**SLIDE 1**

This presentation can be used as an induction for new staff or as the annual level 2 update

Case studies are for you to use as you see fit.

**SLIDE 2**

The team structure

**SLIDE 3**

Acknowledge that this is a sensitive matter and that some aspects of this presentation may be upsetting, either due to their personal circumstances or history, or because they may recognise abuse in children they have worked with in the past and have not previously done so – provide attendees with the opportunity to discuss any concerns

You can then go through the agenda of what will be covered.

**SLIDE 4**

* **Which documents must all staff read? –** Part 1 of Keeping children safe in education, schools' procedures for missing children, staff code of conduct, school behaviour and relationships policy, child protection policy and the role of the DSL – Annex C of KCSiE
* **What does ICPC stand for –** Initial Child Protection Conference
* **It is suitable to share safegaurding concerns in the staffroom over a cup of coffee –** no
* **What does CEOP stand for -** Child Exploitation and Online Protection Centre
* **You should challenge inappropriate behaviour between staff and children, however minor –** yes
* **What is the difference between extra-familial and intra-familial harm -** extra familial harm is harm and abuse that occurs outside the home, intrafamilial is within the home
* **You should always wait for proof before referring a safeguarding concern –** no – you should always report any concern as soon as it occurs, no single practitioner has the full picture, and your piece of information could be the missing piece of the jigsaw
* **PLO stands for Public Law Outline -** The Public Law Outline (PLO) sets out the duties local authorities have when considering taking a case to court to ask for a [Care Order](http://trixresources.proceduresonline.com/nat_key/keywords/care_order.html) to take a child into care or for a [Supervision Order](https://childlawadvice.org.uk/information-pages/supervision-orders/) to be made. This is often described as initiating public law care proceedings. Where the concerns about a child are not being addressed or reduced and the child or unborn child remains at risk of harm, it is the decision of the local authority via a Legal Gateway Meeting (Decision and Review Panel - DARP) as to whether a child should become subject to care proceedings In many cases, when Pre-Proceedings (PLO) are initiated, the child has been subject to a Child Protection (CP) Plan but insufficient progress has been made, or, may have been accommodated (under s20) with parents’ agreement. Child protection core group meetings and conferences or child looked after reviews continue alongside the PLO process. Pre-Proceedings (PLO) may not be offered in circumstances when the child is deemed to be at immediate risk and the issues need to be presented to court to make decisions to ensure the children is safeguarded. In [England and Wales](https://www.google.co.uk/search?safe=active&sca_esv=2dcb3ec73b8f4595&rls=com.microsoft%3Aen-GB%3A&q=England+and+Wales&sa=X&ved=2ahUKEwiz-fbtk-mOAxVcX0EAHXxnCaoQxccNegQIIhAB&mstk=AUtExfBKeSf55cT_okX0Y4xKJJLTpoX9Q0bLFQIApy83O4N4JtuaoNd7Qg62wkNETiy7yFYCQnC9D5M5jizyQ1y8OlVGTDZvVPewLirIyopoPngFZ7BHMuYedvEP2jsOFroDmi4&csui=3), a Section 20 arrangement, under the [Children Act 1989](https://www.google.co.uk/search?safe=active&sca_esv=2dcb3ec73b8f4595&rls=com.microsoft%3Aen-GB%3A&q=Children+Act+1989&sa=X&ved=2ahUKEwiz-fbtk-mOAxVcX0EAHXxnCaoQxccNegQIIhAC&mstk=AUtExfBKeSf55cT_okX0Y4xKJJLTpoX9Q0bLFQIApy83O4N4JtuaoNd7Qg62wkNETiy7yFYCQnC9D5M5jizyQ1y8OlVGTDZvVPewLirIyopoPngFZ7BHMuYedvEP2jsOFroDmi4&csui=3)**,**refers to a local authority providingaccommodation for a child or young person when it's deemed necessary to safeguard or promote their welfare. This is often a voluntary arrangement where the local authority works with the child's parents or guardians to find suitable accommodation, but it's not a formal [care order](https://www.google.co.uk/search?safe=active&sca_esv=2dcb3ec73b8f4595&rls=com.microsoft%3Aen-GB%3A&q=care+order&sa=X&ved=2ahUKEwiz-fbtk-mOAxVcX0EAHXxnCaoQxccNegQIJBAB&mstk=AUtExfBKeSf55cT_okX0Y4xKJJLTpoX9Q0bLFQIApy83O4N4JtuaoNd7Qg62wkNETiy7yFYCQnC9D5M5jizyQ1y8OlVGTDZvVPewLirIyopoPngFZ7BHMuYedvEP2jsOFroDmi4&csui=3).
* **What is the purpose of the Prevent Duty?** The aim of the Prevent duty is to stop people from becoming terrorists or supporting terrorism. It is a national safeguarding program designed to protect individuals who are vulnerable to radicalization and to support those who have already engaged in terrorism. The duty also aims to tackle the ideological causes of terrorism and to intervene early to support those susceptible to radicalization.

**SLIDE 5**

You may want to ask staff to discuss what safeguarding means to them / in your setting. You could use post it notes, mini white boards, discussion or other means of making this interactive.

Talk about the distinction between safeguarding, and child protection.

Safeguarding is wider than child protection – school leadership has to have oversight of all these areas of work and ensure all statutory requirements are met – huge area of work. Safeguarding is much broader concept (than child protection) based around preventing children / young people from being harmed – focus upon promoting the child / young person’s welfare

Safeguarding is proactive and about developing a culture within your setting that has an open and positive culture where children and adults feel safe.

**SLIDE 6**

You may want to ask staff to discuss what Child protection means to them / in your setting. You could use post it notes, mini white boards, discussion or other means of making this interactive.

Talk about the distinction between safeguarding, and child protection.

**SLIDE 7**

**Think about this in the widest context –**

**1. Policies and Procedures**

Safeguarding and Child Protection Policy (updated annually)

Staff Code of Conduct

Whistleblowing Policy

Online Safety Policy

Anti-Bullying Policy

Behaviour Policy

Attendance and Missing Child Procedures

**2. Designated Safeguarding Lead (DSL)**

Appointed DSL and deputies

DSL responsible for managing referrals, training, and safeguarding records

Availability during school hours and for out-of-hours concerns

**3. Staff Training**

All staff must complete safeguarding training at induction

Regular updates and refresher training (at least annually)

Specific training for DSLs and senior leaders

**4. Safer Recruitment**

Enhanced DBS checks for all staff and volunteers

Verification of identity, qualifications, and employment history

References and prohibition checks

Ongoing vigilance post-appointment

5. Child-on-Child Abuse Prevention

Clear procedures for reporting and responding to incidents

Education on respectful relationships and consent

Support for victims and appropriate sanctions for perpetrators

**6. Online Safety**

Filtering and monitoring systems

Education on digital resilience and safe online behaviour

Staff training on online risks and reporting mechanisms

**7. Curriculum Integration**

PSHE and RSHE lessons covering:

Healthy relationships

Consent

Mental health

Online safety

Recognising abuse and seeking help

**8. Early Help and Multi-Agency Working**

Identification of children who may benefit from early help

Referrals to external agencies (e.g., social care, CAMHS)

Participation in multi-agency safeguarding meetings

9. Safeguarding Allegations Against Staff

Clear procedures for managing concerns or allegations

Reporting to the Local Authority Designated Officer (LADO)

Support for both the child and the staff member involved

**10. Site Security and Supervision**

Controlled access to school premises

Visitor sign-in and ID checks

Supervision during break times and transitions

**11. Record Keeping and Information Sharing**

Secure storage of safeguarding records

Timely and appropriate sharing of information with relevant agencies

Transfer of safeguarding files when pupils move schools

**12. Listening to Children**

Encouraging pupil voice and feedback

Safe spaces and trusted adults

Anonymous reporting mechanisms

**13. Support for Vulnerable Groups**

Tailored support for:

Children with SEND

Looked-after children

Children with mental health needs

Children at risk of exploitation or radicalisation

**SLIDE 8**

Bold type was added in 2023

**SLIDE 10**

The 2023 update begins with a new chapter, titled ‘A Shared Responsibility’. This brings together new and existing guidance to emphasise that successful outcomes for children depend upon strong multi-agency partnership working. The chapter includes principles for working with parents and carers which focus on the importance of building positive and trusting relationships and expectations for multi-agency working that apply to all individuals, agencies and organisations working with children, young people and families.

The second chapter, on multi-agency safeguarding arrangements, strengthens how those arrangements (between local authorities, police forces and integrated care boards, or ICBs, in health) work to safeguard and protect children locally. Changes include clarity around the safeguarding responsibilities of senior leaders, as well as emphasising the role of education in safeguarding arrangements and encouraging agencies to include third sector organisations within their arrangements and safeguarding work.

The third chapter covers the provision of help, support and protection. The early help section strengthens the role of education and childcare settings in safeguarding and support, including information on a child’s right to education and potential indicators that a child or family may benefit from early help support. One of the most significant changes in this chapter, which states that a broader range of practitioners can be the lead practitioner for children and families receiving support and services under section 17 of the Children Act 1989; that is, children receiving Child in Need support and/ or on a Child in Need plan. Previously, the lead practitioner for these cases could only be a social worker; in the new guidance, this role can be undertaken by other practitioners, but they would need to be supervised by a manager who is social work qualified. The new guidance states that local authorities and their partners need to agree and set out local governance arrangements in relation to this. Children’s services partners in Leeds, including the Leeds Safeguarding Children Partnership, are looking at how this significant change can most effectively be implemented locally, as it will need a clear strategic structure to support it.

The child protection section of this chapter introduces new national multi-agency child protection standards. It also clarifies the expected multi-agency response to risks of abuse and exploitation outside the home, and the consideration of whether children are experiencing risks outside the home in all children’s social care assessments.

**SLIDE 13**

This section of the framework sets out the safeguarding and welfare requirements providers must meet. They are designed to help providers create a high-quality, welcoming, and safe setting where children can enjoy learning and grow in confidence.

**SLIDE 17**

You will go through the types of abuse later in the presentation. This slide is the wording on the signs of possible abuse and neglect from the Statutory framework

**SLIDE 20**

Working Together 2018 removed statutory requirement for LSCBs – in Essex, ESCB name and brand was retained as part of multi-agency safeguarding arrangements (from September 2019).

Staff should be aware of the Essex Safeguarding Children Board and how it works with the statutory partners (Social Care, Health and Police) – the Board also works closely with Education in Essex. There are many committees at different levels and the Education Safeguarding team filters the issues raised by education settings to the statutory partners.

In 2022 Josh MacAlister completed an independent review of children’s social care. The findings and recommendations from this review, along with a national review of child protection following some Child Safeguarding Practice Reviews (CSPR’s) led to the governments 2023 Stable Homes Built on Love strategy. This strategy proposes 6 pillars of reform to address urgent issues facing children and families and laying the foundation for whole system reform. One of the recommendations was for Education to become a fourth statutory partner.

There is discussion nationally about this and Working together 2023 alludes to the fact that Education will become a statutory partner within the next 2 or 3 years. In Essex, Education is already represented on the Statutory Partners Board by Jo Barclay and Clare Kershaw (Director for Education) so we already work in this way.

All staff should be aware of the SET procedures

Stay Safe Groups are sub-committee of ESCB – they are quadrant-based multi-agency groups

**SLIDE 21**

All staff should be aware of this document. It is underpinned by Working Together to Safeguard Children.

This is a massive document of some 600 pages. It has answers to many of the questions you may have with regards to various situations and scenarios you may come across.

Alongside the overarching SET procedures there are some local ESCB practice guidance and protocols that complement them for example, Management of Suspicious Unexplained Injuries and Bruising in Children

**SLIDE 22**

Making sure everybody is aware of who the Lead Practitioner is, or their deputy in their absence.

**SLIDE 23**

**All staff should be aware of the early help process, and understand their role in it: *you will cover this later in the training (Essex Effective Support)***

**Any child may benefit from early help, but all school and college staff should be**

**particularly alert to the potential need for early help for a child who:**

• is disabled and has specific additional needs;

• has special educational needs (whether or not they have a statutory education,

health and care plan);

• is a young carer;

• is showing signs of being drawn in to anti-social or criminal behaviour, including

gang involvement and association with organised crime groups;

• is frequently missing/goes missing from care or from home;

• is misusing drugs or alcohol themselves;

• Is at risk of modern slavery, trafficking or exploitation;

is in a family circumstance presenting challenges for the child, such as substance

abuse, adult mental health problems or domestic abuse;

• has returned home to their family from care;

• is showing early signs of abuse and/or neglect;

• is at risk of being radicalised or exploited;

• is a privately fostered child

**All staff should be aware of the process for making referrals to children’s social care:** *where are the contact details for this in your school?*

**All staff should be aware** that children may not feel ready or know how to tell someone that they are being abused, exploited, or neglected, and/or they may not recognise their experiences as harmful. For example, children may feel embarrassed, humiliated, or being threatened. This could be due to their vulnerability, disability and/or sexual orientation or language barriers.

**SLIDE 27**

Remember the majority of injuries in young children are accidental - however be professionally curious

**SLIDE 29**

Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

Discuss examples with your staff – see next slide

**SLIDE 33**

Do you have any specific vulnerabilities in your setting.

**SLIDE 34**

**Ask your staff to discuss and think about things such as - what would you do immediately? Would you record any of this, and if so, where? What actions would you take in the longer term? If you felt that you needed to take further advice, who would you speak to?**

* Try and contact the parents to enquire why Henry is not attending and when he is due back. If he is not coming back, can you find out the name of his new setting.
* Log all contact that is attempted/made. Phone calls, e mails and so on. If he is still registered with your setting and you cannot get in touch think about carrying out a door knock (in twos).
* If no contact can be made and there are concerns for Henry’s health, safety, and well-being – contact the Children and Families Hub; and if deemed necessary, make a request for support. The police will not do a welfare check unless there is an immediate risk to safety. They are not attendance officers.
* In general - make sure all parents have clear information about the settings attendance policy when they start in your setting, set high expectations that if a parent does not contact you to tell you why their child is absent, you will contact them. Make sure you are keeping daily records of attendance and as soon as you start to see a pattern or that attendance is dropping off call the parents in for a meeting. Remember although it si not statutory for the children to attend your setting you are laying the foundations for the future and for parents to get used to how it will be in school. Keep a record and use this as part of your safeguarding reviews. Are there links between attendance or neglect? Do families need help early to get into good habits?

**SLIDE 35**

All staff should have an awareness of safeguarding issues that can put children at risk of harm. Behaviours linked to issues such as drug taking and/or alcohol misuse, deliberately missing education, serious violence (including that linked to county lines), radicalisation and consensual and non-consensual sharing of nude and semi-nude images and/or videos can be signs that children are at risk. You will explore here some safeguarding issues all staff should be aware of. Additional information on these safeguarding issues and other issues is included in Annex B.

**SLIDE 36**

It is best practice to:

involve the family in decisions

seek their consent for the best outcomes

assess the family’s needs as a whole

However, working with families can be challenging at times. Uncooperative families are those who will deliberately choose not to engage and / or co-operate with professionals and who will often display one or more of a wide range of uncooperative behaviours towards professionals. The SET procedures have details on this aspect in Section 6 Managing work with Families where there are obstacles and resistance

 Ambivalence - can be seen when people are always late for appointments, or repeatedly make excuses for missing them; when they change the conversation away from uncomfortable topics and when they use dismissive body language. Ambivalence is the most common reaction and may not amount to uncooperativeness. All service users are ambivalent at some stage in the helping process which is related to the dependence involved in being helped by others.

It may reflect cultural differences, being unclear what is expected, or poor experiences of previous involvement with professionals.

Ambivalence may need to be acknowledged, but it can be worked through

Avoidance/Denial is a very common method of non-engagement and includes avoiding appointments, missing meetings, cutting short visits due to other apparent important activity, not allowing easy contact with a child, especially on their own or refusing to acknowledge abuse/problems. They may have something to hide, resent outside interference, not want to accept or discuss concerns about their children.

Confrontation is communication that tends towards anger, creates unnecessary conflict, and damages relationships, it includes challenging professionals, provoking arguments, extreme avoidance and often indicates a deep-seated lack of trust leading to a 'fight' rather than 'flight' response to difficult situations. Parents may fear that their children may be taken away or they may be reacting to them having being taken away. They may have difficulty in consistently seeing the worker's good intent and be suspicious of their motives.

Violence - threatened or actual violence by a small minority of people is the most difficult of non-engaging behaviours for the worker/agency to respond to. It may reflect a deep and longstanding fear and projected hatred of authority figures. People may have experience of getting their way through intimidation and violent behaviour.

Disguised (superficial) compliance: involves a parent or carer giving the appearance of co-operating with agencies to avoid raising suspicions, to allay professional concerns and ultimately diffuse professional intervention.

There are often other barriers to consider when supporting families – discuss the list on the right hand side of the slide.

Child Safeguarding Practice Reviews:

Many CSPR’s reference issues relating to hostility and / or disguised compliance from parents. In a 2008 review of 189 SCRs between 2005-2007, three quarters were found to feature lack of parental co-operation with services.

It is important that practitioners are professionally curious. Professional curiosity is a combination of looking, listening, asking direct questions, checking out and reflecting on information received. Consider the child’s lived experiences.

You can also make the point that the setting could become aware of safeguarding concerns in relation to a child’s sibling or siblings / wider family – that may be impacting on the child and need to be addressed.

Discuss support and supervision for staff who are supporting parents who are reluctant, lack engagement and/or are openly hostile

With regard to cultural differences, Professionals should:

be aware of dates of the key religious events and customs;

be aware of the cultural implications of gender;

acknowledge cultural sensitivities and taboos

consider asking for advice from local experts, who have links with the culture (being mindful of potential risks around forced marriage)

In such discussions the confidentiality of the family concerned must be respected *-* it is vital to remember potential risk where seeking advice around forced marriage – this could put a young person / couple at further risk if sharing information or concerns within the community

Do not use siblings or family members as interpreters – efforts must be made to speak to the child independently

These issues may not impact on capacity to parent, but settings should consider support through the Early Help process where appropriate – or, of course, referral to Social Care where concerns meet the threshold for significant harm

Think Family means securing better outcomes for adults, children and families by coordinating the support and delivery of services from all organisations When an individual first has contact with any service they should receive a welcome into a system of joined-up support and safeguarding together with coordination between adult and children's services.

In order to achieve this, services working with both adults and children should take into account family circumstances and responsibilities. Families do not exist in isolation, they are part of a wider network and Think Family aims to promote the importance of a whole-family approach, ensuring practitioners work in partnership and collaboration with families recognising and promoting resilience and helping them to build their capabilities.

The [Social Care Institute for Excellence (SCIE) website](https://www.scie.org.uk/publications/guides/guide30/introduction/thinkchild.asp?gclid=EAIaIQobChMIod3MpYqV8wIVB-vtCh0SdA9xEAAYASAAEgI-FfD_BwE) talks in more detail about the concept of Think Family.

**SLIDE 38**

A continuum of behaviours - NSPCC and Research in Practice Harmful Sexual Behaviour framework discusses the continuum harmful behaviour can progress on (Hackett 2010 continuum model)

**SLIDE 39**

**Ask your staff to discuss and think about things such as - what would you do immediately? Would you record any of this, and if so, where? What actions would you take in the longer term? If you felt that you needed to take further advice, who would you speak to?**

Advice/what to do

* Advise the parent that you are taking this seriously and will look into this. Speak to the room staff and the room leader to identify any concerns they may have. Ask the key worker/room leader to monitor the children in question and log.
* Check in with the child any concerns to see if you can get to the bottom of the problem
* Reinforce expected behaviour to all children during planned PSE group sessions and free play time. Put in a proportional educational response.
* Feedback to parent what you are doing.
* If there are concerns, put things into place to manage these.
* Consider whether the children involved have and extra needs or vulnerabilities.
* Depending on the severity of the situation, do you need to put in place behaviour management strategies, a safety plan.

In general, make sure you have shared your behaviour policy and anti-bullying policy with parents when children start at the setting. Check that staff are being observant about behaviour and that they are logging anything – especially if there are repeated behaviours by one child. Think about where this is being logged. Is this behaviour, for wither child, pat of wider concerns.

**SLIDE 41**

Ask your staff to discuss and think about things such as - what would you do immediately? Would you record any of this, and if so, where? What actions would you take in the longer term? If you felt that you needed to take further advice, who would you speak to?

Advice/what to do

* As both parents are on the registration form and have parental responsibility, they both have the right to collect their child from nursery.
* If the parent, you are not expecting to collect arrives you can contact the other parent to let them know but you cannot stop the child leaving,
* Keep a record of correspondence with both parents.
* Ensure both parents are aware of what the setting can and cannot do, with regards to requests about their child.

**SLIDE 42**

All children can witness and be adversely affected by domestic abuse in the context of their home life where domestic abuse occurs between family members. Experiencing domestic abuse and/or violence can have a serious, long lasting emotional and psychological impact on children. In some cases, a child may blame themselves for the abuse or may have had to leave the family home as a result.

DISCUSSION:

Think about impact of DA on the child – what safeguarding concerns may be relevant as a result of witnessing DA?

**SLIDE 43**

Ask your staff to discuss and think about things such as - what would you do immediately? Would you record any of this, and if so, where? What actions would you take in the longer term? If you felt that you needed to take further advice, who would you speak to?

Advice/what to do

* Log what the child has said on a safeguarding form. Make sure you use the exact words used by the child.
* Talk with the manager or DSL immediately regarding this disclosure.
* Check that James is okay and ensure staff keep an eye on him throughout the day.
* Make a courtesy call to Mum (employee) to just check in on her health and sickness.
* Call the Children and Families Hub for advice if you are concerned for the safety of James
* Continue to monitor James and the situation.
* Undertake a back to work interview with mum on her return, offer any possible support available or signpost where necessary.
* Share with her that James has made this disclosure and offer appropriate support and sign posting

**SLIDE 44**

In such discussions the confidentiality of the family concerned must be respected *-* it is vital to remember potential risk where seeking advice around forced marriage – this could put a young person / couple at further risk if sharing information or concerns within the community. DO NOT SPEAK TO THE FAMILY AS YOU MAY INCREASE RISK

Do not use siblings or family members as interpreters – efforts must be made to speak to the child independently

FGM: Section 5B of the Female Genital Mutilation Act 2003 (as inserted by section 74 of the Serious Crime Act 2015) places a statutory duty upon teachers along with regulated health and social care professionals in England and Wales, to report to the police where they discover (either through disclosure by the victim or visual evidence) that FGM appears to have been carried out on a girl under 18.

*There is a separate presentation on FGM in the Level 2 modular programme*

**SLIDE 45**

Young children are often at greater risk – they do not have phones or devices of their own and use those of the parents. The parents will not have set these up with child security options instead having adult settings on their – this then increases the risk of the child accessing inappropriate content.

See Annex D for further information and resources

ESI / online safety: <https://schools.essex.gov.uk/pupils/Safeguarding/ESafety/Pages/E-Safety.aspx>

[Online Safety (escb.co.uk)](https://www.escb.co.uk/campaigns/online-safety/)

[Meeting digital and technology standards in schools and colleges - Filtering and monitoring standards for schools and colleges - Guidance - GOV.UK (www.gov.uk)](https://www.gov.uk/guidance/meeting-digital-and-technology-standards-in-schools-and-colleges/filtering-and-monitoring-standards-for-schools-and-colleges) – Settings may wish to review this document in line with their online safety policy (although it is mainly directed at schools and colleges)

**SLIDE 46**

1 July 2015, the Counter-Terrorism and Security Act 2015 placed a new duty on schools and other providers of education and care, in the exercise of their functions to have ‘due regard to the need to prevent people from being drawn into terrorism’.

Home Office guidance on what this means for schools and other providers: Prevent Duty Guidance - (updated 2023)

The Prevent strategy published by the government in 2011 is 1 of 4 elements in CONTEST – the Governments counter terrorism strategy

More detailed information on Prevent can be found in the Prevent Powerpoint presentation for settings to deliver to their staff

**SLIDE 47**

Use this video to illustrate what PREVENT is

**SLIDE 49**

Settings should have Prevent a risk assessment which is informed by the CTLP

Staff should be aware of the latest trends and risks

Geography is not as much of a concern due to the online risks of radicalisation that can happen anywhere

There is a separate presentation on PREVENT which you may which to use with this (or at a later date to develop learning)

Protecting children from risk of radicalisation should be seen as part of settings’ wider safeguarding duties - similar to protecting children from other forms of harm and abuse

There is no single way of identifying whether a child is likely to be susceptible to an extremist ideology. Background factors combined with specific influences such as family and friends may contribute to a child’s vulnerability. Similarly, radicalisation can occur through many different methods (such as social media or the internet) and settings (such as within the home). However, it is possible to protect vulnerable people from extremist ideology and intervene to prevent those at risk of radicalisation being radicalised. As with other safeguarding risks, staff should be alert to changes in children’s behaviour, which could indicate that they may be in need of help or protection.

The DSL should be aware of local procedures for making a Prevent referral. The DSL only should complete the Prevent referral form if it is required

**SLIDE 52**

Issues

* This has not been reported immediately
* Promise that everything would be ok
* Leading questions
* Opinion not fact

**SLIDE 53**

Be clear that the expectation is for staff members to work in accordance with the school policy and procedures (in that any concerns should be reported to the Designated Lead). We would not expect staff to be making referrals to Social Care in isolation – this is in KCSIE for situations where concerns are not being responded to

Refer staff to contact details for the Children and Families Hub (process chart available on Essex School Infolink and in Child Protection Policy)

The DL or DDL should always be available to discuss safeguarding concerns. If in exceptional circumstances, they are not available, this should not delay appropriate action being taken. Staff should consider speaking to a member of the senior leadership team and/or take advice from local children’s social care. In these circumstances, any action taken should be shared with the designated safeguarding lead (or

**SLIDE 54**

Ensure staff are clear about how to record appropriately (is there a template for recording)

**SLIDE 57**

In each of these scenarios what would staff do?

**SLIDE 58**

Talk to your staff here about the importance of an open culture whereby staff feel able to report any concerns about colleagues

**DISCUSSION:**

Discuss the concept of grooming – abusers groom adults around them to aid / hide their abuse

Discuss the Staff Code of Conduct – why is this important? *(It protects staff and children)*

‘Position of trust' is a legal term that refers to certain roles and settings where an adult has regular and direct contact with children. It's against the law for someone in a position of trust to engage in sexual activity with a child in their care, even if that child is over the age of consent (16 or over).

**SLIDE 59**

Role initially introduced within ‘Working Together to Safeguard Children’ guidance in 2006 – reflected in SET procedures

4 LADOs in Essex within the Children Safeguarding Team

Further information on ESI: https://schools.essex.gov.uk/pupils/Safeguarding/Managing\_allegations\_in\_the\_Childrens\_Workforce/Pages/ManagingAllegationsInTheChildrensWorkforce.aspx

**SLIDE 61**

From ‘Effective Support for Children and Families in Essex’ (ESCB, 2024)

The conceptual model and windscreen is a way of developing a shared understanding and explaining the Essex approach across all services and partnerships, ensuring a consistent approach is applied by all practitioners and managers. The model illustrates how services will respond to the requirements of children and families across four levels of need (Universal, Additional, Intensive and Specialist). In this model, all services and interventions seek to work openly with the family (or with young people on their own where it is age appropriate) in order to support them to address their needs at the lowest possible level. Services should actively work with children and families to prevent their needs escalating to a higher level. Services at a higher level should only be sought after everything possible to meet need has been undertaken at the current level.

**SLIDE 62**

The Indicators of Need which are within the Essex Effective Support document are for professionals to use to assess level of need for a child and family and whether or not this tips into risk. It corresponds to the windscreen moving from universal need across to specialist at level 4

**SLIDE 63**

KCSIE (Keeping children safe in education) 2025

Any child may benefit from early help, but all school and college staff should

be particularly alert to the potential need for early help for a child who:

• is disabled or has certain health conditions and has specific additional needs

• has special educational needs (whether or not they have a statutory

Education, Health and Care plan)

• has a mental health need

• is a young carer

• is showing signs of being drawn in to anti-social or criminal behaviour,

including gang involvement and association with organised crime groups or

county lines

• is frequently missing/goes missing from education, home or care,

• has experienced multiple suspensions, is at risk of being permanently

excluded from schools, colleges and in Alternative Provision or a Pupil

Referral Unit.

• is at risk of modern slavery, trafficking, sexual and/or criminal exploitation

• is at risk of being radicalised or exploited

• has a parent or carer in custody, or is affected by parental offending

• is in a family circumstance presenting challenges for the child, such as drug

and alcohol misuse, adult mental health issues and domestic abuse

• is misusing alcohol and other drugs themselves

• is at risk of so-called ‘honour’-based abuse such as Female Genital

Mutilation or Forced Marriage

• is a privately fostered child.

Further information and templates can be found here: [Early help support for families: Early help support for families | Essex Schools Infolink](https://schools.essex.gov.uk/pupil-support-and-wellbeing/early-help-support-families) or [Resources for practitioners: Early help resources | Essex County Council](https://www.essex.gov.uk/children-young-people-and-families/resources-practitioners/early-help-resources)

**SLIDE 65**

* **Is it just room leaders that report concerns to the DSL?** No – everyone is responsible for safegaurding – if you have a concern report it.
* **Is there child on child abuse in your setting?** Yes – there will be bullying or child on child of some sort – the question you need to ask if you think there is none, is why are the children not reporting. How do you collect pupil voice – do you know the views of your children on their safety. Do they report online abuse to you?
* **Who should you go to if you have a concern about the conduct of a member of a staff?** You should report to the HT and is it is about the HT the governors or trust and you can report to NSPCC whistleblowing
* **Is education a statutory safegaurding partner?** No not currently, although there are ongoing discussions. In Essex we are treated as a statutory partner as education is represented an all-relevant boards at the ESCB. The partners are – health, police and children’s social care
* **What is filtering and monitoring?** Filtering of online systems at school and the monitoring of the access to the systems
* **What is early help?** Early help is the right support at the right time and at the earliest safest opportunity to prevent risks from escalating.
* **What is the name of the local multiagency safegaurding guidance you should be aware of?** The SET procedures – Southend, Essex and Thurrock safegaurding procedures
* **What is the most common form of abuse?** Neglect
* **Do you know these acronyms?** HBA – Honour Based Abuse NEET – Not in education, employment or training TAF – Team around the family
* **Who is responsible for safeguarding ?** EVERYONE’S