safenemens



APRIL 2024

Bodmin College | Brannel School | Carclaze CP School | Fowey Primary School | Lostwithiel Primary School | Luxulyan School | Mevagissey Primary School | Mount Charles School | Newquay Junior Academy Newquay Primary Academy | Newquay Tretherras School | Penrice Academy | Poltair School | Pondhu Primary School | Port Isaac Community Primary School | St Mewan CP School



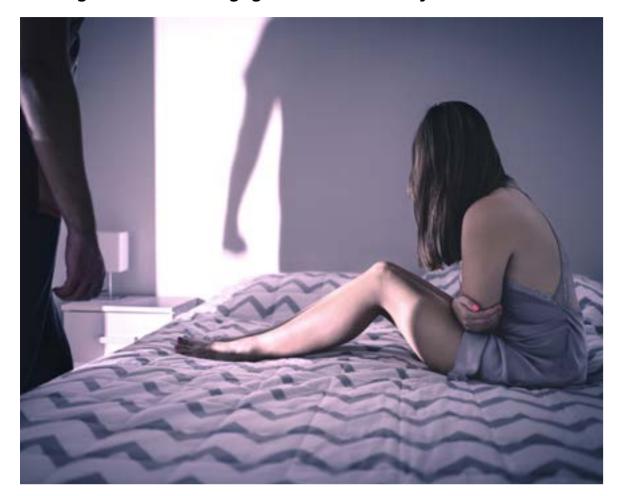
Safeguarding vision at CELT -

- Safeguarding is the golden thread through CELT
- 'it could happen here'
- Ensure that every pupil and young person are heard
- Zero tolerance for discrimination
- Empowerment of our staff
- Safeguarding is everybody's responsibility

ACCOUNTABILITY OF SAFEGUARDING TRENGTHEN IMPROVE THE VULNERABLE ARESPONSIBILITY

What is Sexual violence?

Sexual violence is rape, assault by penetration, sexual assault or causing someone to engage in sexual activity without consent.



- Rape is intentional penetration by the perpetrator with their penis without consent, and there is no reasonable belief that the victim consents.
- Assault by penetration is intentional sexual penetration by the perpetrator with a part of their body or anything else without consent, and there is no reasonable belief that the victim consents.
- Sexual assault is intentional sexual touching of the victim by the perpetrator without consent, and there is no reasonable belief that the victim consents. (Settings should be aware that sexual assault covers a very wide range of behaviour, so a single act of kissing someone without consent or touching someone's bottom/breasts/genitalia without consent, can still constitute sexual assault.)
- Intentionally causing someone to engage in sexual activity without their consent, and there is no reasonable belief that they consent, is also an offence. This could include forcing someone to strip, touch themselves sexually, or to engage in sexual activity with a third party.

What is consent?

Consent is about having the freedom and capacity to choose (saying yes when being pressured, coerced, or threatened is not consent). Consent to sexual activity may be given to one sort of sexual activity but not another, e.g. to vaginal but not anal sex, or penetration with conditions, such as wearing a condom. Consent can be withdrawn at any time during sexual activity and each time activity occurs.

- A child under the age of 13 can never consent to any sexual activity.
- The age of consent is 16.
- Sexual intercourse without consent is rape.

Sexual harassment

is unwanted conduct of a sexual nature.

It includes:

sexual comments, such as telling sexual stories, making lewd comments, making sexual remarks about clothes and appearance, and calling someone sexualised names; sexual "jokes" or taunting; physical behaviour, such as, deliberately brushing against someone, interfering with someone's clothes (settings should consider when any of this crosses a line into sexual violence – it is important to talk to and take into account the experience of the victim) and displaying pictures, photos or drawings of a sexual nature; online sexual harassment.

Online sexual harassment includes non-consensual sharing of nude and semi-nude images or videos, sharing of unwanted explicit content, upskirting, sexualised online bullying, unwanted sexual comments or messages (including on social media), sexual exploitation, coercion and threats.

Unchallenged sexual harassment creates a culture that can normalise inappropriate behaviours and provide an environment that may lead to sexual violence.

What to look for

Sometimes children and young people, or their friends, report sexual violence or harassment. At other times staff may observe something of concern and intervene.

Often children and young people do not disclose their experiences. Staff should be aware of the possible signs and talk to their safeguarding lead about how to open a conversation.

Children and young people may feel angry, upset, stressed, worried, scared and confused, and might:

- experience flashbacks;
- · have difficulty sleeping and night terrors;
- have anxiety;
- find it difficult to concentrate;
- block out the memory and/or avoid remembering what happened;
- be unable to remember exactly what happened;
- · find it difficult to trust people;
- think that no one else understands them:
- relive the experience of sexual abuse.

What to do

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It's crucial that children and young people get the right response immediately from the adults they approach.

Concerns, whether observed or disclosed, should be taken seriously and reported to the designated safeguarding lead without delay. Don't assume the concern has already been reported by someone else. Take immediate action to keep children and young people safe.

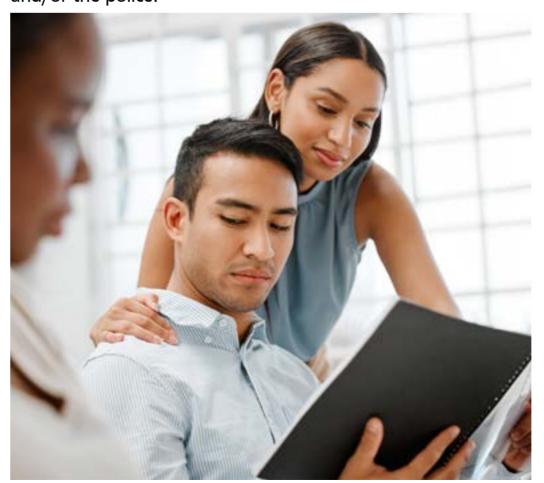
Provide reassurance and support to everyone involved. It's essential that all victims are reassured that they are being taken seriously, regardless of how long it has taken them to come forward. They should never be made to feel ashamed for making a report or have their experience minimised.

Don't promise confidentiality, but do explain that only people who need to know will be told.

Listen carefully, reflect back, be non-judgemental and don't ask leading questions. Guidance recommends having two people present if possible. Write up a thorough factual summary after the child or young person has finished, using their own words as much as possible.

If there is an online element (such as pictures or videos), do not view or forward this – you may refer to DfE advice on searching, screening and confiscation, and UKCIS Sharing nudes and semi-nudes: advice for education settings working with children and young people guidance. Follow part five of Keeping Children Safe in Education and consider the most proportionate response, in consultation with the child or young person who experienced the abuse, and their parents or carers.

The response must include a risk assessment around the potential for reoccurrence, taking particular care to ensure the child or young person is safe from further abuse or reprisals, that other children or young people are protected, and that the alleged perpetrator is receiving appropriate support. Action in some circumstances must involve children's social care and/or the police.



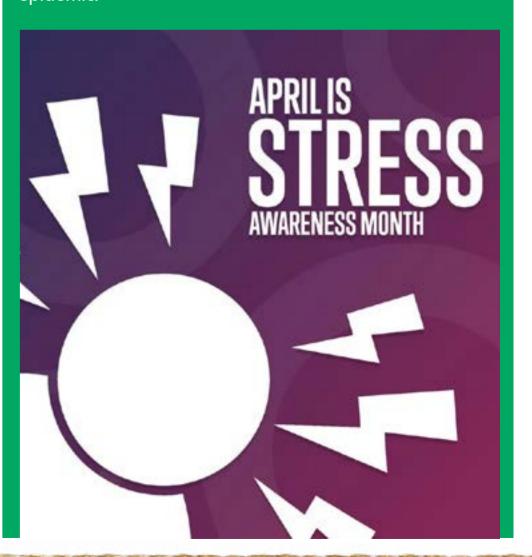
Awareness Days in April

Stress Awareness Month

What is Stress Awareness Month?

Stress and poor mental health are one of the biggest public health challenges that we're facing. Sadly, even though that is the case, we are still not taking its impact seriously enough. We continue to separate mental health from physical health and vice versa. The reality is they cannot be separate - they are two sides of the same coin. There is no health without mental health and stress can lead to numerous health problems. From physical problems, like heart disease, insomnia, digestive issues, immune system challenges, etc to more serious mental health disorders such as anxiety and depression. Stress Awareness Month has been held every April since 1992 to raise awareness of the causes and cures for our modern-day stress epidemic. It is the time when we have an opportunity for an open conversation on the impact of stress. Dedicated time to removing the guilt, shame, and stigma around mental health. To talk about stress, and its effects and open up about our mental and emotional state with friends, families, colleagues, and professionals.

During this annual thirty day period, health care professionals and health promotion experts across the country will join forces to increase public awareness about both the causes and cures for our modern stress epidemic.



DSLs across the Trust

It's normal to feel overwhelmed and confused if a child reveals they're being abused. It's a challenging subject that can be both difficult to accept and talk about. However, you must be aware of your safeguarding information sharing (or disclosure) responsibilities so you can take the correct course of action to ensure the safety of the child or young person.

Although the abuse could be kept a secret out of fear, children experiencing distress may speak to you as they find you trustworthy and deem the school a safe place. It's also not unusual for them to choose particular staff members that they feel have less authority or are less intimidating. Remember we are all Emotionally Available Adults to our students.

Regardless of your role, if a child approaches you to indicate abuse or disclose harm, your role is to recognise and refer the abuse - not to investigate.

Please speak to a member of the Safeguarding Team

Trust Safeguarding Lead	Amy Daniels	adaniels@celtrust.org
Safeguarding Trustee	John Simeons	JSimeons@gov.celtrust.org

School	DSL	Email Address
Bodmin	Emma French Sue Gilbert (Operational)	efr@bodmincollege.co.uk
Brannel	John Doherty	dsl@brannel.com
Carclaze	Simon Pollard	dsl@car.celtrust.org
Fowey	Liz Measom	dsl@fow.celtrust.org
Lostwithiel	Elaine Badger	dsl@los.celtrust.org
Luxulyan	Nathan Cooper	dsl@lux.celtrust.org
Mevagissey	Ben Ringrose	dsl@mev.celtrust.org
Mount Charles	Rachel Nile	dsl@mcs.celtrust.org
Newquay Junior	Tania Findlay	dsl@nja.celtrust.org
Newquay Primary	Craig Hayes	dsl@npa.celtrust.org
Newquay Tretherras	Jacqui McGlynn Laura Thomas (operational)	dsl@tretherras.net
Penrice	Claire Gurd Abby McDonald (operational)	dsl@penrice.org.uk
Poltair	Heidi Spurgeon	dsl@poltair.cornwall.sch.uk
Pondhu	Rachel Clift	dsl@pon.celtrust.org
Port Isaac	Emma Williams	head@port-isaac.cornwall.sch.uk
St Mewan	Karen Dickens	dsl@stm.celtrust.org
CELT Hub	Andy Egford	dsl@hub.celtrust.org



Physical abuse

Physical abuse is any action that causes physical harm to a child. It may be a one off incident or may be a culmination of a number of separate incidents. Physical abuse can have long lasting physical and emotional effects on victims.

Definition

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.

Keeping Children Safe in Education

Intent

Statutory guidance is clear that a child can be abused through someone inflicting harm, or through them not acting to prevent harm.

Smacking

It is unlawful for a parent, carer or someone acting in that capacity to smack a child in Scotland and Wales. However, in England and Northern Ireland, if they can prove it amounts to "reasonable punishment" then this can be used to defend their actions. What is reasonable is dependent on the situation, however the law is clear that use of implements (e.g., a belt) or hitting with a closed hand / fist is not reasonable. If there is ever a lasting mark or injury to the child, this will also be considered not to be reasonable force.

Fabricated or Induced Illness (FII) / Perplexing Presentations

Some parents may deliberately make up symptoms to make people believe that their child is ill or disabled when they are not; or go so far as to give their child things to make that they are ill.

https://safeguarding.network/physical confidence in safeguarding

Although this is rare, it can be very harmful to a child. Signs that can alert us to the possibility of FII (known as 'perplexing presentations') include discrepancies between what is being reported and what the child can / cannot do when the parent is not around, implausible descriptions and unexplained findings. For more information see: https://safeguarding.network/fii

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Signs and indicators

- Frequent and unexplained injuries.
- Refusal to discuss injuries and / or improbable explanations.
- Untreated, or lingering injuries.
- Injuries on the face, neck, torso and softer, more protected parts of the body.
- Injuries in a shape or cluster that may indicate being caused by an object, hand or teeth.
- Bruises with dots of blood under the skin.
- Bite marks, burns and scalds.

Victims may refuse to change for PE or keep their body covered even in hot weather. They may describe punishment which seems excessive.

Other behaviours may include shrinking from or flinching at physical contact / sudden movement, self-harming, or other behaviour changes. The child may show aggression towards others or be over compliant and showing watchful behaviour. You may see deterioration in schoolwork, or they may be fearful of parents being contacted / going home.

Vulnerable groups

Physical abuse can occur in any family; there are greater risks in homes where parents or carers have drug or alcohol problems, mental health issues and homes where there is domestic abuse. Babies and children with disabilities / additional needs are at higher risk, as are children experiencing other forms of abuse or neglect. Bruising in pre-mobile babies or children with very limited mobility is always a cause for concern and should be flagged immediately.

March 2022



fabricated or induced illness

Fabricated or induced illness is where a child has suffered or is likely to suffer significant harm through the deliberate acts of their parents bringing on illness or the impression of illness.

Fabricated illness is a form of physical abuse. Although rarer than other forms of abuse, there is a concern that this rarity is linked to a lack of understanding by professionals.

'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.'

Keeping Children Safe in Education, 2018

What can happen?

Parents or carers (research suggests that it is usually parents) may:

- fabricate signs and symptoms of illness e.g. altering past medical histories;
- falsify records and occasionally specimens of bodily fluid to create the impression their child is ill;
- induce illness through means such as poisoning their child.

Why do people fabricate or induce illness?

Research shows that parents may fabricate or induce illness in order to create a specific role for themselves in the child's life and create a dependence on them. They may also do it to draw people's attention to them in order to meet needs arising from their own issues or mental ill health.

Parents may also fabricate or induce illness due to the financial benefits that come with having a

https://safeguarding.network/fii confidence in safeguarding

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sick child, such as increased benefit payments and charitable contributions such as holidays.

Things to look out for

Whilst many of the potential issues that we may face with regards to fabricated or induced illness are health based, this does not mean we will not be able to identify possible signs.

Some signs that may be linked to fabricated or induced illness are:

- · Symptoms only seen by parent.
- Presentation of child in school is different to that reported by parent.
- Solving of one health problem leads to new symptoms being reported.
- Daily activities being limited beyond what the condition would usually mean.
- Different information being presented to different people in school.
- Repeated absences due to medical needs.

Often schools are a place where the child has the opportunity to leave the care of their abusing parent. It is therefore important that we allow space to hear the child's voice - serious case reviews show is that this is often lost due to the overbearing nature of the parent in appointments. Parents who fabricate or induce illness may also display disguised compliance - agreeing to referrals and then engineering situations so that no professional ever has a true picture of what is happening for the child.

Respectful uncertainty

As professionals we must always ask ourselves the question "what if there is something else going on" - it may be that we are happy that there are no other concerns, but unless we ask ourselves the question we will not know. There is an associated emotional burden when dealing with an ill child and therefore it is important that we consciously recognise this and check that everything we are seeing and hearing makes sense.

We must ...

- flag any concerns.
- be prepared to challenge others, e.g. medics

Sept 2018



Emotional abuse

Emotional abuse can seriously damage a child's emotional health and development. Children who are emotionally abused can suffer other forms of abuse at the same time.

'The persistent emotional maltreatment of a

Definition

child such as to cause severe and persistent 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 participating in normal social interaction. It may involve seeing or hearing the illtreatment of another. It may involve serious bullying (including cyber bullying), 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, though it may occur alone.

Working Together

What does it look like?

Emotional abuse can either occur where the parent or carer denies the child love, care or affection, or where a person deliberately sets out to scare, abuse or verbally put a child down with the intent of harming them. Emotional abuse can therefore either be passive or active.

Everyone gets things wrong from time to time, but it becomes abusive when negative things are said or done repeatedly. Children and young people may internalise these things and blame themselves for others' behaviours and / or see themselves as unworthy, unlovable, etc. With emotional abuse there is often not one event that triggers concern, but a number of observations over time which then build up a chronology of concerns. Remember that children with additional needs, children in care and children from different cultures may be particularly vulnerable and may have the fact that they are being emotionally abused overlooked.

THIS MONTH

What might you see?

Signs and indicators may include:

- problems with sleeping or eating
- poor school attendance / attainment
- fearful of parents
- poor emotional control
- Inability to deal with stressful situations
- poor social skills
- inappropriate attachments
- substance abuse
- lack of confidence
- · rocking, thumb sucking, hair twisting etc.
- extremes of compliance and passivity
- inability to play

What to do

Spot the signs and know what to do – use your safeguarding procedures and be confident to raise emotional abuse as a possibility. Consider the impact on the child/young person. Talk with your DSL and deputies. Record the incidents of concern and build up a picture of the child/young person's life.

Take action – and keep taking action until you know they are safe.

https://safeguarding.network/emotional confidence in safeguarding

March 2022