Legislation, guidelines and policies place a duty on all those working in schools to ensure the health, safety and security of children in their care. You need to have the necessary knowledge and confidence to take the correct action if children are taken ill or have an accident. You will learn how to recognise the characteristics and types of abuse and how to respond to concerns when children may be at risk.

**By the end of this unit you will:**

1. know about the legislation, guidelines, policies and procedures for safeguarding the welfare of children and young people including e-safety
2. know what to do when children or young people are ill or injured, including emergency procedures
3. know how to respond to evidence or concerns that a child or young person has been abused, harmed or bullied.
Know about the legislation, guidelines, policies and procedures for safeguarding the welfare of children and young people including e-safety

The concept of safeguarding, which works to protect children, has only been developed in the last 50 years. The need for improved legislation has been highlighted by high-profile cases, such as the death of Maria Colwell in 1973 and, more recently, Victoria Climbié in 2000. These cases shocked the nation and showed weaknesses in procedures.


This treaty sets out the rights and freedoms of all children in a set of 54 articles. Included in those rights are those which ensure that children are safe and looked after. Article 19 states children’s rights to be ‘protected from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation including sexual abuse by those looking after them’. Those countries which signed up to the Treaty, including the UK in 1991, are legally bound to implement legislation which supports each of the articles.

Identify the current legislation, guidelines, policies and procedures for safeguarding the welfare of children and young people including e-safety

Children Act 1989

This Act identifies the responsibilities of parents and professionals who must work to ensure the safety of the child. This Act includes two important sections which focus specifically on child protection.

Section 47 states that the Local Authority has ‘a duty to investigate when there is a reasonable cause to suspect that a child is suffering, or likely to suffer, significant harm’.

Section 17 states that services must be put into place to ‘safeguard and promote the welfare of children within the area who are in need’.

The Education Act 2002

This sets out the responsibilities of Local Education Authorities (LEAs), governing bodies, head teachers and all those working in schools to ensure that children are safe and free from harm.

Children Act 2004

This provides the legal framework for Every Child Matters. It includes the requirement for:

- services to work more closely, forming an integrated service
TDA 2.2 Safeguarding the welfare of children & young people

- a ‘common’ assessment of children’s needs
- a shared database of information which is relevant to the safety and welfare of children
- earlier support for parents who are experiencing problems.

**Policies which safeguard**

Schools must develop a range of policies which ensure the safety, security and well-being of their pupils. These will set out the responsibilities of staff and the procedures that they must follow. Policies may be separate or incorporated into one health and safety policy, but they must include sections which cover the following issues of:

- safeguarding and protecting, and procedures for reporting
- e-safety
- bullying, including cyber-bullying (see page 00).

The Department for Education (DfE) provides guidance for local authorities including schools. Schools use this guidance to develop their own policy and procedures which must be followed. Two of these are listed below.

**Working Together to Safeguard Children (2006)**

This is guidance which sets out the duties of organisations and how they must work together to safeguard children and young people.

**What to do if you’re worried that a child is being abused (2006)**

This is guidance to help those working with children safeguard and promote their welfare. It also looks at the actions which all adults working with children should take if they are concerned.

**Portfolio activity**

Read through the summary of the guidance document ‘What to do if you’re worried that a child is being abused’. You can download this from the Department for Education at [www.education.gov.uk](http://www.education.gov.uk), from [www.teachernet.gov.uk](http://www.teachernet.gov.uk) or from the Department of Health ([www.dh.gov.uk](http://www.dh.gov.uk)).

**Functional skills**

**English: Reading**

This is a detailed document that contains a lot of information. Reading the document will help to develop your reading skills. To demonstrate your understanding of the document you could:

- Summarise the role of all child care practitioners.
- Produce a check list for practitioners on what to consider when information sharing.
Describe the roles of different agencies involved in safeguarding the welfare of children and young people

All adults within the school have a responsibility to safeguard the welfare of children. There must also be a named member of staff with particular responsibilities for safeguarding children and for e-safety.

**Functional skills**

**English: Speaking, listening and communication**

You could prepare a few questions before you speak to the designated person for safeguarding in the school and hold a short discussion with them about what their role involves.

Schools have a responsibility to:

- develop children’s awareness and their knowledge of what is acceptable and not acceptable behaviour, including when using the Internet
- know, support and protect children who are identified as being at greater risk — that is, on the ‘at risk register’
- provide opportunities for professional training of all staff relating to safeguarding
- put into place policies and security systems for e-learning activities, for example, provide training for children and use filtering software
- observe for signs that abuse may be happening, changes in children’s behaviour or failure to thrive, and refer any concerns
- monitor, keep records and share appropriate information with other agencies.

The safety and welfare of children depends upon agencies working together. For example, when assessing the needs of individual children there may be a meeting between the child and family, health services, social services and the school. The diagram below includes agencies which work in partnership to safeguard children.
Once you have completed the task above, you could put all this information into an information leaflet with contact details. You could share this with other staff so that they have a leaflet that they can use if they need to.

Children’s social care

Children’s social care has a key role to safeguard and promote the welfare of children who are in need. To do this, they must work in partnership with parents and other agencies. When concern has been raised about a child, and they are thought to be at risk, children’s social care has particular responsibilities to decide on the course of action to take. If it is found that the child may be at risk of harm or abuse social workers will:

- carry out an initial assessment of children who are thought to be at risk to find out about: for example, the child’s needs, the ability of parents to meet the child’s needs, family and environmental factors
- meet and conduct interviews with the child and family members
- liaise with and gather relevant information about the child and their circumstances from other agencies
- take the lead during the Child Protection Conference
- take action when a child is thought to be in immediate danger.

Police

The police work closely with children’s social care to protect children from harm. The police have particular role to play. All forces have a Child Abuse Investigation Unit (CAIU). Their role and responsibilities include:

- making a decision on whether a crime had been committed and if so, to begin a criminal investigation

---

**Over to you!**

Find out about the different services which work together with your school to support the safety and well-being of children at your school.

**Functional skills**

**ICT: Developing, presenting and communicating information**

Once you have completed the task above, you could put all this information into an information leaflet with contact details. You could share this with other staff so that they have a leaflet that they can use if they need to.

**Key term**

**Child Protection Conference** – the conference discusses the risk of harm to the child and decides whether a child needs a child protection plan. Where a plan is required, the role of different agencies to support the plan will be discussed.
gathering evidence from children’s social care, other agencies and others thought to be involved

taking emergency action if children are in immediate danger – this may involve removing the child or removing the perpetrator

attending court to give evidence when a crime has been committed.

Health professionals
Health professionals, in particular GPs and doctors in emergency departments, may examine children with injuries which they suspect may be non-accidental. They have a duty to alert children’s social care when abuse is suspected. Health professionals may also:

carry out a medical examination or observations of a child thought to be at risk of abuse or who has suffered abuse

contribute to children’s social care reports

give evidence in court if a crime has been committed.

The National Society for the Protection of Children (NSPCC)
The NSPCC is a third-sector (charitable) organisation. Its role, as its name suggests, is to work to protect children from harm. The NSPCC is the only third-sector organisation (charity) which has the statutory power, alongside the police and children’s social services, to take action when children are at risk of abuse. The NSPCC also:

provides services to support families and children

provides a helpline for people to call who are worried about a child

provides a helpline for children in distress or danger

raises awareness of abuse, for example, through advertising and training materials
TDA 2.2 Safeguarding the welfare of children & young people

- works to influence the law and social policy to protect children better
- shares expertise with other professionals.

**E-safety**
The UK Council for Child Internet Safety (UKCCIS) was launched in 2008 in response to concerns about Internet safety. Its role is to safeguard children in relation to this issue. The Council has produced a strategy to increase awareness of Internet safety, set out measures to protect children from unsuitable sites and establish codes of practice.

**The Local Safeguarding Children Board (LSCB)**
The LSCB have particular roles and responsibilities to oversee the work of other agencies. The Board is made up from experts from the range of children’s services. Serious cases of abuse are always reviewed by the LSCB. You can find out about your LSCB through your own local authority.

**Skills builder**
Charities such as Barnardo’s and Kidscape also work to safeguard children. Find out about what they do and the materials they produce to inform and support people who work with children, parents and children and young people. This task will help you to develop your research skills.

**Functional skills**

**ICT: Finding and selecting information**
The Internet is a good starting point to find out information about these charities. Try using a range of different search engines to find the information you require.

**Know what to do when children or young people are ill or injured, including emergency procedures**

**Identify the signs and symptoms of common childhood illnesses**
As a teaching or learning support assistant, you will often work closely with individual children. You are therefore likely to notice when they are unwell, and may be incubating an illness. This can take place over a period of days. You may notice that a child:

- looks pale
- appears more tired or lethargic
- is quiet or irritable
- has dark rings around eyes
- has lost their appetite
- looks flushed or has a rash.

It is important that you can recognise the signs and symptoms, but it is not your role to diagnose or jump to conclusions. If children display signs of common illnesses, the school will inform their parents so that they can take the child home. Older children and young people will be able to describe how they feel. If you work with a younger age group, or children with communication difficulties, they may be unable to tell you their symptoms.
Illness | Signs and symptoms | When children are able to return to school
--- | --- | ---
Flu | Headaches, weakness | When recovered
Tonsillitis | Very sore throat, difficulty swallowing, fever, pain in ears and neck | No specific advice – children return when well
Diarrhoea / vomiting | Diarrhoea, stomach pains / vomiting, dehydration | Two days after last episode of diarrhoea or vomiting
Chickenpox | Itchy rash with blister-like appearance, fever | Five days after onset of rash
Mumps | Painful and swollen jaw, pain when swallowing, fever | Five days after onset of swollen glands
Rubella (German measles) | Runny nose, temperature, red-pink rash, sore throat, headache | Five days after onset of rash
Measles | Fever, runny nose, cough, blotchy red-brown spots, greyish-white spots in the mouth | Five days after onset of rash
Glandular fever | Fatigue, sore throat, swollen glands, fever | No specific advice given – children return when well
Impetigo | Red sores around mouth and nose developing into yellow-brown crusts | When lesions are crusted or healed
Ringworm | Skin ringworm – ring-like red rash with raised rim; scalp ringworm – scaly patches on scalp which may feel inflamed and tender | May return to school when treatment has started

Table 1: Signs and symptoms of common illnesses in children.

The length of time children must stay away from school will vary between the type of illness and between children. Advice given to schools on how soon children can return is included on the table and is taken from Health Protection Agency guidance (2009). Some childhood illnesses such as measles and mumps must be notified to the local authority.

If meningitis is suspected immediate medical help should be sought. Meningitis can be difficult to spot in the early stages but can very quickly become life-threatening. Children with meningitis may be displaying any of the following signs:

- fever
- severe headache
- neck stiffness
- vomiting
- joint or muscle pain
- dislike of bright lights
- fits/confusion
- a rash.

Describe the actions to take when children or young people are ill or injured

All schools must have at least one qualified first aider. It is essential that you know who the named first aiders in the school are and how they can be contacted. Schools will have systems in place for summoning urgent help.
medical help to the classroom or school grounds. There may be intercom systems or a ‘red card’ or ‘orange card’ system alert, depending on the urgency of support needed.

Dealing with minor injury

It is inevitable that all children will at some time suffer minor cuts, bruises and abrasions. These can be dealt with within the school and do not require children to be sent home. These can be washed with clean water, but lotions or creams should never be applied.

Reporting and recording

If a child has been feeling ill during the day, or has had a minor injury, the school needs to send a report to the parents or carer. Reporting to parents is particularly important when a child has suffered a head bump. Even where there are no obvious symptoms, the parents must be aware of what has happened and the symptoms they should look for.

Information on incidents and accidents must be recorded in the school incident or accident report book. If you have observed an incident or accident you will have to provide details on what occurred and the action you took. You should make notes as soon after the event as possible. A manager or member of staff with the authority to do so will complete and sign the reports. Serious accidents have to be reported to the Health and Safety Executive by law.

Identify circumstances when children and young people might require urgent medical attention

When working in a school, you are likely to be in a situation where you have to make a decision about calling for urgent medical attention. It is important therefore to recognise the signs and circumstances when you must summon immediate help.

An emergency situation which requires urgent medical attention includes:

- severe bleeding
- unconsciousness
- choking
- breathing difficulties
- head injuries
- epileptic seizure
- suspected fractures
- when it is suspected that children have taken drugs or abused substances
- disorientation.

Accidents

When an accident occurs you must always call for immediate help, even if you are a first aider yourself. You must find out what has happened so that accurate information can be given when dialling 999. Other children can become very distressed when they witness an accident, so you should try to remain calm.
Immediate action should be taken as follows.

- Reassure the child.
- Do not move the child unless it is absolutely necessary.
- If children are unconscious they should be put into the recovery position.
- Do not give the child any food or drink.
- Keep the child warm, for example, by placing a coat over them.
- Ensure other children in the area are not at risk of being hurt.

You do not have to achieve a first aid qualification to achieve your Level 2 Certificate in Supporting Teaching and Learning in Schools, but it is beneficial for all those working with children. Schools may offer training in basic first aid.

**Asthma**

One of the most common conditions in the schools is asthma. In some schools there may be as many as one in four children with this condition. Asthma affects the airways of the lungs. The symptoms are wheezing and coughing. Most children with asthma manage the illness well and carry an inhaler with them. You should know where these are kept and how to support children when using it. When children have an asthmatic attack which is not helped by the inhaler, it is essential to seek medical help.

**Epilepsy**

Children with epilepsy may rarely have attacks, but it is important that you are aware of what to do when this happens. A first aider should always be called. A child who has an attack must be kept safe from harm. As they recover from the seizure, they will need to be reassured. Urgent medical help must be sought if a child:

- does not recover immediately
- has more than one seizure
- has not been diagnosed as an epileptic.

**Anaphylaxis**

Many children have allergic reactions, which cause sneezing, wheezing, itchy eyes or swelling. In rare cases children may have severe allergic reactions which can be life-threatening and need immediate treatment. Common triggers for children with anaphylaxis are foods such as eggs, nuts and seafood. Stings from insects can also cause anaphylaxis. Children in anaphylactic shock have difficulty breathing and suffer swelling (which may be in the throat) which is life-threatening. Children who have been diagnosed may have an auto-injection kit of adrenaline (sometimes called an EpiPen) available at the school. Immediate medical help must be sought in the event of a reaction, even if adrenaline has been given.

**Sickle cell disease**

This gets its name from the sickle-shaped red blood cells which are present in children with the disease. These clump together
causing severe pain. This is known as a ‘crisis’. The school may have medication to give immediately and you should reassure the child and keep them warm. When children suffer a crisis, you should always seek medical help.

**Diabetes**

Diabetes happens when the body does not produce insulin. Some children may need to inject themselves with an insulin pen during the school day, so may need a quiet area to do this. Sometimes, following activity or when children have not eaten enough carbohydrates, their blood glucose levels can fall. You need to be aware of the signs of this which include hunger, pallor, a fast pulse, glazed eyes, drowsiness, trembling, vagueness and trembling. This state is called hypoglycaemia (often referred to as a ‘hypo’). When this happens the child requires something sugary such as sweets, glucose tablets or a sugary (not low-cal) drink. This is followed by carbohydrates such as biscuits or a cereal bar. Children can usually return to their school work. Immediate medical help will be required if a child continues to show signs of a hypo or they become unconscious.

**Knowledge into action**

Find out about any health conditions of children who you support. Seek advice on ways that you can support them to manage their illness and how to recognise when immediate medical attention is required.

**Link**

Further information on the importance of diet to prevent illness and life threatening incidents is included in TDA 2.14 Support children and young people at meal or snack times.

**Functional skills**

**Maths: Representing**

Once you have completed the task above, you could look at the figure of children with health conditions and have a go at converting it into a fraction, decimal and percentage. What percentage of children in your school are to have a health condition?

**Portfolio activity**

Refer to the school policies to describe what actions you, and others in the school, should take in each of the following scenarios:

1. Grace is 5 years old. Her mother reported that she complained of stomach pains but wanted to come to school. Although she usually eats well, you notice that she did not eat her dinner. During the afternoon, Grace vomits as she is leaving the classroom.

2. Daniel is 9 years old. You are aware that he has diabetes. Shortly after playtime you notice that Daniel looks very pale. The other children in the group are working on their 3D models, but Daniel is sitting quietly by himself in the reading area. You ask him if he is OK but he looks glazed and does not appear to have heard you.

3. As you walk across the playground, you notice a group of boys around a boy on the floor. You see that it is 12-year-old Nikhil. He is moving but appears very dazed. The other boys tell you that he had banged his head on a post when playing football which had knocked him out for a few moments.

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Describe the actions to take in response to emergency situations including fires, security incidents and missing children or young people

If you are working in a school, you should already be aware of the policies and procedures for emergency situations. You may have taken part in an evacuation practice.

**Fire and other emergencies**

Buildings need to be evacuated quickly in the event of a fire, gas leak or bomb scare. There will be clear procedures on how to do this in your school. These procedures must be displayed in each area of the school, giving information on:

- how to raise the alarm in the event of a fire, gas leak or bomb scare
- what to do if you hear the fire alarm
- the route you should take – including a plan of the route from each room or area in the school
- the nearest assembly point – for example, in a playground.

Registers should be available so staff can make a check that all children are safely out of the building.

Information should also be given on what not to do, such as:

- not collecting or allowing children to collect personal belongings or put on coats
- not re-entering the building until you have been informed that it is safe to do so.

As a teaching or learning support assistant, you may work in different areas of the school, so it is important that you know the different routes from each area that you work in. You should be given regular opportunities to practise evacuating groups of children from the building safely. This will give you more confidence in escorting the children safely and calmly.

**Security**

Security should be in place which minimises the risks to children. You must know what these are and ensure that you follow the procedures at all times. These procedures will include:

- signing-in procedures/visitor badges
- security locks on doors
- procedures for collection of younger pupils
- registration.

All visitors to the school should be identified by badges. If you are unsure about someone you see, always report your concern to someone higher up.
When children are missing

Security procedures should minimise the risks of children going missing from school, so it is essential that you follow school guidelines. You may be asked to accompany children on school visits and to supervise a group. Staff should make regular checks that all children are present. Some schools require children to wear fluorescent jackets or caps of the same colour, so they can be easily spotted.

If children are missing, staff must take action immediately by:

● reporting to the teacher responsible
● ensuring that other children are present and safe — checking the register
● checking all areas of the school or grounds
● informing the child’s parents
● informing the police.

Know how to respond to evidence or concerns that a child or young person has been abused, harmed or bullied

What is abuse?

Abuse is when something happens to the child which is in breach of their rights and which affects their health and development. Abuse also happens when someone fails to do something to protect a child’s rights, health and development. Abuse can happen to any child whatever their background or situation. Abuse always has an impact on the child’s well-being. Children with a disability are more vulnerable to abuse.

Abuse is a sensitive subject. When studying the issues surrounding abuse you may feel anxious, both personally and about your role and responsibilities in the school. There are many agencies, including children’s charities and social services, that you can contact if you need to discuss your feelings as you work through this section (see the end of this unit).

Identify the characteristics of different types of child abuse

Abuse can take many forms. Within the child protection system there are four main categories used:

● physical abuse
● sexual abuse

● emotional abuse
● neglect.

Children may often suffer more than one type of abuse. A child who is being sexually abused, for example, may also be threatened and made to feel worthless.
Form of abuse | Description
--- | ---
Physical abuse | Physical abuse happens when a child is physically hurt or injured. Hitting, kicking, beating with objects, burning, scolding, suffocating, throwing and shaking are all forms of physical abuse.
Sexual abuse | Sexual abuse happens when a child is forced or persuaded into sexual activities or situations by others. This may be:
  - physical contact – including touching or acts of penetration
  - non-physical contact – involving children in looking at pornographic materials or sexual acts.
Emotional abuse | Emotional abuse happens when the child suffers persistent ill treatment which affects their emotional development. It may involve making the child feel frightened, unloved, worthless or in danger. Sometimes expectations of the child are inappropriate for their age. Emotional abuse may happen alone, but often takes place with other types of abuse.
Neglect | Neglect happens when there is a persistent failure to provide for a child’s health, development and psychological needs. This can include providing inadequate food, shelter, clothing or medical care, or not providing for their educational or emotional needs.

**Bullying**

Bullying is also recognised as a type of abuse. Bullying is always distressing for the victim and can have serious consequences. Bullying should always be taken seriously. Emotional bullying is the most commonly reported by children and young people and is often more difficult to spot. Bullying can take place both inside and outside of the school.

Bullying happens when an individual or a group show hostility towards an individual and this can be:

- emotional, such as name-calling, ‘sending to Coventry’ (not talking to someone), taking or hiding personal items, humiliating, spreading rumours or teasing
- physical, such as pushing, kicking, hitting, pinching or threatening to use physical force
- racist, such as racial taunts or gestures
- sexual, such as inappropriate physical contact, sexual comments and innuendo, or homophobic taunts.

**Cyber-bullying**

In recent years, a new form of bullying known as ‘cyber-bullying’ has become increasingly common. Studies show that one in five children were cyber-bullied in 2008. Cyber-bullying may be emotional, racist or sexual forms of abuse. It happens through emails, text messages or telephone calls. Information about someone may also be shared by putting it on to social networking sites. This can include the sharing of private photographs.
Children and young people who use this method of bullying often feel disassociated from their actions, but the consequences can be just as serious for the child. This type of bullying can be particularly distressing as children are unable to get away from it. It even invades their home.

**Functional skills**

**ICT: Developing, presenting and communicating information**

You could design a poster about cyber-bullying suitable for the age of the children who you work with. You could display your poster in your IT area.

<table>
<thead>
<tr>
<th>Type of abuse</th>
<th>Physical signs</th>
<th>Behavioural signs</th>
</tr>
</thead>
</table>
| Physical      | • Unexplained burns or scalds, bruises, fractures  
• Bruises/abrasions around mouth  
• Grasp marks  
• Bruises to both eyes  
• Bite marks  
• Bruises to the soft part of face  
• Marks showing the outline of an implement such as a stick or belt buckle | • Withdrawal  
• Aggression  
• Reluctance to change for PE |
| Sexual        | • Bruises or scratches  
• Difficulty in walking or sitting  
• Sleep problems  
• Stomach problems  
• Frequent headaches  
• Vaginal bleeding or discharge  
• ‘Love bites’ | • Self-harming behaviour  
• Eating disorders  
• Displaying inappropriate sexual behaviour  
• Behaviour/knowledge inappropriate for age  
• Using sexually implicit language  
• Withdrawn or confused  
• Secrecy, for example, wiping ‘history’ from the Internet or closing a web page when adult present |
| Emotional      | • Delay in physical and/or emotional development  
• Speech disorders | • Poor concentration  
• Self-harming behaviour  
• Overreaction to problems or mistakes  
• Difficulty in making friends  
• Attention seeking or aggressive  
• Low self-esteem  
• Rocking/thumb sucking/hair twisting  
• Abuse of drugs, solvents or alcohol  
• Truancy  
• Self-harming behaviour |
| Neglect        | • Hunger  
• Poor personal hygiene  
• Under or overweight  
• Tiredness or lethargy  
• Inappropriate or inadequate clothing  
• Untreated health problems  
• Developmental delay  
• Frequent illness | • Difficulty in making friends  
• Lateness/poor school attendance  
• Stealing (for example, food from other pupils) |

Table 3: Signs and indicators of abuse.
Self-harm
Self-harm is when children deliberately hurt themselves. They usually do this secretly and it can involve cutting, burning, pulling out hair or banging their head. Self-harm often happens as a result of other types of abuse. If you notice signs of self-harm or children tell you that they are harming themselves, you must take the same action as if they are being harmed by another person.

The signs included in Table 3 are indicators that abuse may be happening and do not always mean that abuse is happening. Some children may have clothes which are not washed as frequently as they might be, but it does not mean that they are being neglected. Young children frequently fall and bruise their knees. Mongolian blue spots look like bruises on the lower back of children with darker skin, but are actually birthmarks. This does not mean that you should ignore signs. You must always report concerns.

Describe the risks and possible consequences for children and young people using the Internet, mobile phones and other technologies

When we think of the types of abuse it is easier to imagine how this may happen in the ‘real world’. There are now significant risks of sexual and emotional abuse for children in the ‘virtual’ world. The virtual world is expanding into different types of technology. Children can now access the Internet through their mobile phones and online games. Images can even be downloaded through satellite navigation systems.

It is impossible and unreasonable to suggest that children and young people should not use the Internet. The Internet plays an important role in children’s lives and helps to support their education. Research shows that almost all children have access to the Internet either at home or in school. The majority of children say they cannot live without the Internet. Communicating through chat rooms and blogging are usually part of their everyday lives. It is important therefore that that children and young people know the risks and are able to protect themselves.

Risks when using the Internet
There are risks of sexual or emotional abuse when using the Internet. Research shows that the most common risks for children are:

- giving out personal information about themselves
- accessing inappropriate information – often accidentally when innocent words are entered into a search engine.

Children’s Online Risks and Safety (National Foundation for Educational Research (NFER), 2009)
Consequences of sharing personal information

Children increasingly use social networking sites and online diaries. These have a minimum age but children of 9 years or younger have been known to use them. Children often place information about themselves online, which makes it easy for them to be identified. Some include addresses, phone numbers and sometimes even photographs. This makes them easy targets for adults who wish to exploit them by:

- talking to and building ‘friendships’ with children online with the intention of meeting the child – this is called grooming
- encouraging children to engage in conversations which are sexual in nature
- taking and/or distributing photographs using the Internet.

Risks of accessing inappropriate information

There is a high risk that children may access inappropriate or even pornographic materials when innocently searching for information on the Internet. Schools must have filtering systems in place which prevent access to unsuitable sites. Children and young people must always be supervised when using computers in schools to minimise these risks.

However vigilant staff and parents may be, the risks and consequences are increasing. It is essential that children are aware of the risks, and of ways to protect themselves. They should also know how to report concerns. All schools must now have a policy which ensures that children are protected and are taught how to use the Internet safely.

Describe actions to take in response to evidence or concerns that a child or young person has been abused, harmed (including self harm) or bullied, or may be at risk of harm, abuse or bullying

Children spend almost half their waking hours in school, so it is not surprising that schools have a particular responsibility to look for signs that abuse may be happening. An NSPCC study in 2002 reported that one in six children had experienced serious maltreatment. It is likely that among the children you support that there will be children who have experienced some form of abuse.

As a teaching assistant or learning support assistant, you will build special relationships with children. You may regularly work with children in small groups or on a one-to-one basis. You are likely to be the person who the child feels more comfortable to talk to when the rest of the class are not around. It is important that you know how to recognise when abuse may be happening and what action you should take.
While you must avoid jumping to conclusions you must always be observant. You may notice physical signs or changes in a child’s behaviour, or the child may hint or disclose to you that they are being abused or bullied. You must also think about how you would respond if a child were to hint or disclose this to you.

Always:
- report concerns about possible signs or changes in behaviour to the designated person or your manager
- take what children say seriously — it will take a lot of courage to tell you and children will rarely lie about abuse
- reassure children that they are not to blame if they tell you they have been abused
- tell children that you will have to tell someone who can help them
- write down what you have observed or what has been said — but keep the information secure.

Never:
- promise to keep information a secret
- investigate further or ask questions
- appear shocked
- make promises to children.

Key term
Disclose — share information, often of a personal nature
Remember:
● it is not your responsibility to draw conclusions – only report what you have noticed or have been told
● you have a statutory duty to report concerns under the Education Act 2002
● you can receive support from your tutor, the designated child protection officer or through the organisations listed at the end of this unit.

CASE STUDY: Responding to concerns
Chris works as a teaching assistant in a local primary school. As a group of Year 5 children were getting changed for PE, Chris noticed bruising in lines across the back of a boy called Marc. He asked Marc how he had hurt himself but he said, ‘It’s nothing’ and quickly put on his top. As Marc left the room he approached Chris and said, ‘Please don’t say anything to Mum, or Uncle Paul will be cross with me.’

- Why does Chris need to take action about this?
- Describe the action that Chris should take.

Describe the actions to take in response to concerns that a colleague may be failing to comply with safeguarding procedures or harming, abusing or bullying a child or young person

All organisations which work with children have a responsibility to recruit staff who are suitable to work with children. When you first applied to work with children, you would have been asked to complete a form to disclose any convictions that you may have. Even with these checks in place abuse can, and has, happened within schools. This is called institutional abuse.

All staff have a duty to comply with policy and procedures. Failure to comply may put children at risk of harm or abuse, so concerns should always be reported to the designated person for safeguarding or the head teacher.

If you have concerns that a colleague is abusing a child, your actions should be exactly the same as if the abuser is a parent, family member or stranger. These actions were described in the previous section. You must act immediately to protect children by informing the head teacher. If the allegation is against the head teacher, you should report concerns to the designated person for child protection or directly to the Education Authority.
These are difficult situations but your first priority must always be to the child. It is important that you do not discuss what has happened with others, although you may need to seek support for yourself.

**Describe the principles and boundaries of confidentiality and when to share information**

Confidentiality is essential in schools. The same rules of confidentiality apply whether you are employed by the school or you are working as a volunteer. You may have been told sensitive information about a child because it helps you to carry out your role, for example, about their health or particular needs. This is sensitive information and should never be a topic for discussion in the staffroom or with other parents.

As a teaching or learning support assistant, you may find that parents approach you to tell you personal or sensitive information. You must let them know that you would need to share it with your manager or supervisor. Information can be passed on without permission when a child is at risk of abuse or harm. However, the information should only be passed to specific people who ‘need to know’. They can then take action and provide support to protect the child. If you are in doubt, you should always ask for advice.
Information sharing

In some circumstances, when a child may be at risk of significant harm, information can be shared without consent with professionals who need to know. Failure to share information has been highlighted in a number of serious child abuse cases. Sharing information ensures that problems are identified early and action is taken when children are thought to be at risk of abuse. There will be systems within your school on ways that this is done. You should always ask for advice before sharing information.

Functional skills

ICT: Using ICT

Computers are often used to keep a record of any information about children. It is important to remember that if you have a confidential file on your computer, you should have it password protected.

Getting ready for assessment

To achieve this unit, you need to know about the framework of legislation, policies and procedures which work to safeguard the welfare of children. You need to know what action to take if children are ill or injured, including how to follow emergency procedures in your school. You will explore types of child abuse and signs to look for and know what you should do if you are concerned about a child’s welfare.

- Write a brief summary of relevant legislation.
- Obtain policies and procedures from the school which relate to safeguarding, bullying and e-safety.
- Discuss the procedures for responding to illness and accidents with the person in the school responsible for health and safety.
- Find out about the organisations which work closely with your school and ways that information is shared with them.
- Research common childhood illnesses.
- Take the opportunity to attend training sessions for first aid or enrol on a first aid qualification.
- Discuss the procedures for responding to concerns about abuse or bullying with the designated, or named, person responsible for safeguarding.
Check your knowledge

1. Name two pieces of legislation which help to safeguard children.
2. What is the term for abuse through text messaging or emails?
3. Which charity plays a leading role in the safeguarding of children?
4. What are the signs that a child with diabetes is experiencing a ‘hypo’?
5. Why should head bumps always be reported to parents even if there are no obvious effects?
6. Look at the following statements and answer true or false. Give reasons for your answer.
   a) Children who are disabled are more likely to be abused.
   b) Abuse does not happen in schools as checks are always carried out when staff are appointed.
   c) Statistics show that cyber-bullying is carried out by boys and girls equally.
   d) Bullying may have long-term effects.
   e) You should pass on concerns about a child even if they ask you to keep it a secret.

References and further reading

- Working together to safeguard children – DCSF publication (www.education.gov.uk)
- What to do if you’re worried a child is being abused – DfES publication (www.education.gov.uk) or Department of Health (www.dh.gov.uk)

WEBSITES

www.dcsf.gov.uk/ukccis – UK Council for Child Internet Safety
www.everychildmatters.gov.uk – Every Child Matters
www.hpa.org.uk – Health Protection Agency
www.nhs.uk – information on children’s health
www.teachernet.gov.uk – information and resources for teachers