



Keeping Children Safe in Education

Part one: Safeguarding information for all staff

What ACE Training staff should know and do

A child centred and coordinated approach to safeguarding

1. Schools, colleges, and their staff are an important part of the wider safeguarding system for children. This system is described in statutory guidance [Working Together to Safeguard Children](#)
2. Safeguarding and promoting the welfare of children is everyone's responsibility. Everyone who comes into contact with children and their families has a role to play. In order to fulfil this responsibility effectively, all practitioners should make sure their approach is child-centred. This means that they should consider, at all times, what is in the best interests of the child.
3. No single practitioner can have a full picture of a child's needs and circumstances. 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.
4. Safeguarding and promoting the welfare of children is defined for the purposes of this guidance as:
 - Protecting children from maltreatment;
 - Preventing impairment of children's mental and physical health or development;
 - Ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
 - Taking action to enable all children to have the best outcomes
5. Children includes everyone under the age of 18.

The role of all staff at ACE Training

6. School and college staff are particularly important as they are in a position to identify concerns early, provide help for children, and prevent concerns from escalating.
7. **All** staff have a responsibility to provide a safe environment in which children can learn.
8. **All** 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 through to the teenage years.
9. **Any staff member** who has a concern about a child's welfare should follow the referral processes set out in paragraphs 41-53. Staff should expect to support social workers and other agencies following any referral.
10. Every school and college should have a designated safeguarding lead who will provide support to staff to carry out their safeguarding duties and who will liaise closely with other services such as children's social care.
11. The designated safeguarding lead (and any deputies) are most likely to have a complete safeguarding picture and be the most appropriate person to advise on the response to safeguarding concerns.
12. The Teachers' Standards 2012 state that teachers (which includes head teachers) should safeguard children's wellbeing and maintain public trust in the teaching profession as part of their professional duties.

What ACE Training staff need to know.

13. All staff are aware of systems within ACE Training, which support safeguarding, and these are explained to them as part of their induction. This includes the:
 - child protection policy;
 - behaviour policy;
 - staff code of conduct policy
 - safeguarding response to children who go missing from education; and

- Role of the designated safeguarding lead (including the identity of the designated safeguarding lead and any deputies).

Copies of policies and a copy of Part one of this document are given to staff at induction.

14. All staff receive appropriate safeguarding and child protection training which is regularly updated. In addition, all staff receive safeguarding and child protection updates (for example, via email, e-bulletins and staff meetings), as required, and at least annually, to provide them with relevant skills and knowledge to safeguard children effectively.
15. All staff are aware of their local early help process and understand their role in it.
16. All staff are aware of the process for making referrals to children's social care and for statutory assessments under the Children Act 1989, especially section 17 (children in need) and section 47 (a child suffering, or likely to suffer, significant harm) that may follow a referral, along with the role they might be expected to play in such assessments.
17. All staff know what to do if a child tells them he/she is being abused or neglected. Staff know how to manage the requirement to maintain an appropriate level of confidentiality. This means only involving those who need to be involved, such as the designated safeguarding lead (or a deputy) and children's social care. Staff should never promise a child that they will not tell anyone about a report of abuse, as this may ultimately not be in the best interests of the child.

What ACVE Training staff should look out for.

Early help

18. Any child may benefit from early help, but all 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 at risk of modern slavery, trafficking or exploitation;
 - Is at risk of being radicalised or exploited;
 - 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 drugs or alcohol themselves;
 - Has returned home to their family from care; and
 - Is a privately fostered child.

Abuse and neglect

19. Knowing what to look for is vital to the early identification of abuse and neglect. All staff are aware of indicators of abuse and neglect so that they are able to identify cases of children who may be in need of help or protection. If staff are unsure, they should **always** speak to the designated safeguarding lead (or deputy).
20. All staff are aware that abuse, neglect and safeguarding issues are rarely stand-alone events that can be covered by one definition or label. In most cases, multiple issues will overlap with one another.
21. All staff are aware that safeguarding incidents and/or behaviours can be associated with factors outside ACE Training and/or can occur between children outside of these environments. All staff, but especially the designated safeguarding lead (and deputies) should consider whether children are at risk of abuse or exploitation in situations outside their families. Extra-familial harms take a variety of different forms and children can be vulnerable to multiple harms including (but not limited to) sexual exploitation, criminal exploitation, and serious youth violence.

Indicators of abuse and neglect

- 22. Abuse:** a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults or by another child or children.
- 23. Physical abuse:** a form of abuse, which 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.
- 24. Emotional abuse:** the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the 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 a child's developmental capability as well as overprotection and limitation of exploration and learning, or preventing the child from 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, although it may occur alone.
- 25. 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 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. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Adult males do not solely perpetrate sexual abuse. Women can also commit acts of sexual abuse, as can other children. The sexual abuse of children by other children is a specific safeguarding issue in education (see paragraph 29).
- 26. Neglect:** 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, for example, 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 from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate caregivers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Safeguarding issues

All staff have an awareness of safeguarding issues that can put children at risk of harm. Behaviours linked to issues such as drug taking, alcohol abuse, deliberately missing education and sexting (also known as youth produced sexual imagery) put children in danger.

Child Sexual Exploitation (CSE) and Child Criminal Exploitation (CCE)

Both CSE and CCE are forms of abuse and both occur where an individual or group takes advantage of an imbalance in power to coerce, manipulate or deceive a child into sexual or criminal activity. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, sexual identity, cognitive ability, physical strength, status, and access to economic or other resources. In some cases, the abuse will be in exchange for something the victim needs or wants and/or will be to the financial benefit or other advantage (such as increased status) of the perpetrator or facilitator. Individuals or groups, males or females, and children or adults can perpetrate the abuse. The abuse can be a one-off occurrence or a series of incidents over time, and range from opportunistic to complex organised abuse. It can involve force and/or enticement-based methods of compliance and may, or may not, be accompanied by violence or threats of

violence. Victims can be exploited even when activity appears consensual and it should be noted exploitation as well as being physical can be facilitated and/or take place online.

Peer on peer abuse

29. All staff are aware that children could abuse other children (often referred to as peer on peer abuse). This is most likely to include, but may not be limited to:

- Bullying (including cyberbullying);
- Physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm;
- Sexual violence, such as rape, assault by penetration and sexual assault;
- Sexual harassment, such as sexual comments, remarks, jokes and online sexual harassment, which may be stand-alone or part of a broader pattern of abuse;
- Upskirting, which typically involves taking a picture under a person's clothing without them knowing, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim Humiliation, distress or alarm;
- Sexting (also known as youth produced sexual imagery); and
- Initiation/hazing type violence and rituals.

30. All staff are clear about ACE Training's policy and procedures with regards to peer on peer abuse.

Serious violence

31. All staff are aware of indicators, which may signal that children are at risk from, or are involved with serious violent crime. These may include increased absence from school, a change in friendships or relationships with older individuals or groups, a significant decline in performance, signs of self-harm or a significant change in wellbeing, or signs of assault or unexplained injuries. Unexplained gifts or new possessions could also indicate that children have been approached by, or are involved with, individuals associated with criminal networks or gangs.

32. All staff are aware of the associated risks and understand the measures in place to manage these.

Female Genital Mutilation

33. Whilst all staff should speak to the designated safeguarding lead (or deputy) with regard to any concerns about female genital mutilation (FGM), there is a specific **legal duty on Tutors**. If a Tutor, in the course of their work in the profession, discovers that an act of FGM appears to have been carried out on a girl under the age of 18, the tutor must report this to the police.

Mental Health

34. All staff are also aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation.

35. Only appropriately, trained professionals should attempt to make a diagnosis of a mental health problem. Staff however, are well placed to observe children day-to-day and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one.

36. Where children have suffered abuse and neglect, or other potentially traumatic adverse childhood experiences, this can have a lasting impact throughout childhood, adolescence and into adulthood. It is key that staff are aware of how these children's experiences, can affect their mental health, behaviour and education.

37. If staff have a mental health concern about a child that is also a safeguarding concern, immediate action should be taken, following their child protection policy and speaking to the designated safeguarding lead or a deputy.

38. The department has published advice and guidance on Preventing and Tackling Bullying, and Mental Health and Behaviour in Schools (which may also be useful for ACE Training). In addition, Public Health England has produced a range of resources to support secondary school teachers to promote positive health, wellbeing and resilience among young people including its guidance Promoting children and young people's emotional health and wellbeing. Its resources include social media, forming positive relationships, smoking and alcohol. See Rise Above for links to all materials and lesson plans.

Additional information and support

39. Departmental advice [What to Do if You Are Worried a Child is Being Abused - Advice for Practitioners](#) provides more information on understanding and identifying abuse and neglect. Examples of potential indicators of abuse and neglect are highlighted throughout the advice and will be particularly helpful for school and college staff. The NSPCC website also provides useful additional information on abuse and neglect and what to look out for.
40. Annex A in (Keeping Children safe in Education) contains important additional information about specific forms of abuse and safeguarding issues. School and college leaders and those staff who work directly with children should read the annex.

What all ACE Training staff should do if they have concerns about a child

41. Staff working with children are advised to maintain an attitude of 'it could happen here' where safeguarding is concerned. When concerned about the welfare of a child, staff should always act in the **best** interests of the child.
42. If staff have **any concerns** about a child's welfare, they should act on them immediately
43. If staff have a concern, they should follow ACE training's child protection policy and speak to the designated safeguarding lead (or deputy).
44. Options will then include:
 - Managing any support for the child internally via the school's or college's own pastoral support processes;
 - An early help assessment, or
 - A referral for statutory services, for example as the child might be in need, is in need or suffering or likely to suffer harm.
45. The designated safeguarding lead or a deputy is always be available to discuss safeguarding concerns. If in exceptional circumstances, the designated safeguarding lead (or deputy) is not available, this should not delay appropriate action being taken. Staff should take advice from local children's social care. In these circumstances, any action taken should be shared with the designated safeguarding lead (or deputy) as soon as is practically possible.
46. Staff should not assume a colleague or another professional will take action and share information that might be critical in keeping children safe. They should be mindful that early information sharing is vital for effective identification, assessment and allocation of appropriate service provision. [Information Sharing: Advice for Practitioners Providing Safeguarding Services to Children, Young People, Parents and Carers](#) supports staff who have to make decisions about sharing information. This advice includes the seven golden rules for sharing information and considerations with regard to the Data Protection Act 2018 and General Data Protection Regulation (GDPR). If in any doubt about sharing information, staff should speak to the designated safeguarding lead or a deputy. Fears about sharing information **must not** be allowed to stand in the way of the need to promote the welfare, and protect the safety of children.

Early help

47. If early help is appropriate, the designated safeguarding lead (or deputy) will generally lead on liaising with other agencies and setting up an inter-agency assessment as appropriate. Staff may be required to support other agencies and professionals in an early help assessment, in some cases acting as the lead practitioner. Any such cases should be kept under constant review and consideration given to a referral to children's social care for assessment for statutory services, if the child's situation does not appear to be improving or is getting worse.

Statutory assessments

48. **Where a child is suffering, or is likely to suffer from harm, it is important that a referral to children's social care (and if appropriate the police) is made immediately.** Referrals should follow the local referral process.

Children in need

A child in need is defined under the Children Act 1989 as a child who is unlikely to achieve or maintain a reasonable level of health or development, or whose health and development is likely to be significantly or further impaired, without the provision of services; or a child who is disabled. Local authorities are required to provide services for children in need for the purposes of safeguarding and promoting their welfare. Children in need may be assessed under section 17 of the Children Act 1989.

Children suffering or likely to suffer significant harm

Local authorities, with the help of other organisations as appropriate, have a duty to make enquiries under section 47 of the Children Act 1989 if they have reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm. Such enquiries enable them to decide whether they should take any action to safeguard and promote the child's welfare and must be initiated where there are concerns about maltreatment, including all forms of abuse and neglect, female genital mutilation or other so-called honour based violence, and extra-familial threats like radicalisation and sexual exploitation.

49. The online tool [Report Child Abuse to Your Local Council](#) directs to the relevant local children's social care contact number.

What will the local authority do?

50. Within one working day of a referral being made, a local authority social worker should acknowledge receipt to the referrer and make a decision about the next steps and the type of response that is required. This will include determining whether:

- The child requires immediate protection and urgent action is required;
- The child is in need, and should be assessed under section 17 of the Children Act 1989;
- There is reasonable cause to suspect the child is suffering or likely to suffer significant harm, and whether enquiries must be made and the child assessed under section 47 of the Children Act 1989;
- Any services are required by the child and family and what type of services;
- Further specialist assessments are required to help the local authority to decide what further action to take; and
- To see the child as soon as possible if the decision is taken that the referral requires further assessment.

51. The referrer should follow up if this information is not forthcoming.

52. If social workers decide to carry out a statutory assessment, staff should do everything they can to support that assessment (supported by the designated safeguarding lead (or deputy) as required).

53. If, after a referral, the child's situation does not appear to be improving, the referrer should consider following local escalation procedures to ensure their concerns have been addressed and, most importantly, that the child's situation improves.

Record keeping

54. All concerns, discussions and decisions made, and the reasons for those decisions, will be recorded in writing. If in doubt about recording requirements, staff should discuss with the designated safeguarding lead (or deputy).

Why is all of this important?

55. It is important for children to receive the right help at the right time to address risks and prevent issues escalating. Research and serious case reviews have repeatedly shown the dangers of failing to take effective action. Examples of poor practice include:

- failing to act on and refer the early signs of abuse and neglect;
- poor record keeping;
- failing to listen to the views of the child;

- failing to re-assess concerns when situations do not improve;
- not sharing information;
- sharing information too slowly; and
- a lack of challenge to those who appear not to be taking action.

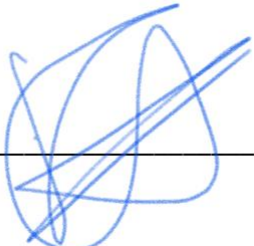
What ACE Training staff should do if they have safeguarding concerns about another staff member who may pose a risk of harm to Children

56. If staff have safeguarding concerns, or an allegation is made about another member of staff (including supply staff and volunteers) posing a risk of harm to children, then:
- This should be referred to the Operations Director;
 - Where there are concerns/allegations about the Operations or Training Director, this should be referred to the Managing Director; and
 - In the event of concerns/allegations about the Managing Director this should be referred to one of the other Directors or, this will be reported directly to the designated officer(s) at the local authority.

What ACE Training staff should do if they have concerns about safeguarding practices within the Training Centre.

57. All staff and volunteers should feel able to raise concerns about poor or unsafe practice and potential failures in ACE Training’s safeguarding regime, and know that such concerns will be taken seriously by the Directors
58. Appropriate whistleblowing procedures are in place for such concerns to be raised with the Operations or Training Director
59. Where a staff member feels unable to raise an issue with their employer, or feels that their genuine concerns are not being addressed, other whistleblowing channels may be open to them:
- General guidance on whistleblowing can be found via: [Advice on Whistleblowing](#); and
 - The NSPCC’s what you can do to report abuse dedicated helpline is available as an alternative route for staff who do not feel able to raise concerns regarding child protection failures internally or have concerns about the way a concern is being handled by their school or college. Staff can call 0800 028 0285 – line is available from 8:00 AM to 8:00 PM, Monday to Friday and email: help@nspcc.org.uk.

Name Vanessa Cover Position Operations Director

Signature 

Date 12th March 2024

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