

Wargrave House School



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**POLICY ON
SAFEGUARDING CHILDREN
& VULNERABLE ADULTS**

To be reviewed March 2012

This policy should be read in conjunction with the following Policies:

- 1 Every Child Matters
- 2 Recruitment and Selection
- 3 Positive Planning for Supporting Student Behaviour
- 4 Anti-Bullying
- 5 Health and Safety (including Lone Workers Policy)
- 6 PSHEE Curriculum Statement (includes: Sex & Relationships Education Policy & Guidelines)
- 7 Partnership with Parents
- 8 School as a Community
- 9 Visitors to the School
- 10 Acceptable Use of ICT
- 11 Mobile Phones Policy
- 12 Staff Grievance & Disciplinary Procedure
- 13 Whistle Blowing Policy
- 14 Intimate Care Policy

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Child Protection/Vulnerable Adult Policy

1. Purpose

- 1.1 Wargrave House School safeguarding children and vulnerable adults' policy provides clear direction to staff and others about expected codes of behaviour in dealing with child/vulnerable adult protection issues. The school is committed to the development of good practice and sound internal school procedures. This ensures that child/vulnerable adult protection concerns and referrals may be handled sensitively, professionally and in ways which support the needs of the child/vulnerable adult.

2. Introduction

- 2.1 The aim of this policy is to safeguard and promote our student's welfare, safety, health and guidance by fostering an honest, open, caring and supportive climate.
- 2.2 This policy applies to all staff, trustees, governors and volunteers working in the school.
- 2.3 Wargrave House School fully recognises the contribution it can make to protect children/vulnerable adults and support the students in school. The school's policy on Safeguarding Children & Vulnerable Adults serves to:
- Safeguard the welfare of children/vulnerable adults.
 - Provide a secure framework for staff to work within.
 - Set out clearly the responsibilities of all adults working within the school.
 - Support the ethos of the school.
 - Explain how the school will respond to relevant legislation and practice issues.

The student's welfare is of paramount importance.

There are three main elements to our Safeguarding Children & Vulnerable Adults policy:

PREVENTION

- Providing a safe environment in which students can learn and develop.
- Equipping students with the skills needed to keep themselves safe (see Policy Nos. 1,3, 4, 6)

PROTECTION

- Ensuring the suitability of staff and volunteers to work with children/vulnerable adults through practicing safe recruitment procedures. This includes obtaining enhanced Criminal Records Bureau (CRB) checks and following vetting and barring procedures through the Independent Safeguarding Authority (ISA) checks on new staff prior to them commencing employment (see Policy No. 2).
- Developing and implementing procedures for identifying and reporting cases or suspected cases of abuse.

SUPPORT

- Supporting students who have been abused in accordance with his/her agreed Child/Vulnerable Adult Protection Plan.
- Recognising the stressful and traumatic nature of child/vulnerable adult protection work for staff concerned with the individual or case.

3. School Commitment

3.1 All Wargrave House School staff are well placed to observe the outward signs of abuse through their day to day contact with students. However, when such contact exists, opportunities for abuse to take place and for allegations of abuse, whether these be false, malicious or misplaced, also exist. We recognise that high self-esteem, confidence, supportive friends and clear lines of communication with a trusted adult helps all children/vulnerable adults, and especially those at risk of, or suffering from, abuse. Our school will therefore:

- Establish and maintain an environment where students feel secure, are encouraged to communicate and are listened to, taking into account the needs of children and young people with ASD.
- Ensure that students know that there are adults in school whom they can approach if they are worried or in difficulty.
- Include opportunities in the PSHEE curriculum for students to develop the skills they need to recognise and stay safe from abuse.
- Develop and implement policies relating to practice and procedures on the management of such issues.
- Ensure that wherever possible every effort will be made to establish effective working relationships with parents and colleagues from other agencies. (see Policy Nos.1, 4, 5, 6, 8, 10, 11)
- Foster a culture of openness and integrity in line with the school's Whistle Blowing Policy (see Policy No. 13).

4. Framework

4.1 "Safeguarding and promoting the welfare of children is the responsibility of the local authority (LA), working in partnership with other public organisations, the voluntary sector, children and young people, parents and carers, and the wider community"

(Working Together to Safeguard Children: A guide to inter-agency working to promote the welfare of children 2006)

Child Protection is the responsibility of all adults especially those working with children. The development of appropriate procedures and the monitoring of good practice are the responsibility of the local Safeguarding Children Board (LSCB). At Wargrave House School, all students are protected by St Helens LSCB as the 'host' authority. However, it is essential that open lines of communication are also maintained with individual authorities as appropriate. (see Policy Nos. 8, 9)

5. Roles and Responsibility

- 5.1 All adults working with or on behalf of children and young people have a responsibility to safeguard and promote the welfare of children/young people. (see Policy No. 1)
- 5.2 At Wargrave House School the Head of Education is the designated person who has responsibility for co-ordinating action within the school and for liaising with other agencies.
- 5.3 Subsequently, should any disciplinary hearing concerning staff be deemed necessary, the Director of Services is able to act impartially.
- 5.4 In accordance with recommendations in the Council of Local Education Authorities Guidance 1/96, every school should have a nominated governor whose role it is to ensure child protection procedures are implemented effectively by the school. The nominated governor at the school is responsible for liaising with the Head of Education over all matters regarding child/vulnerable adult protection issues. This role is strategic rather than operational – they will not be involved in concerns about individual students. The nominated governor (chair) should liaise with the designated person to produce an annual report for governors. (see Governing Body roles and responsibilities)

6. Procedure

The Safeguarding Children & Vulnerable Adults Policy is filed in the school policy files. These are located in the following areas:

- Director of Services' Office
- Residential Staffroom
- Lakeside College Office
- School Staffroom
- Senior Administrator's Office

6.2 A member of staff who suspects that a student is:

- (a) Being abused
- (b) Sustaining non-accidental injury
- (c) At risk of being abused

must notify the Head of Education immediately.

6.3 A member of staff who suspects another adult is behaving inappropriately in such a way that a child may be put at risk should also inform the Head of Education immediately. (See policy No. 13).

In the case that the concern is about the Head of Education, this should be raised with the Director of Services.

6.4 In all cases the Head of Education must follow the Safeguarding Children & Vulnerable Adults Procedure as outlined in this document. (Appendix 4) St Helens Safeguarding Children Board should be informed as the schools host authority in case their involvement is considered necessary. It may also be necessary to inform a Child's/student's/vulnerable adult's home authority in case relevant services may need to be involved.

6.5 Before commencing the Safeguarding Children & Vulnerable Adults Procedures it is essential that every effort is made to gain a satisfactory explanation for a) the injuries the child/vulnerable adult has sustained b) the change in the child/vulnerable adult's behaviour/demeanour (which could both be indicators of abuse) and c) the incident in which the child/vulnerable adult was allegedly involved. In the event of unsatisfactory explanations, Safeguarding Children & Vulnerable Adults Procedures/Working together to Safeguard Children 2006 must be rigorously followed. At this stage, all reports (no matter what the outcome thus far) should be recorded on a 'Cause for Concern' form along with subsequent actions. (Appendix 1).

6.6 Any bruise/marks or injury or a sudden change in behaviour (for example soiling – a possible indicator of physical, emotional or sexual abuse) marked deterioration in appearance, loss of weight, pallor (possible indicators of neglect) should be investigated.

6.7 Staff should always seek the advice of the Head of Education who will decide upon the appropriate course of action to take:

- i) If there is an explanation in the night/handover book/home school book, accompanying letter for the child/vulnerable adult's injury, or a noticeable change in behaviour or general appearance and demeanour this must be recorded and photocopied and placed in the child/vulnerable adult's file. If reported by word of mouth a record must be made on a Child/Vulnerable Adult Protection Form (1) (Appendix 2) and placed in the child/vulnerable adult's personal file.
- ii) If there is no explanation for an injury, change in behaviour or appearance of a child/vulnerable adult mentioned in the home school book/night handover book or verbally from the

parents/carers, an explanation must be sought from the parents/carers. Parents/carers must be contacted at the earliest opportunity preferably by telephone. For example, this should be done without appearing to infer non-accidental injury “We noticed a bruise on X’s shoulder whilst we were doing PE/swimming we do not think this happened in school/work place, do you have any idea of how it occurred?”

- 6.8 If the explanations given above do not appear to be consistent with the child/vulnerable adult’s injuries and/or normal behaviour and/or normal appearance, a Child/Vulnerable Adult Protection Form (2) (Appendix 3) should be completed. A copy of the completed form should be kept in the child/vulnerable adult’s personal file.

From all the information gained, the Head of Education must follow the Child/Vulnerable Adult Protection Procedure laid down by St Helens LSCB. (Appendix 4)

- 6.9 At this stage, the Head of Education will also inform the Local Authority Education department for the individual child/vulnerable adult, the local authority Safeguarding Children Board for the individual child/vulnerable adult where appropriate and the Ofsted Care in the case of a residential child/vulnerable adult.

- 6.10 A log of all actions taken will be kept (including final outcomes) and this will be placed on the child/vulnerable adult’s personal file.

- 6.11 **Child Protection Register/Child Protection Plan.** A list will be kept in the Head of Education’s office of all students who are on the Child Protection Register/subject to a Child Protection Plan. **All staff will be made aware of the list.**

Where a child has been placed on a Protection Register or where there seems to be an unusually high number of recorded concerns, it may be necessary to introduce regular checks (daily).

- 6.12 Whenever a child who is placed on a Child Protection Register/is subject to a Child Protection Plan moves or leaves Wargrave House School the ‘Key Worker’ (who will usually be a social services employee) must be notified immediately.

- 6.13 Any procedure of this sort relies to some extent on personal judgement. If there are any doubts the Head of Education should be consulted.

If any further action needs to be taken this is the responsibility of the Head of Education.

7. Training and Support

- 7.1 Wargrave House School will ensure that the Director of Services, the senior designated person (Head of Education) and the Nominated Governor attend training relevant to their role.

- 7.2 **All** staff will have access to child/vulnerable adult protection training which is relevant and appropriate to their role. This will include training in procedures to follow, signs to note and appropriate record keeping. It is extremely important that all staff, whether paid or unpaid have access to appropriate training in order that they are able to react appropriately if an incident should occur. Refresher training will be available every three years for all staff (following initial training in the first three weeks of taking up their post as part of the induction package) but every two years for designated staff with responsibility for Child Protection. The demands and difficulties associated with working in this very sensitive area cannot be ignored, and staff will receive training and appropriate support to help them safeguard and promote the welfare of the children and young people with whom they work.

“Factors associated with impairments can lead to greater vulnerability to abuse. Behaviours indicative of abuse such as self-mutilation and repetitive behaviours may be misconstrued as part of a child’s impairment or health condition. It is of vital importance that professionals are adequately trained and alert to recognise indicators of potential abuse or changes in children, which might indicate that something is wrong and to understand particular behaviours associated with impairments”. Safeguarding Disabled Children (2009) DCSF

8. Professional Confidentiality

- 8.1 Confidentiality is an issue which needs to be discussed and fully understood by all those working with children and young people, particularly in the context of child/vulnerable adult protection.
- 8.2 Information will be shared on a ‘need to know’ basis. The Head of Education in consultation with the Senior Management Team will identify what information needs to be shared and with whom. The best interests of the child/vulnerable adult will be paramount.
- 8.3 Professionals can only work together to safeguard children and young people if there is an exchange of relevant information between them. This has been recognised in principle by the courts. Any disclosure of personal information to others, (including to social service departments) must always, however, have regard to both common and statute law.
- 8.4 Normally, personal information should only be disclosed to third parties (including other agencies) with the consent of the subject of the information (Data Protection Act 1998, European Convention on Human Rights, Article 8). Wherever possible, consent should be obtained before sharing personal information with third parties. In some circumstances, obtaining consent may not be possible or in the best interest of the child/vulnerable adult. The safety and welfare of that child/vulnerable adult necessitates that the information should be shared. The law permits the disclosure of confidential information necessary to safeguard a child or young person. Disclosure should be justifiable in each case, according to the particular facts of the case and legal support should be sought if in doubt.

- 8.5 In accordance with DfE and National Minimum Standards of Care (Care Standards Act 2000) information should be made available to HMI upon inspection.

9. Records and Monitoring

- 9.1 Well kept records are essential to good child/vulnerable adult protection practice. Wargrave House School is clear about the need to record any concerns held about a child or young person within our school, the status of such records and when these records should be passed over to other agencies.
- 9.2 Other than the child's parents or vulnerable adult's carers, Wargrave House School staff are probably the only people who see the child/vulnerable adult on a daily basis and are therefore the people the Social Services Department rely upon to become aware of families who might be under stress or children/vulnerable adults who may be at risk.
- 9.3 Records shall be retained for the period between two Ofsted (Education) inspections.

Share Your Concerns

Staff should always share their concerns with a colleague, following the practice of not thinking "What if I'm wrong?" but thinking "What if I'm right?" Poor practice should always be challenged and a satisfactory response sought to the concerns which have been raised.

- 9.3 Whistle Blowing. The term 'whistle blower' has become much more widely recognised in recent years mainly because of a number of high profile cases or disasters, which might have been able to effectively raise concerns about dangerous nor illegal practices in their workplace. This also applies to working with children and young people.

All staff must be cognisant of and adhere to the school policy entitled 'Policy on Whistle Blowing'.

The Public Interest Disclosure Act gives employees who suffer detrimental treatment, including dismissal, as a result of disclosing malpractice, the right to seek compensation in an Employment Tribunal. Please refer to section 12.

- 9.4 'Cause for Concern' forms (Appendix 1) are kept in the Senior Administrator's office. Staff should complete these and hand to the Head of Education who will decide upon action to be taken. Staff are encouraged to seek feedback upon any concerns they have raised. Completed forms are locked in the Head of Education's office.
- 9.5 Where necessary, staff working on a regular basis with an individual giving cause for concern will complete a daily log of concerns in a separate record. This will be kept in the child or young person's Child Protection File. Child Protection Files are kept locked in the Head of Education's office.

10. Supporting Students at Risk

- 10.1 Wargrave House School recognises that children or young people who are abused or who witness violence may find it difficult to develop a sense of self worth and to view the world in a positive way. Wargrave House School may be the only stable, secure and predictable element in the lives of children or young people at risk.

It is also recognised that some children or young people who have experienced abuse may in turn abuse others. This requires a considered, sensitive approach in order that the child or young person can receive appropriate help and support.

- 10.2 Wargrave House School will endeavour to support students through:

- (a) The curriculum, to encourage self-esteem and motivation.
- (b) The school ethos, which promotes a positive, supportive and secure environment and which gives all students and adults a sense of being respected and valued.
- (c) The implementation of school behaviour support policies.
- (d) A consistent approach, which recognises and separates the cause of behaviour from that which the child or young person displays. This is vital to ensure that all children and young people are supported within the school setting.
- (e) Regular liaison with other professionals and agencies that support the students and their families.
- (f) A commitment to develop productive, supportive relationships with parents, whenever it is in the child or young person's interests to do so.
- (g) The development and support of responsive and knowledgeable staff group trained to respond appropriately in child/vulnerable adult protection situations. (see Policy Nos. 1, 6, 7, 8, 11)

- 10.3 It must be stressed that in a home environment where there is domestic violence, drug or alcohol abuse, mental health issues, children or young people may also be vulnerable and in need of support or protection.

- 10.4 Children & young people with disabilities and/or learning difficulties have exactly the same human rights to be safe from abuse and neglect, to be protected from harm and achieve in the 'Every Child Matter's outcomes as non-disabled children. However, we recognise that children and young people at Wargrave House School require additional action. This is because:

“(Disabled children) experience greater and created vulnerability as a result of negative attitudes to disabled children and unequal access to services and resources and because they may have additional needs relating to physical, sensory, cognitive and/or communication impairments”.

Safeguarding Disabled Children; practice Guidance (2009) DCSF

This is especially significant when considering students who are diagnosed as having an autistic spectrum disorder, communication being one of the three main areas of deficit associated with the diagnosis. (Reference Charter for Persons with Autism).

Growing an inclusive safeguarding system will improve practice for all children/young people at Wargrave House School.

10.5 The school's personal code of conduct states that every member of staff will:

- Respect all individuals, irrespective of age, developmental stage, ability, sex, sexual orientation, race or colour;
- Place the safety and well being of children first. It must be before any personal or organisational goals and before loyalty to friends;
- Form appropriate relationships with children. These must be based on mutual trust and respect;
- Be aware of the powerlessness of children (and especially children with ASD) in relation to adults;
- Be committed to actively preventing the exploitation and abuse of children;
- Make sure that you are aware of the school's policy on Safeguarding Children and Vulnerable Adults and your responsibilities within it.

11. Safe Schools, Safe Staff

11.1 In the light of recent media and public concern about children/vulnerable adult's and mistreatment, people working with children/vulnerable adults, especially in a residential setting, feel particularly vulnerable.

Such is the nature of some children/vulnerable adults with an Autistic Spectrum Disorder and their inability to make and sustain appropriate social relationships, literality of interpretation, inflexibility, passivity for example, that theirs and the actions of others may be open to misinterpretation and lead to exploitation, confusion and anxiety.

Guidelines for the instruction and protection of staff, students, vulnerable adults and voluntary helpers in the School are given during the induction process and revisited during regular child/vulnerable adult protection refresher training. (Appendix 5) These should be read in conjunction with the Intimate Care Policy and the Lone-Workers Policy (a subsidiary of the Health and Safety Policy).

11.2 Searching Students and their Possessions.

11.2.1 The Head of Education (or any other senior staff in her absence) can authorise a search of students or their possessions (including bags, bedrooms and other personal storage areas) without their consent if there are reasonable grounds for doing so. The conduct of student searches is a power available to the Head of Education, not a duty. Reasonable force may be used to execute the search however this must only be carried out by Team-Teach trained staff (Policy no. 3)

11.2.2 Where the Head of Education has authorised a search, there should be at least 2 adults present (1 being the Head of Education or a member of the Senior Management Team deputising in her absence). A written record of any search must be completed as soon as possible (see Appendix 8). The 'Record of Search' book will be kept in the Head of Education's office. A copy of a completed form will then be placed on the student's file.

12. Managing Allegations against Professionals

12.1 These procedures are based on guidance in 'Working Together to Safeguard Children' (DCSF 2006) Chapter 6 and Appendix 5 and that provided by St Helens Local Safeguarding Children's Board 'Procedure for Managing Allegations against People who work with Children and Young People'.

12.2 The procedures should be applied when there is an allegation that a person who works in the school has:

- "Behaved in a way that has harmed, or may have harmed, a child
- Possibly committed a criminal offence against, or related to, a child; or
- Behaved towards a child or children in a way that indicates s/he is unsuitable to work with children".

Working Together to Safeguard Children
DCSF, (2006) HMSO

This may be in connection with his/her employment at Wargrave House School or voluntary activity, or where:

- Concerns arise about the person's behaviour with regard to his/her own children.
- Concerns arise about the behaviour in the private or community life of a partner, member of the household or other family member.

12.3 There may be up to 3 strands in considering a concern or allegation:

- A police investigation of a criminal offence
- Enquiries and assessment by children's social care about whether a child or young person is in need of services, including safeguards
- Consideration of disciplinary action in respect of the individual.

12.4 Initial Action

See flowchart (Appendix 7) Action taken should take account of the following additional policies:

- Staff Grievance and Disciplinary Policy
- Whistle Blowing Policy

12.5 Action or Conclusion of a Case

12.5.1 Allegation Substantiated

- Staff member is dismissed or resigns. A discussion with the Local Authority Designated Person (LADO) will take place regarding a further referral to POCA, POVA List 99 and the General Teaching Council (GTC) DfE Informed (Reference Section 8.5). There is an additional duty to refer the relevant information to the Independent Safeguarding Authority (ISA) under the Vetting & Barring Scheme. (See policies: 2, 12).

12.5.2 Person Suspended can return to work

- The school will give consideration how to best facilitate a return to work. It is recognised that additional help and support will be required following a stressful experience. This may include a phased return to work and/or the provision of a mentor.

12.5.3 School Review

At the conclusion of a case in which an allegation is substantiated, the school will review the circumstances of the case to determine whether there are any improvements to be made to school procedures or practice to help prevent similar events in the future.

13. The Multi-Agency Assessment and Referral Form

- 13.1 “Staff in schools and Further Education institutions should not themselves investigate possible abuse or neglect. They have a key role to play by referring concerns about those issues to children’s social care, providing information for police investigations and/or enquiries under S47 of the Children Act 1989, and by contributing to assessments.”
(Working Together to Safeguard Children: A guide to inter-agency working to promote the welfare of children, DCSF, 2006)
- 13.2 A confidential record of child protection referral form (Appendix 6) should be used when we consider that a child or young person has needs which cannot be met solely by the services or resources within the school, and where, following an assessment of the situation, we believe co-ordinated intervention is required to promote, safeguard and protect the welfare of the child/young person.
- 13.3 In these circumstances, we will have records detailing what work has been undertaken by our school to support the child and family and why we believe a more corporate and co-ordinated approach is needed. This information then provides the basis for the completion of the Multi-Agency Assessment and Referral form. The request for co-ordinated support services for a family should always be discussed with parents unless to do so would place the child/young person or others at risk or harm.

This form will be completed by the Head of Education and a copy placed on the student’s child protection/vulnerable adult protection file.

- 13.4 Where, following an assessment of a situation, it is considered immediate protective action is required, a child protection referral must be made by the Child/Vulnerable Adult Protection Designated Person (Head of Education). **This referral will be by telephone to the relevant team of Social Services (St Helens as host or individual student’s authority), followed up in writing within 24 hours for confirmation.** The multi-agency form should then be forwarded by the designated person to social services. A copy of any referral will be placed on the student’s child/vulnerable adult protection file. (Appendix 6 – Multi Agency Assessment and Referral Form).

Policy Impact

We have a rolling programme for reviewing our school policies. We regularly review the impact of our policies on the needs, entitlements and outcomes for students, staff and parents.

Appendices

- 1. 'Cause for Concern' report form**
- 2. Child/Vulnerable Adult Protection report form (1)**
- 3. Child/Vulnerable Adult Protection report form (2)**
- 4. St Helens LA CP flowchart**
- 5. Guidelines to assist staff**
- 6. Multi Agency Assessment and Referral Form**



Wargrave House School

CAUSE FOR CONCERN

Student:	Class:	D.o.B:		
Status: (Please Circle)	Day	Tea Time	Respite	Residential

Concern

Date:	Time:	Environment:
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Persons Present & Position

Description of Concern

Who did you inform of your concern (state name & position)

Action Taken

Signed:

Print Name:

Position:

Signed:

(Head of Education)

Date:

WARGRAVE HOUSE SCHOOL

CHILD/VULNERABLE ADULT PROTECTION REPORT FORM (1)

Student Name:-

Date:-

State reasons for contacting parents/carers/responsible adult:-

Four horizontal lines for text entry.

What explanation (if any) was given:-

Four horizontal lines for text entry.

Is the explanation consistent with the injury, child/vulnerable adult’s behaviour or appearance? If not, state how this differs, then complete Child/Vulnerable Adult Protection Form (2)

Three horizontal lines for text entry.

Report made by: _____

Name
Position
Signed
Date

Countersigned: _____

Head of Education
Date

WARGRAVE HOUSE SCHOOL
Child/VULNERABLE ADULT PROTECTION REPORT FORM (2)

Name:-

Date:-

State reasons for abuse being suspected.

Describe any injury and state by whom first noticed.

When was this first noticed?

Describe any new or different behaviour not previously observed.

Frequency of injury or/and unusual behaviour.

Describe any change in appearance and when this was first noticed?

Persons notified.

Report made by: _____

Name

Position

Signed

Date

Countersigned: _____

Head of Education

Date

ST HELENS LEA CHILD PROTECTION FLOWCHART

TO MAKE REFERRALS:

CUSTOMER SERVICES

Customer Services Officers (8.45 am—5.15 pm)
01744 456600

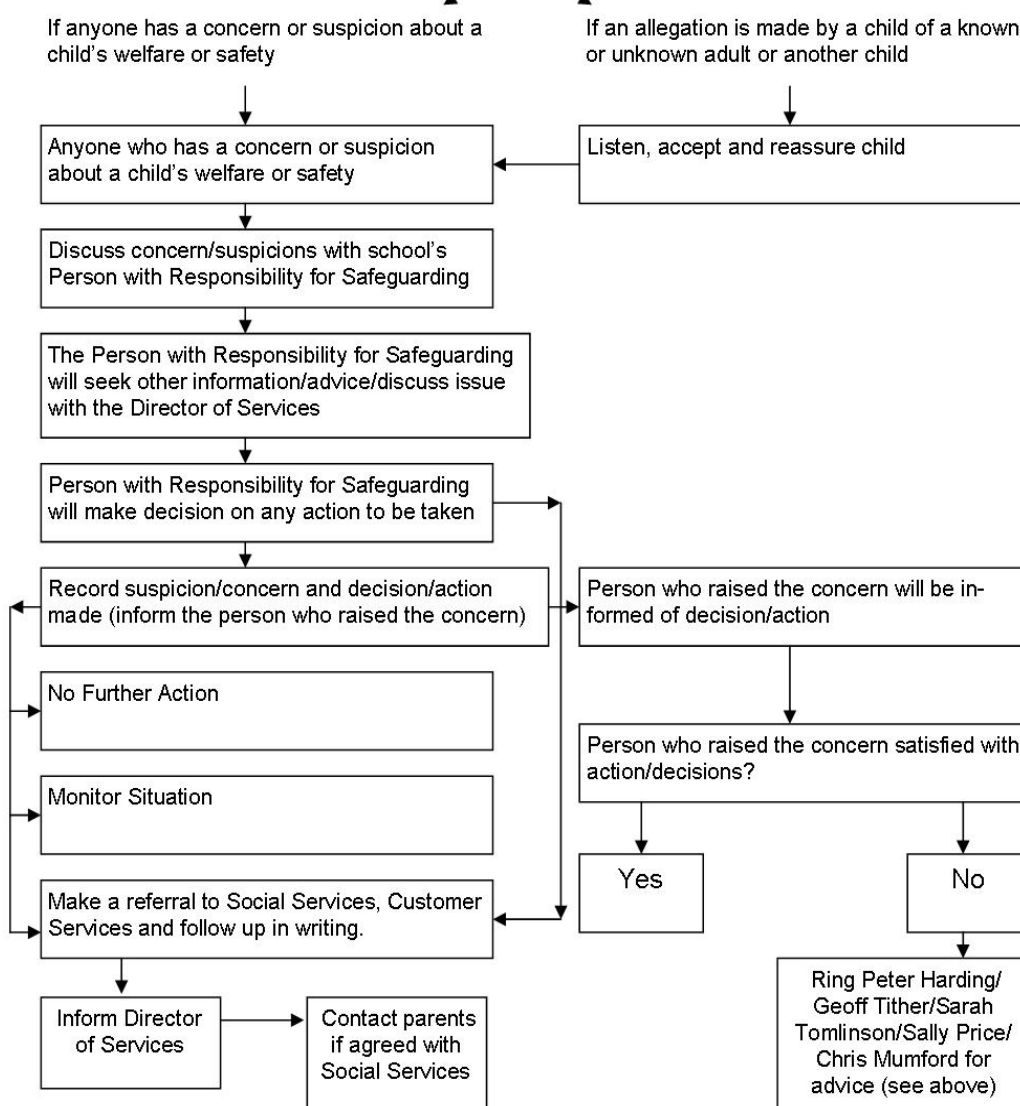
Emergency Duty Team (5.15 pm—8.45 am)
Weekdays and Weekends
01744 456600

SCHOOL CONTACT NAMES AND NUMBERS
Our Person with Responsibility for Safeguarding is
The Head of Education

If this person is not available then contact
The Director of Services

FOR ADVICE
Peter Harding LA 01744 455229
Geoff Tither LA 01744 671102
Sarah Tomlinson—Child Protection Unit 01744 456963
Mel Pitt—Child Protection Unit 01744 456963
Sally Price—Child Protection Unit 01744 456963
Chris Mumford—Child Protection Unit 01744 456963

PROCEDURE



**GUIDELINES TO ASSIST STAFF TO REACT APPROPRIATELY TO
BEHAVIOURS/SIGNS/SYMPTOMS WHICH MAY OR MAY NOT BE INDICATORS
MISTREATMENT**

These guidelines are intended for the instruction and protection of staff, students, vulnerable adults and voluntary helpers in the School and for the information of visitors and other interested persons. The list is a guide with no indicator of itself providing evidence that mistreatment or neglect is taking or has taken place. Concerns that are raised via these indicators do constitute cause for concern and must receive attention from the Head of Education. Any subsequent action that is taken, if necessary, must be recorded.

These guidelines set out to specify those behaviours, between child and child, vulnerable adult and vulnerable adult, child and adult, member of staff and vulnerable adult, which:

- a. May be acceptable, determined by factors such as time, place, individual personality, age appropriate etc.
 - b. Are unacceptable in any situation.
- A1. Aspects of actions which are ACCEPTABLE depending on certain criteria.
- a) Appropriate greetings etc e.g. praise, hello, goodbye, bedtime, comforting, sharing happiness etc.
 - b) Touching in a non-sexual way.
 - c) Comforting at appropriate times and in a non-sexual way in circumstances such as A1.
 - d) Holding hands for safety, games, communication, play etc.
 - e) Masturbation at an appropriate time and in an appropriate and private place.
- B. Aspects of actions which are NOT ACCEPTABLE.
- a) Touching, kissing and cuddling in a sexual way.
 - b) Climbing into another child's bed.
 - c) Sharing a bath.
 - d) Lying on top of another child's or staff member's bed.
 - e) Observing another student/vulnerable adult who is masturbating.

NOTE: `In a sexual way` in the context of these guidelines, describes any activity, conscious or otherwise, which may result in physical gratification of a sexual nature.

Sometimes staff are required to perform tasks which they may consider sensitive (see Intimate Care Policy). In such situations another adult should be present.

These guidelines attempt to detail activities which are acceptable and those which are not or may not be acceptable. It is impossible to account for every eventuality. Holding hands and some affectionate cuddling between children/vulnerable adults may be their right, even when it is suspected, by reason of age, that the contact might lead to arousal. Relationships by their very nature involve more than one person and what may be acceptable to one party may feel unacceptable to the other. In such a

case it is the feelings of the person who finds the behaviour unacceptable which must determine the category.

Grey areas are inevitable but it is understood that common sense, a detailed knowledge of the behaviour of individual children/vulnerable adults and a general awareness of socially acceptable behaviour, will govern how staff react to situations not covered in these guidelines.

POSSIBLE SIGNS AND SYMPTOMS OF SEXUAL ABUSE

While some of these indicate definite or probable sexual abuse others are common conditions only rarely due to sexual abuse. (Signs that require medical examination have been omitted.)

- a) Bruises, scratches, bite marks, or other injuries to breasts, buttocks, lower abdomen or thighs.
- b) Torn, stained or bloody underclothing or bedding, or evidence of clothing having been removed and replaced - e.g. inside-out.
- c) Semen on skin or clothes.
- d) Pregnancy in teenagers especially when the father's identity is vague or kept secret.
- e) Recurrent urinary infections.
- f) Difficulty walking or sitting, complaints of pelvic pain.
- g) Psychosomatic features such as recurrent abdominal pain or headaches, etc. Or hysterical seizures or fainting fits sometimes misdiagnosed as epilepsy.

Behavioural Indicators

None of the following are definite indicators of sexual abuse, and may be features of normal development or evidence of other causes of disturbed behaviour. Suspicion increases when several occur together, or seem age inappropriate.

Sexual

- a) A child/vulnerable adult who hints at sexual activity or knowledge through words, play or drawing, inappropriate to their age (in the case of a child), or who hints at the presence of severe family conflict, family secrets, or puzzling and/or uncomfortable things at home, or at school, but is fearful of intervention. (Sex education classes/intimate care may lead some children suddenly to question what has been happening to them, often over a period of years)
- b) A child/vulnerable adult with an excessive pre-occupation with sexual matters and a detached and precocious knowledge of adult sexual behaviour; one who repeatedly engages in age-inappropriate sexual play with peers, toys or themselves; or a Child/Vulnerable Adult who is sexually provocative or seductive with adults. (It is this premature sexualisation or behaviour which may lead to further sexual abuse) Or a vulnerable adult who displays persistent and inappropriate sexual behaviours e.g. overly seductive behaviour or sexually aggressive behaviour with peers or others.

POSSIBLE SIGNS AND SYMPTOMS OF PHYSICAL ABUSE

Bruises

Types of bruising which may be indicative of non-accidental injury are as follows:-

- a) Black eyes are particularly suspicious if both eyes are black; the lids are swollen and tender; there is no bruising to the forehead or nose; there is suspicion of a skull fracture. Black eyes can be caused by blood seeping from a head injury but, in such instances, there will be little lid swelling.
- b) Bruising in or around the mouth, split lips especially in small babies.
- c) Grasp marks on the face, arms or chest especially of a small child e.g. there may be three to four small bruises on one side of the face and one on the other side.
- d) Symmetrical bruising, especially on the ears.
- e) Outline bruising – i.e. the shape of hand or object.
- f) Linear bruising.
- g) Swellings and red marks.
- h) Child complains of soreness.

Bites

These can leave clear impressions of the teeth. Human bites are oval or crescent shaped.

Burns and Scalds

It can be very difficult to distinguish between accidental and non-accidental burns but, as a general rule, burns or scalds with clear outlines are suspicious as are burns of uniform depth over a larger area.

Scars

A large number of children/vulnerable adults have scars, but note should be taken of an exceptionally large number of differently aged scars, especially if coupled with current bruising, unusually shaped scars, or large scars resulting from burns or lacerations that have not received medical treatment.

Fractures

Difficulty in moving limbs. Fractures should be suspected if there is pain, swelling and discolouration over a bone or joint. The most common non-accidental fractures are to the long bones.

Physical Health Indicators

Being excessively withdrawn, mute and unresponsive, and/or displaying overly compliant behaviour and frozen watchfulness.

Persistent pressure sores, ulcers, poor condition of feet.

Appearing frightened, recoiling from the physical approach of others, withdrawing from physical contact, running away or attempting to run away.

Acute or chronic health needs which are being persistently ignored by carers and remain untreated to the point of suffering e.g. malnourishment, skin disorders, infectious illnesses, muscle and limb disorders.

Unexplained rapid weight changes, sleep disturbances, constant tiredness or malaise, recurrent unexplained injuries, burns or bald patches.

Misuse of drugs e.g. over administration, withholding medication, disguising the administration of drugs, forcible administration.

Ill health, the nature of which gives cause for concern e.g. genital discharges, urine infections, pain or itching in the genital area and sexually transmitted diseases.

POSSIBLE INDICATORS OF NEGLECT

- Excessively and inappropriately craving attention
- Persistent stealing or scavenging
- Deliberate isolation or avoidance of contact with individuals who are unable to cope
- Poor physical state of the person and/or their home
- The behaviour and patterns of interaction between carers and others and the vulnerable adult undergo a marked change
- The attitudes of carers lack insight and appear uncaring to the point where suffering is experienced by the vulnerable adult
- Marked reluctance by care givers to co-operate with agencies
- The sole or prime carer is suffering disabling ill health e.g. physical or mental health or associate difficulties such as alcohol abuse etc which effectively renders them incapable of meeting the fundamental needs of the person care for.

POSSIBLE INDICATORS OF FINANCIAL AND MATERIAL MISTREATMENT

- Where it appears that the child/vulnerable adult is being exploited by carers or others for their personal gain
- Inability to budget and pay bills that is out of character with previous behaviour
- Large or frequent withdrawals from bank/post office/savings account for unspecified reasons
- A reluctance to buy essential food or clothing items and/or excessive economies on heating and lighting.

POSSIBLE INDICATORS OF EMOTIONAL/PSYCHOLOGICAL MISTREATMENT

- Subjecting someone to verbal aggression
- Deliberately excluding a person from ordinary social functions, such as sharing a meal with others or joining in with conversation
- Making derogatory statements about a person's abilities when they are present in order to demean or humiliate them.

GENERAL INDICATORS

- Lack of trust in familiar adults, or marked fear of men/women.
- Severe sleep disturbance with fears, phobias, vivid dreams or nightmares, sometimes with sexual content.
- Inappropriate displays of affection between fathers and daughters or mothers and sons.
- Social isolation, or sudden poor peer group relationships. The child plays alone and/or the vulnerable adult withdraws into a private/fantasy world.
- Behaviour indicative of role reversal in the home.
- Regressive behaviour, e.g.: sudden onset of bed wetting.
- Sudden change in mood or behaviour.
- Changes in eating pattern such as a loss of appetite, or excessive pre-occupation with food.
- Disobedience, attention-seeking, or restless, aimless behaviour and poor concentration.
- Loss of self-esteem and desire to make self unattractive, depression, frozen responses.
- Pseudo-mature or overtly compliant behaviour.

- Learning difficulties, or a sudden drop in performance. For some, school/college/work may be a haven - the only place they can function as a child/vulnerable adult, they may arrive early and be reluctant to leave.
- Avoidance and fear of medical examination at school/clinic/hospital.
- Truancy from school or persistent attempts to run away from home.
- Self mutilation, suicidal feelings or attempts.
- Abuse of alcohol or drugs.
- Hysterical attacks.
- Extreme dependence compared with ability and/or extreme submissiveness and/or regressive behaviour.

DENIAL OF RIGHTS

The denial of the following rights would constitute mistreatment:

- Denial of the right to privacy and dignity.
- Threats of punishment, loss of personal possessions or eviction in order to gain compliant behaviour.
- Denial of food, drink, adequate clothing, and/or suitable living environment.
- Denial of access to friends, family, solicitor, doctor, care manager or other interested party.
- Denial of access to money, access to information about self, information about rights and the responsibilities of the management of the home.

These indicators are not an exhaustive list. Concerns can arise out of other circumstances. It may be advisable to discuss unusual occurrences with a colleague or line manager when determining what actions to take.

**RECORD OF CHILD PROTECTION REFERRAL
CONFIDENTIAL**

Name _____ DOB _____

Class Group _____

Address _____

Doctor _____

Other Children in the household (with ages and schools) _____

Other adults in household _____

Parental Responsibility _____

Any other agencies involved _____

Person making the referral _____

Time _____ Date _____

Current cause for concern and observation _____

Previous safety and welfare forms to be available (if applicable)

Any action taken so far:

In school _____ Advice from _____ Date _____

Referral made? _____ To whom _____

Response from Social Services _____

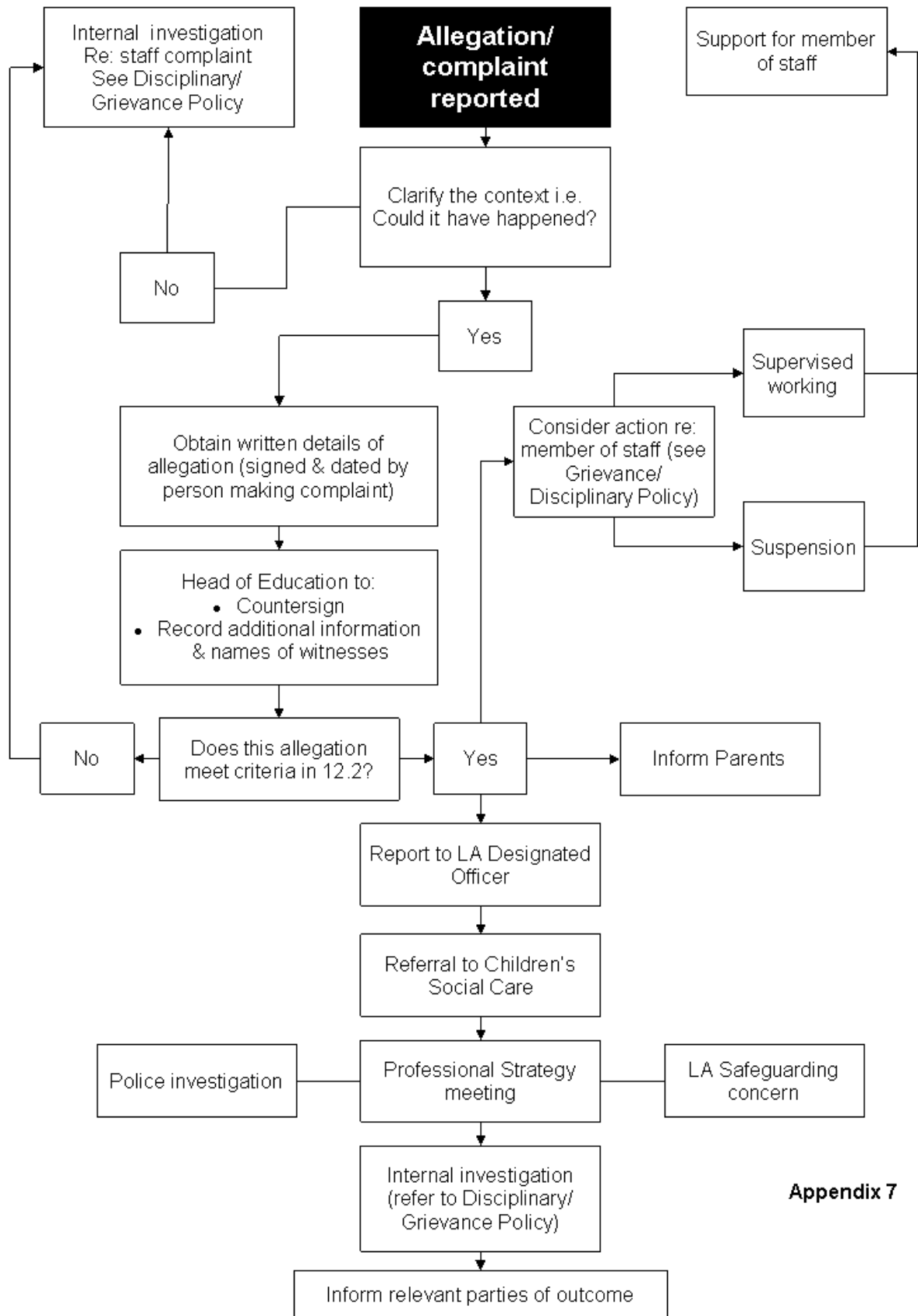
Action needed in school _____

Further action _____

**FORM TO BE STORED IN A SECURE LOCATION. A PHOTOCOPY MUST BE FORWARDED TO
CUSTOMER SERVICES AND TO GEOFF TITHER WITHIN 48 HOURS AS A RECORD OF
REFERRAL MADE**

NB Initial assessment information may be required.

Procedure for Allegations against Professionals



Appendix 7

References

- **Definitions**
- **Umbrella of Safety**
- **Assessing the Needs of the Abused Child**
- **Directory**
- **UN Convention on the rights of the child**
- **Charter for Persons with Autism**

Definitions

1. For the purpose of this document, a Child is defined as a young person, boy or girl, aged 5 – 17 inclusive, who attends Wargrave House School.
2. A vulnerable adult is defined as a person, male or female aged 18 and over who

“is 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”

Ref. Dept. of Health. ‘No. Secrets’; 2.3. (1999)
3. Abuse is the violation of an individual’s human and civil rights by any other person or persons.

Ref. Dept. of Health. ‘No. Secrets’. 2.5. (1999)
4. Physical Abuse:

Physical mistreatment of one person by another may occur when that person is in a position of power over the victim. This may or may not result in physical injury but may include beating, causing fractures, unreasonable confinement, burning, bruising, pinching, punching, physical coercion, causing physical pain, misuse of medication, deliberate poisoning, suffocation, Factitious Illness by proxy and Munchausen’s Syndrome by proxy. (*these involve a carer or parent making false or exaggerated reports of illness in a Child/Vulnerable Adult, or inducing signs of illness in a Child/Vulnerable Adult).
5. Sexual Abuse:

The involvement of dependent, developmentally immature Children/Vulnerable Adults, adolescents and adults in sexual activities they do not truly comprehend, to which they are unable to give informed consent, or they violate the social taboos of family roles.

This may include:
 - Suggestive or offensive language
 - Offering rewards for sexual acts
 - Rape
 - Full sexual intercourse
 - Using intimate/personal care tasks as an opportunity for the care giver’s sexual satisfaction
 - Taking advantage of consent which is not informed
 - The perpetrator touching the victim’s body (breasts, buttocks, thighs, mouth, genital or anal areas) for their own gratification
 - The perpetrator exposing his/her genitals and possibly encouraging the victim to handle them.
6. Neglect:

The persistent or severe neglect of a Child/Vulnerable Adult (for example, by exposure to any kind of danger, including cold and starvation) which results in serious impairment of the Child/Vulnerable Adult’s health or development, including non-organic failure to thrive.

This may include:
 - Persistent failure to identify needs or risks
 - Not providing access to medical services
 - Substantial failure to provide adequate/appropriate personal/intimate care
 - Inadequate furnishings, bedding, appliances
 - Inadequate feeding/clothing
 - Denial of social contacts

- Abandonment

7. Emotional Abuse:

The severe adverse effect on the behaviour and emotional development of a Child/Vulnerable Adult caused by persistent or severe emotional ill treatment or rejection. All abuse involves some emotional ill treatment; this category should be used where it is the main or sole form of abuse.

This may include:

- Provoking fear or violence
- Threat of institutional care
- Threat to withdraw care or support
- Persistent bullying, humiliation or ridicule
- Harsh orders
- Shouting excessively loudly, yelling or swearing
- Name calling
- Discriminating comments e.g. sexist, ageist, racist
- Threat to withdraw social/contact of carers/members of family.

8. Financial/Material Abuse:

Involves the deliberate exploitation or manipulation of the person's legal or civil rights including misappropriation of monies or property.

This may include:

- Embezzlement
- Theft of property by direct or indirect methods
- Mismanagement of bank accounts, post office accounts etc
- Misuse/mismanagement of benefits
- Misuse of personal allowances to cover necessities
- Lack of access to personal allowances
- Exploitation for personal gain
- Misuse of legal powers for personal gain e.g. through appointeeship, power of attorney
- Denial of legal advice and representation
- Wills – influencing by coercion or persuasion, destruction of unfavourable wills
- Obtaining goods or money by deception
- Intimidation, extortion.

9. Electronic Abuse

Many young people have access to the Internet/email in order to make contact with others. Staff must be alert to the fact that Internet grooming can occur, placing our vulnerable students at risk of abuse in this way. School has the most stringent procedures in place to reduce to virtually zero the possibility of this happening. Outside of school students are at risk of being exposed to inappropriate computer games, videos and DVD's. This maybe deemed as abuse and should be managed accordingly. (see ICT Policy/Mobile Phones Policy)

Staff should be aware that students can also be put at risk of harm by a variety of behaviours. These include:

Drug/Alcohol Abusing Parents

There is an increased risk of violence in families where parents abuse substances. The most vulnerable students are those whose parents are violent, aggressive, neglectful or rejecting. (see Drug Education Policy)

Domestic Violence

The effect of domestic violence on students is such that it must be considered as abuse. Either witnessing it or being subject of it is not only traumatic in itself but is likely to adversely impact on a child. It should be treated as physical or emotional abuse as appropriate.

Children and Young People who Sexually Abuse

A distinction must be drawn between behaviour best dealt with by anti-bullying policies and more complex behaviour of a sexual nature where both the perpetrator and the victim may need specialist help. Management of such behaviour in school needs to be approached on a whole school, classroom, curriculum and individual level.

Sexual Exploitation of Children

Child/vulnerable adults involved in prostitution and other forms of commercial sexual exploitation are victims of abuse and should be treated as such.

Female Genital Mutilation

Female Genital Mutilation (FGM) is more common than many people realise, with approximately 7,000 girls under the age of 17 being deemed at risk. FGM constitutes physical abuse and victims should be treated accordingly.

Forced Marriages

This should not be confused with arranged marriages. Forced marriage is a human rights abuse and falls within the definition of domestic violence. Young people at risk of a forced marriage are usually experiencing emotional and/or physical abuse at home. Forced marriage should be dealt with under the schools Safeguarding Children & Vulnerable Adults Procedures.

The Use of Physical Intervention

Wargrave House School recognises that, given the nature of some children/vulnerable adults with an autistic spectrum disorder, it may on occasion be necessary to use some form of physical intervention in order to gain rapid and safe control of a potentially dangerous situation. No person should use a physical intervention unless they have had appropriate training. All incidents involving a physical intervention should be fully recorded in the school's Incident Book. For further guidance please refer to the school's policy Positive Planning for Supporting Student Behaviour.

Cause for Concern

There are a number of occasions when behaviours or situations give cause for concern but do not necessarily warrant the establishing of specific support programmes or being recorded as incidents.

This may occur when a student/adult displays uncharacteristic behaviour and/or communicates a concern and/or concerns are raised by other interested parties.

In such circumstances staff must complete a 'Cause for Concern' form which clearly states the reasons for one's concerns about a specific student(s)/adult(s).

'Cause for Concern' forms are kept in the Senior Administrator's Office. Completed forms are handed to the Head of Education or any other member of the SMT. (see page 7, Appendix 1).

Anti-bullying

There is a whole school Anti-bullying Policy, a copy of which is to be found in the school's policies file.

This policy gives clear guidance to all staff and raises awareness of issues related to bullying.

Staff must be vigilant at all times in order to deal immediately and effectively with any instances of bullying.

A Behaviour Bulletin is produced and circulated to staff on a regular basis to ensure that they are informed of the potential risks that some children/vulnerable adults may present and bullying may be included in this.

Visitors to the School

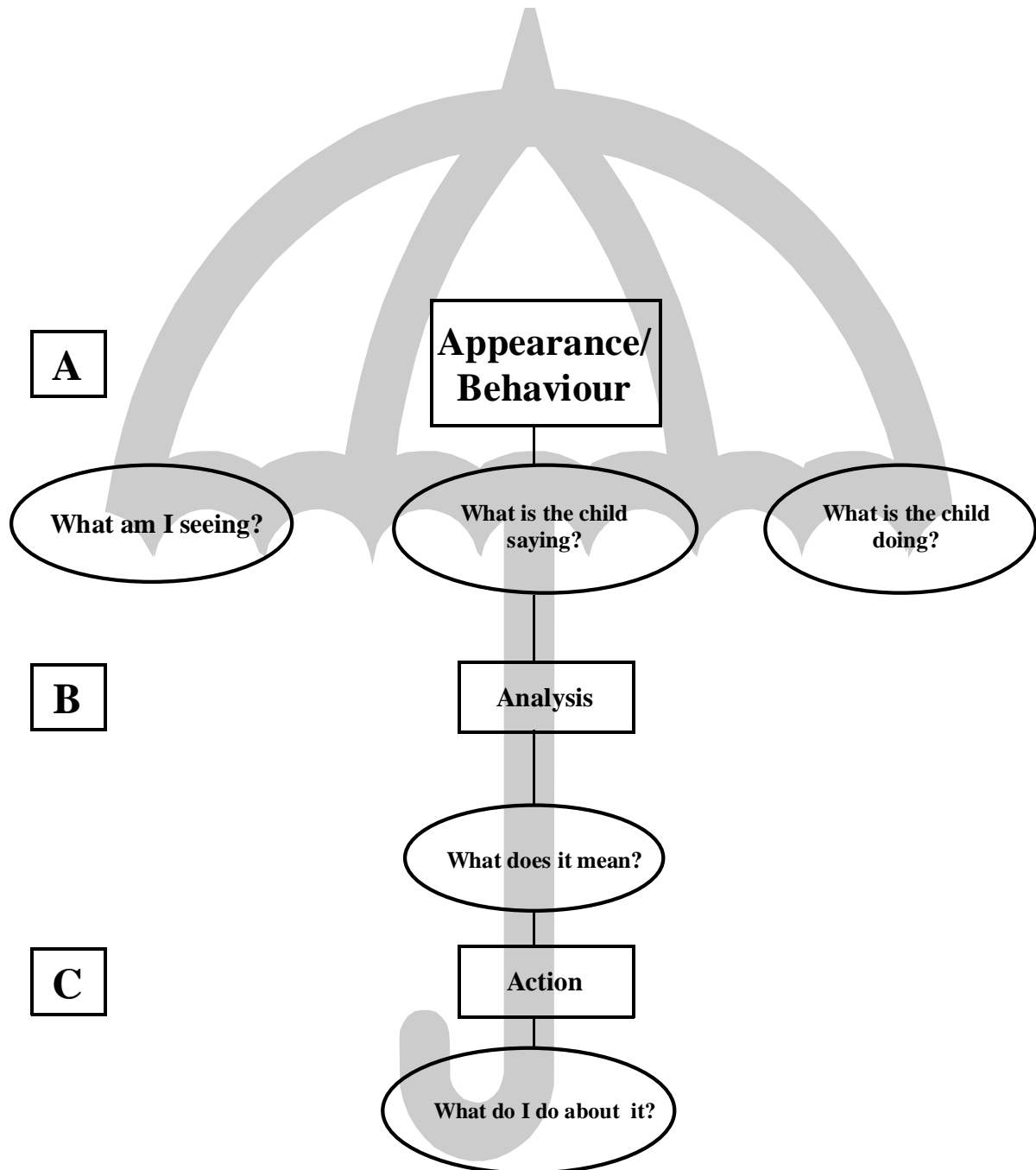
In order to ensure the safety and well being of all students and staff within the school environment, all employees must be conversant with and adhere to the school policy entitled 'Policy on Visitors to the School'.

NB: Personal Possessions

On occasion it may be necessary to search student's belongings in order to discount or prove allegations of theft.

UMBRELLA OF SAFETY

CHILD PROTECTION STEP BY STEP



ASSESSING THE NEEDS OF AN ABUSED CHILD

Try to answer the following questions about the child:

- What is it about this child's behaviour which is causing concern?
- Is this a change from the child's previous behaviour?
- Is the behaviour specific to one setting/one member of staff/the time of day or week, or is it general?
- Is the child uncommunicative/sometimes communicative/generally communicative about the abuse/their own feelings?
- What is the child's view of her/himself?
- What helps to change the child's worrying behaviour?
(for example, being ignored, more individual attention, reward strategies, 'time out' to cool down, being comforted, a chance to talk)
- What makes the behaviour worse?
(for example, being shouted out, physical contact, being teased or told off)
- Which member of staff does the child get on with best? Why?
- Does the child's behaviour interfere with or harm other children?

Try also to answer these questions about the child's circumstances:

- Is the abuse known/admitted/suspected?
- What is the position regarding formal investigation?
(not yet initiated/now taking place/finished)
- Is the child at home with parents(s)/with other family members/in residential care/with foster parents?
- What is the position of the parents with regard to the abuse?
(both involved/one involved/not involved/suspected)
- If there has been a Child Protection Conference, who is the Key Worker?
- Is the child and/or family getting any individual help elsewhere?

Recording - What Needs to be Recorded? – Cause for Concern

Any bruise/mark or injury which appears more significant than the everyday knocks and scratches that all children/vulnerable adults receive. Inevitably this calls upon your individual knowledge of the child/adult and his/her circumstances.

Injuries which may be particularly significant are:-

- a) Bruising to the face, mouth or lips.
- b) Patterns of bruising which may appear consistent with finger marks.
- c) Grasp marks.
- d) Bruise or scratch marks combined.
- e) Burn marks.
- f) Bruises in 'protected areas' e.g. under the arms.
- g) Any marks/bruises which appear to be out of the ordinary.

If any injury is caused in school/college/community this should be entered into the appropriate accident/incident book and parents/carers informed by telephone or in writing of how it happened. A copy of the phone call or a copy of the written explanation should be placed in the child's/vulnerable adult's personal file.

Any change in behaviour/demeanour and or appearance which gives Cause for Concern should be recorded. Staff must ensure that they follow up any concerns so as to ascertain what action (if any) has been taken. Cause for Concern forms for school student's are available from the Head of Education to whom completed forms must be returned.

PROTECTION ISSUES FOR STUDENTS AGED 16+

Child protection procedures will continue to be in force until students attain the age of 18 when they become adults in their own right.

U:\School Documents\Policies\Current Policies\Safeguarding Children and Vulnerable Adults.doc 35
To be reviewed by the Head of Education To be reviewed at the Health & Safety Sub Committee

In the event of any protection issues arising with a student(s) upon reaching the age of 18, the school Child Protection Officer, Head of Education, will inform the local Adult Social Services Department who will set in motion any intervention/investigatory procedures which are deemed essential for the protection of the young adult.

This procedure does not affect the right of the individual to access to 'Child Line' or a named independent advocate.

It must be noted that

"a child should be removed from the Child Protection Register at the age of 17 unless there are exceptional reasons for believing that a protection plan is necessary for a further period."

Ref. St Helens Area Child Protection Team... Child Protection Procedures 2000.

Vulnerable Adults (aged 18 and over) who are still in attendance at Wargrave House School are protected by the procedures outlined in this document and by St Helens Adult Social Services department policies and procedure relating to vulnerable young adults.

DIRECTORY OF ADDRESS AND TELEPHONE NUMBERS

CUSTOMER SERVICES	
Customer Services Officers (8.45 am until 5.15 pm)	For referral: 01744 456600
Emergency Duty Team (5.15 pm until 8.45 am) Weekdays and weekends (24 hours)	01744 456600
EDUCATION	
Peter Harding Deputy Head of Achievement and Inclusion	For Advice 01744 455229
Geoff Tither Exclusions Officer	For Advice 01744 671102
CHILD PROTECTION AND REVIEW UNIT	
Sarah Tomlinson/Mel Pitt Operational Managers	For Advice 01744 456963
Sally Price Safeguarding Manager	For Advice 01744 456963
Chris Mumford Child Protection Officer	For Advice 01744 456963
Gill Lee (Independent Person)	Tel: 01925 267299

References & Useful Resources

Department of Health	Working Together Under the Children Act 1989 (HMSO 1991)
Dept of Health/Home Office/DfEE	Working Together to Safeguard Children (2006)
DFES	What to do if You're Worried a Child is Being Abused. (2006)
	Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children (2006)
St Helens LSCB	Procedure for Managing Allegations against people who work with children and young people. www.sthelenslscb.gov.uk
DES	<u>Supporting Looked After Learners:</u> A practical guide for school governors (2006)
Sir Roger Singleton	' <u>Keep our School Safe</u> '. Review of Safeguarding Arrangements in Independent Schools, Non-Maintained Special School & Boarding Schools in England (2009)
DFES	<u>Safeguarding Children & Safer Recruitment in Education</u> (2006)
DCSF	<u>Safeguarding Disabled Children:</u> Practice Guidance (2009)
DES	<u>Screening & Searching of Students for Weapons: Guidance for School Staff</u> (2007)
HM Government	Data Protection 1998 www.opsi.gov.uk
DoH/DFES	Safeguarding Children in whom Illness is fabricated or induced (2002)

Useful Resources

U:\School Documents\Policies\Current Policies\Safeguarding Children and Vulnerable Adults.doc
To be reviewed by the Head of Education To be reviewed at the Health & Safety Sub Committee

www.teachernet.gov.uk

www.everychildmatters.gov.uk

www.safeguardingchildren.org.uk

www.dh.gov.uk

Websites containing information about resources to support communication with disabled children including:

www.everychildmatters.gov.uk/socialcare/integratedchildrenssystem/resources contains information about resources to help with enabling children to be involved in decision-making, advice and information about involving disabled children and resources to help practitioners communicate with disabled children.

www.disabilitytoolkit.org.uk designed by practitioners at The Children's Society, this is a one-stop information hub, providing essential resources, information and support that are required by professionals to support disabled children in decision-making and participation activities. This website is fully interactive and encourages users to share their resources, practice and ideas using the upload facility. Currently the database contains information on 45 resources reviewed by practitioners and 17 examples of good practice.

www.ace-centre.org.uk provides support and advice in relation to children and young people with complex physical and communication impairments. The website offers information about assessments, communication technology and other methods of communication and the training available for the people supporting children to communicate.

www.talkingpoint.org.uk I CAN runs a website called 'Talking Point'. This provides a wide range of information about speech, language and communication. The site is for parents and professionals who help children with speech, language and communication needs and includes speech and language information, a glossary, a directory of resources, news, case studies, discussion groups, ask-the-panels write ups and frequently asked questions.

www.callcentre.education.ed.ac.uk provides a wide range of information guidance and resources on how Information Technology can assist disabled children including many free resources about Augmentative and Alternative Communication.

<http://hbr.nya.org.uk> *The Hear by Right* website provides ready access to a range of resources aimed at improving participation for all young people. Many of these resources can be used with no little or no adaptation for disabled children and young people depending on the nature of their impairment. Of particular interest is the standards framework, which has been used to assess the quality of young people's participation across the range of statutory and voluntary organisations.

The Speech Language and Communication Framework developed by The Communication Trust is a comprehensive framework of speech, language and communication skills and knowledge needed by anyone who works with children and young people. It is available to download and can be used as an interactive online tool at www.communicationhelppoint.org.uk. Practitioners and managers can complete an online evaluation of current skills and knowledge and identify competencies. The website links to training and resources that will support these competencies. Available to download from: <http://www.ican.org.uk/Communication%20Trust/Downloads.aspx>

Communication, involvement and participation resources (listed in alphabetical order)

A Lot to Say written by Jenny Morris and published by SCOPE is a guide for social workers, personal advisors and others working with disabled children and young people with communication impairments. Available to download from www.scope.org.uk/downloads/action/publications/lotsay.pdf

How it is consists of an image vocabulary for children about feelings, rights and safety, personal care and sexuality. The vocabulary comprises 380 images that are designed to be used as a flexible resource to support children to communicate about their feelings, bodies, rights and basic needs. The pack includes a booklet and CDROM. More information is available from www.howitis.org.uk. Available to purchase from: NSPC Publications & Information Unit, NSPCC 42 Curtain Road, London, EC2A 3NH. Tel. 0207 825 2775. email infounit@nspcc.org.uk.

How to use easy words and pictures produced by the Disability Rights Commission is an Easy Read guide that describes what Easy Read is and why it is needed and used. There is useful advice about how

using the right words and pictures makes information easier to understand. Available to download from <http://www.equalityhumanrights.com/en/publicationsandresources/Pages/HowtouseEasyWordsandPictures.aspx>

How to involve children and young people with communication impairments in decision-making is one of the series of 'How to' guides from Participation Works. It covers what is meant by communication, creating the right culture, accessible information, getting to know children and young people, practical suggestions and additional resources. Available to download from www.participationworks.org.uk

I'll Go First newly updated planning and review toolkit designed by with and for disabled children to enable them to communicate their wishes and feelings. The pack includes a series of colourful, hardwearing boards for children to complete with illustrations and electrostatic stickers and topics including keeping safe, review meetings and healthy living. A CDROM version with a range of drag and drop objects, activities, people and feelings allow children to create their own online record of their views, wishes and feelings. Available to purchase from: The Children's Society PACT Project Tel: 01904-639056 or email: pact-yorkshire@childrenssociety.org.uk

In My Shoes is a computer package that helps children and adults with learning disabilities communicate their views, wishes and feelings as well as potentially distressing experiences. It has been used in a wide range of circumstances, including with children who may have been abused and has been used successfully in interviewing vulnerable adults. Further information from <http://www.inmyshoes.org.uk/index.html>

Listen Up produced by Mencap, is a toolkit of multi-media resources to help children and young people with a learning disability complain about the services they use. Available free from Mencap publications, 123 Golden Lane London EC1Y 0RT. Tel: 0207 454 0454.

My Life, My Decisions, My Choice is a set of resources to aid and facilitate decision-making including a poster, set of laminated ring bound cards and a guide for professionals. The resources, produced by The Children's Society were designed with disabled young people and are aimed at young people and the professionals that work with them. Available free to download from: <http://sites.childrenssociety.org.uk/disabilitytoolkit/about/resources.aspx> or in hard copy format from The Disability Advocacy Project Tel: 0207 7613 2886.

Personal Communication Passports are a resource outlining the key principles of making and using communication passports as a way of documenting and presenting information about disabled children and young people who cannot easily speak for themselves. Available from www.callcentre.education.ed.ac.uk where the resources can be explored online before purchasing. Tel: 0131 651 6236. A website to specifically address questions about planning, creating and using passports can be accessed at www.communicationpasports.org.uk

Ten Top Tips for Participation What disabled young people want This poster is written in words used by young people and gives advice about how to ensure disabled children and young people have a say in decisions, which affect their lives. Available as free download from: http://www.ncb.org.uk/Page.asp?originx_666ui_67604737284116e48a_200835330q

Two Way Street: Communicating with Disabled Children and Young People is a training video and handbook about communicating with disabled children and young people. The video is aimed at all professionals whose role includes communicating with children and was developed in consultation with disabled children and young people. The handbook (also available separately) gives further information and guidance plus details of the main communication systems in current use in the UK and annotated references to good practice publications. Available to purchase from: www.triangle-services.co.uk Tel: 01273 413141. More information available from <http://www.triangle-services.co.uk/index.php?page=publications>

Resources promoting sex and relationship education and personal safety skills:

Protecting you from sexual abuse is a booklet about sexual abuse and the law for young people under 16 years old with a learning disability. Developed by The Home Office and in conjunction with The Downs Syndrome Association, Mencap and Respond the booklet in easy to read format provides information about sexual abuse so that young people can protect themselves and get help if they need it. Available free to download from www.voiceuk.org.uk

Safe: personal safety skills for deaf children is a group work programme on DVD ROM designed to help give deaf children the knowledge, awareness and language they need to stay safe and make better

informed life choices. The DVD ROM and practice guide includes sessions on feelings, relationships, differences, bullying, growing up (including sex education), how to seek help, safety and internet and mobile phone safety. Available to purchase from NSPCC Publications Tel 0207 825 7422 or email publications@nspcc.org.uk

Supporting Victims and Jenny Speaks Out are books in the Books Beyond Words series developed by The Royal College of Psychiatrists, St George's University of London and Voice UK. Each of the books in this series tells a story through colour pictures that include mime and body language to communicate simple explicit messages. *Supporting Victims* is designed for people with learning disabilities and their supporters to understand what will happen when they go to court. It tells the story of Polly who is the victim of an assault. The man she accused is arrested and she is asked to be a witness at his trial. The book shows how the police help Polly to choose the special measures she needs to give evidence in court. *Jenny Speaks Out* is about a disclosure of sexual abuse and shows how the warmth and trust of a carer and friends help Jenny to begin a healing process and a fresh start in her life. Available to purchase from www.voiceuk.org.uk

The Talking Together Series, It's My Right posters and All About Us CDROM form a suite of resources produced by the FPA for parents and staff working with disabled children and disabled young people themselves. Available from <http://www.fpa.org.uk/Shop/Learningdisabilitiespublications>

Living your Life developed by The Shepherd School in Nottingham is a sexuality and relationships education resource aimed at students with special educational needs aged 13 and above. It includes a workbook and photocopiable worksheets to help teachers design, deliver and evaluate a programme of SRE. Available to purchase from Brook http://www.brook.org.uk/content/M8_1_sexrelationships.asp The Shepherd School have also put together a list of useful resources which can be found at <http://www.shepherdschool.org.uk/frames/school/projects/sared-resources.html>

Young Disabled People can... Is a set of posters and booklet which explore the themes of relationships, sexual orientation, becoming a parent, contraception, sexually transmitted infections and access to sexual health services from the point of view of disabled young people. Available to purchase from Brook http://www.brook.org.uk/content/M8_1_sexrelationships.asp

The Sex Education Forum run by The National Children's Bureau aims to ensure the entitlement of all children and young people to SRE in a variety of settings. It provides a wide range of resources including a factsheet on sex and relationship education for disabled children and a useful list of resources. Available to download from http://www.ncb.org.uk/Page.asp?originx_7687bj_34006392250011p99w_20061023242n

In Abuse and Children who are Disabled: Training and Resource Pack (The ABCD Pack) available from Triangle www.triangle-services.co.uk, Marchant suggests considering the following questions when adapting Sex and Relationship Education materials for use with disabled children.

- Why might this message be confusing for a disabled child?
- What kind of safety code would make sense for the individual child?
- How could the materials be made more inclusive?
- Are disabled children included in the text and illustrations? Are they represented positively?
- Is the material itself accessible? How complex is the language? Are signs and symbols used? Is the material available in Braille, audio, large print, video or sub-titling?
- Does the message make sense for disabled children? Does it rely on abilities that the child has? Does it talk about experiences they are familiar with? Does it tackle all forms of infringements of disabled children's rights? Does it confuse issues of intimate care? Can the advice be acted upon? Does it address issues of race, culture and disability?

Becta have produced guidance to assist LSCBs to develop local e-safety strategies. For more information: <http://localauthorities.becta.org.uk/index.php?section=esf>

The National Education Network has an online resource with links to national and international resources to use to develop e-safety policy and procedures for organisations. It also contains teaching resources and advice for children and parents/carers. For more information: http://www.nen.gov.uk/hot_topic

The FPA (Family Planning Association) provides training in sexuality, sexual health and relationships for staff working with disabled people, including young people. In addition the FPA's Speakeasy programme offers parents and carers the opportunity to acquire the skills and confidence they need to talk to their children about sex and sexuality. It is locally organised and can link with educational, community and/or healthy provisions in a particular area. For more information:

<http://www.fpa.org.uk/Inthecommunity/Professionalswhoworkwithdisabledpeople> ; <http://www.fpa.org.uk/Inthecommunity/Speakeasy>

Advice and information lines focused on safeguarding of disabled children and services supporting disabled children who are victims of abuse

Ann Craft Trust offers advice on issues relating to the protection of vulnerable children and adults. Provides advice for professionals, parents, carers and other family members on general issues and specific cases. Contact 0115 951 5400 or for more information <http://www.anncrafttrust.org/Advice.html>

NSPCC Child Protection BSL Helpline for deaf or hard of hearing people who are worried about a child or need advice provides access to high quality BSL interpreters within minutes. Contact via ISDN videophone on 0208 463 1148 or online via IP videophone or web cam to nspcc.signvideo.tv

Respond provide a telephone helpline for young people and adults with learning disabilities who are being abused or who are worried about abuse. The service is also available for parents, carers and professionals. Contact the free help line number 0808 808 0700

Triangle provide consultancy working alongside those conducting child protection investigations, including 'facilitated interviews' and supporting the prevention and investigation of institutional abuse and the development of safer practice. Contact: Triangle www.triangle-services.co.uk Tel: 01273 413141

Voice UK gives support, information and advice for disabled young victims and witnesses of crime and abuse, their families and carers and professionals. Contact the free help line number 0845 122 8695 or email helpline@voice.org.uk

UNITED NATIONS CONVENTION ON THE RIGHTS OF THE CHILD

The United Nations has drawn up a list of the responsibilities that governments, parents and other Adults have for the lives of children. The United Kingdom ratified the Convention on the 16th December 1992.

Summary of Key Rights

Survival

- Children have the right to enough food, clean water and health care
- Children have the right to be with their family or those who will care for them.

Rights to Protection

- Children have the right to protection from all exploitation, and from physical mental and sexual abuse.
- Children have the right to special protection when exposed to armed conflict.
- Children have the right to be protected from discrimination.
- Children have the right to be protected from work that threatens their health, or education.

Participation Rights

- Children have the right to have their opinions taken into account on decisions affecting their lives.
- Children have a right to a name and nationality.

Development Rights

- Disabled children have the right to special care and training.
- Children have the right to play.
- Children have a right to an education.

Source:

The United Nations Convention on the Rights of the Child (Children's Rights Development Unit 1990)

CHARTER FOR PERSONS WITH AUTISM

People with autism should share the same rights and privileges enjoyed by all of the European population where such are appropriate and in the best interests of the person with autism.

These rights should be enhanced, protected and enforced by appropriate legislation in each state.

The United Nations declaration on the Rights of Mentally Retarded Persons (1971) and the Rights of Handicapped Persons (1975) and other relevant declarations on Human Rights should be considered and in particular, for people with autism the following should be included:

1. THE RIGHT of people with autism to live independent and full lives to the limit of their potential.
2. THE RIGHT of people with autism to accessible, unbiased and accurate clinical diagnosis and assessment.
3. THE RIGHT of people with autism to accessible and appropriate education.
4. THE RIGHT of people with autism (and their representatives) to be involved in all decisions affecting their future; the wishes of the individual must be, as far as possible, ascertained and respected.
5. THE RIGHT of people with autism to accessible and suitable housing.
6. THE RIGHT of people with autism to the equipment, assistance and support services necessary to live a fully productive life with dignity and independence.
7. THE RIGHT of people with autism to an income or wage sufficient to provide adequate food, clothing, accommodation and the other necessities of life.
8. THE RIGHT of people with autism to participate, as far as possible, in the development and management of services provided for their wellbeing.
9. THE RIGHT of people with autism to appropriate counselling and care for their physical, mental and spiritual health; this includes the provision of appropriate treatment and medication administered in the best interest of the individual with all protective measures taken.
10. THE RIGHT of people with autism to meaningful employment and vocational training without discrimination or stereotype; training and employment should have regard to the ability and choice of the individual.
11. THE RIGHT of people with autism to accessible transport and freedom of movement.
12. THE RIGHT of people with autism to participate in and benefit from culture, entertainment, recreation and sport.
13. THE RIGHT of people with autism of equal access to and use of all facilities, services and activities in the community.
14. THE RIGHT of people with autism to sexual and other relationships, including marriage, without exploitation or coercion.
15. THE RIGHT of people with autism (and their representatives) to legal representation and assistance and to the full protection of all legal rights.
16. THE RIGHT of people with autism to freedom from fear or threat of unwarranted incarceration in psychiatric hospitals or any other restrictive institution.
17. THE RIGHT of people with autism to freedom from abusive physical treatment or neglect.
18. THE RIGHT of people with autism to freedom from pharmacological abuse or misuse.

19. THE RIGHT of people with autism (and their representatives) to all information contained in their personal, medical, psychological, psychiatric and educational records.

Presented at the 4th Autism-Europe Congress

Den Haag, May 10th, 1992

Wargrave House School

Record of Authorised Student Search

Details of Student Searched

Name:		Date of Birth:	
Class:		Year Group:	
Ethnicity:		Sex:	

Grounds of Suspicion:

Time:		Place:	

Who carried out search (SMT only):		Consent given:	Please
		Consent refused:	tick appropriate

Who else was present during search		
What, if any, reasonable force was used, and if so why.		Additional Record to be made in Record of Physical Intervention
Describe how the search began and progressed		
What was the student's response to being searched and how did staff managed that response (e.g. steps taken to calm the student)		
Outcomes		
Follow up actions		

Signatures

Student		Date:
Person who searched	Print Name	Date:
Witness	Print Name	Date:
Countersigned	Print Name	Date: