her children.

Domestic abuse contributes directly to the breakdown of mental health and mothers experiencing domestic abuse are very likely to suffer from depression and other mental health difficulties leading to self-harm, attempted suicide and/or substance misuse.

Self Harm

A study published in The Lancet in November 2011 found that one in twelve teenagers self harm.

Self-harm is when people set out to hurt themselves or damage their health deliberately - sometimes this is done in secret. Self-harm can include cutting, burning, bruising or poisoning, but does not normally mean that someone wants to take their own life.

There are lots of reasons why young people might self-harm - the need to hurt themselves usually comes from emotions that are very difficult for them to cope with.

Young people might self-harm because it's a way of releasing tension or anger. It's a physical pain that they can deal with, rather than an emotional feeling that they find hard to cope with. It can also be a way of controlling something, especially if they feel that other parts of their life are out of control or they are trapped in a difficult situation.

Self-harm can also be used as a form of self-punishment for something that a young person feels bad about. Low self-esteem and feeling that they are not good enough in some way can trigger young people to self-harm. Others self-harm to try and break through feeling numb or 'like a zombie'. Some young people are unable to identify why they self-harm.

Suicide

Suicide is the act of a person consciously (willingly) ending their own life.

In the UK for people aged 15-24, suicide is the second biggest cause of death after road accidents.

There is no one reason why people take their own lives. It is often as a result of problems building up to the point where the person can see no other way to cope with what they're experiencing.

Sometimes people look for a 'cause' as if there is one factor that has led someone to take their own life. For example, a recent survey of Samaritans callers found that 86% of them were calling about a number of problems or worries rather than one single thing.

When someone is feeling low or distressed it may be that a seemingly minor event is the trigger for them attempting to kill themselves. In reality, the way someone feels is a result of many factors.



Sexual Exploitation

Children and young people who are sexually exploited are the victims of child sexual abuse and they are likely to be in need of welfare services and possibly protection under the Children Act 1989. This group may include children or young people who have been sexually abused through the misuse of technology, coerced into sexual activity by criminal gangs or the victims of trafficking.

Child sexual exploitation is a major child protection issue for communities across the UK. Hidden from view and going unnoticed, vulnerable young girls and boys are groomed and then abused, leaving them traumatised and scarred for life.

Child sexual exploitation is illegal activity by people who have power over young people and use it to sexually abuse them.

This can involve a broad range of exploitative activity, from seemingly 'consensual' relationships and informal exchanges of sex for attention, accommodation, gifts or cigarettes, through to very serious organised crime.

Child Grooming

Grooming is defined by the Home Office as communication with a child or young person where this is an intention to meet and commit a sex offence. More generally it can be seen as the process by which an individual manipulates those around them – particularly, but not exclusively, the child – to provide opportunities to abuse and reduce the likelihood of being reported or discovered.

Whilst this is not a common occurrence it is something that should be recognised does happen. Abusers come from all sections of society and are often perceived by others as respectable, reliable and trustworthy people. Research tells us that the vast majority of abusers are well known to the child or young person and often hold a position of trust or authority.

Generally, grooming is a phased, gradual process used by perpetrators to sexually exploit children and young people. It can take place over varying periods of time – from a few days to several years. It can also take different forms, and be more or less violent.

Typically, grooming involves a number of stages and these are outlined below.

1. Initial contact. The abuser may live in or join families in order to abuse children. They may look for jobs or volunteer roles which place them in regular contact with children or young people. They work in child care, schools, dance, sports or any activities involving children and young people.

2. Befriending. The abuser may be good at making friends with children. They can appear to be kind, trustworthy, caring and helpful. They put on a good act which fools parents, children, young people and other potentially protective adults.

3. Exchange of favours. The abuser may offer a combination of attention, gifts, treats, games, outings, money, toys, bribes and threats to children and young people to entrap them. They may threaten the child or young person with physical harm or with the loss of someone they love if they don't do what the abuser wants.

4. Control. Most abusers try to find out as much as possible about the child or young person and use the information both to engage the child and to drive a wedge between the child and parent or other potentially protective adults, such as other coaches or club volunteers. Another way of gaining control of a young person is to provide them with drugs thus creating a dependency.

5. Exploitation. When abusers say to a child or young person 'nobody will believe you', they are unfortunately too often correct, as many adults struggle to get over the hurdle of believing abuse could happen to someone they know – particularly when that individual is well liked and respected or holds a position of authority.

Trafficking

Trafficking in people involves a collection of crimes spanning a variety of countries and involving an increasing number of victims – resulting in considerable suffering for those trafficked. It includes the exploitation of children and young people through force, coercion, threat and the use of deception and human rights abuses such as debt bondage, deprivation of liberty and lack of control over one's labour. Exploitation occurs through prostitution and other types of sexual exploitation and through labour exploitation. It includes the movement of people across borders and also the movement and exploitation within borders.

Child protection procedures will always apply where there is suspicion that a child or young person may be being trafficked. A trafficked child or young person is a victim of a serious crime.

If you have any information or concerns that a student is a victim of Trafficking you should contact Safeguarding officer without delay.

Mental Capacity

The Mental Capacity Act (2005) affects anyone whose mental capacity to make decisions is affected by "an impairment of, or a disturbance in the functioning of, the mind or brain." In some cases, the person's capacity may be permanently affected, perhaps because they have a form of dementia, a learning disability or have suffered a brain injury. But in others, the person's capacity might be affected only for a temporary period, perhaps because they are confused or unconscious because of an illness or treatment for an illness.

The Mental Capacity Act says: "...a person lacks capacity in relation to a matter if at the material time he is unable to make a decision for himself in relation to the matter because of an impairment of, or a disturbance in the functioning of, the mind or brain". The impairment or disturbance can be permanent or temporary.

Homelessness

Most Local Authorities have a joint protocol in place between Housing and Social Care who share responsibility in preventing homelessness for young people. The Housing Act 1996 and Children's Act 1989 sets out duties and responsibilities in relation to young people age 16 and 17 (up to 21 if the young person has been a Looked After Child).

Homelessness amongst young people is an ongoing issue in most areas of the UK and Local Authority response to this varies according to the area the young person is living in.

If a young person presents as homeless they should be directed to a member of student support service staff who will be able to give them appropriate advice.

Fraser Guidelines

The Children Act 1989 places importance on ensuring the child or young person's voice is heard. Children Act guidance explains "the Act aims to strike a balance between rights of children to express their views on decisions made about their lives and rights of parents to exercise their responsibilities".

The United Nations Convention on the Rights of the Child states that children and young people capable of forming their own views should be assured of the right to express those views freely in all matters affecting them.

In UK law, Gillick competence (latterly Fraser Guidelines) established 'the mature minor principle'. This refers to a young person's rights to make decisions for themselves where they have sufficient understanding.

This is a tricky piece of legislation where there is ongoing debate between those who advocate the child's absolute right to self determination and others who argue that children and young people have a right to protection and that decisions should be made by adults in the child's best interest.

Private Fostering

Sometimes young people and their families make private arrangements for the young person to live with another adult who is not a close relative. If the young person is under 16 (or 18 if they have a disability) this is known as a Private Fostering arrangement.

Children's Social Care does have some limited responsibility for Private Fostering arrangements. If you become aware of a private fostering arrangement you should inform the Safeguarding Officer as they will need to notify the Local Authority.

Looked After Children

Looked After children are those who are accommodated by the Local Authority, away from their family, in a residential or foster placement, and all children and young people who are the subject of a Care Order.

The accommodation may be provided on a voluntary basis or under the authority of a court order.

Looked After Children does not include children and young people who have been adopted, privately fostered, or those children and young people who live with other family members (unless the child is subject to a Care Order.)

Child in Need

Children in need are defined in law as children who are aged under 18 and:-

- need local authority services to achieve or maintain a reasonable standard of health or development
- need local authority services to prevent significant or further harm to health or development
- are disabled.

Children and young people with more significant or complex needs may meet the threshold for statutory involvement. This group is often referred to as 'children in need'.

A child in Need will usually have a named social worker who will hold responsibility to ensure the child or young person has an action plan and will hold regular Child in Need meetings to monitor progress of the plan and identify changes in circumstance.

Child in Need meetings consist of a multi-disciplinary group of professionals where the social worker takes the lead in gathering and assessing information in relation to the child or young person's developmental needs, parenting capacity and the family environment.

Once initial needs have been stabilised the plan may continue to be managed through the CAF process.

Common Assessment Framework

The Common Assessment Framework (CAF) process was developed to enable practitioners from a range of backgrounds to gather and assess information in relation to a child or young person's developmental needs, parenting capacity, and the family environment. The purpose of CAF process is to provide early intervention and prevention in work with families to reduce the incidences of abuse and neglect, family breakdown and social exclusion and to build resilience.

A multi-disciplinary team of practitioners is established to support a child, young person or family and this is sometimes known as a TAC –Team Around the Child. The group of involved professionals will work together with the child and their family to identify need and to agree appropriate support measures.

An action plan is agreed and regular meetings will take place to monitor progress and to identify any changes in circumstance.

There is no Social Worker involvement in the CAF process and a lead professional is always identified to take responsibility for co-ordinating the work.

Some areas use the acronym TAF –Team Around the Family where the whole family is supported by the process.



Sources

As with all policies, protocols, and guidance within GIG this Safeguarding Toolkit is informed by relevant Government legislation and Guidance which includes:

- The Children Act 1989
- The Children's Act 2004
- The Human Rights Act 1998
- Sexual Offences Act 2004
- Mental Capacity Act 2005
- Education Act 2002 /2011
- Working together to safeguard children 2010

Different sources of information were used in collecting the information in the Safeguarding Toolkit. Below is a list of sources where more detailed information can be obtained.

North East Lincolnshire Council Local Safeguarding Children's Board

Working Together to Safeguard Children 2010

Brammer A (2007) Social Work Law

Barnados

Childline

SANE uk

Women's Aid

CROP uk

NSPCC

Mind

Samaritans