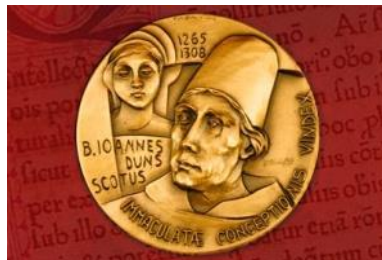


St Luke Academies Trust



Child Protection and Safeguarding Policy



Presented to Directors: July 2017

Adopted by Directors: July 2017

Review date: July 2018

Signature

Date

Head Teacher

Signature

Date

Chair of Governors

Signature

Date

Designated Safeguarding Lead (DSL)

C O N T E N T S

1	Introduction
2	Statutory Framework
3	The Designated Safeguarding Lead
4	The Governing Body
5	When to be concerned
6	Dealing with a Disclosure
7	Record Keeping
8	Confidentiality
9	School Procedures
10	Communication with parents
11	Allegations Involving School Staff/Volunteers
Appendix 1	Link to Keeping Children Safe in Education (DfE, 2016) Part One: Information for all school and college staff and Annex A :Further information
Appendix 2	Declaration for staff: Child Protection Policy and Keeping Children Safe in Education (DfE, 2016)
Appendix 3	What to do if you're worried a child is being abused: advice for practitioners flowchart (DfE 2015)
Appendix 4	Indicators of abuse and neglect
Appendix 5	Cause for Concern Sheet
Appendix 6	CP update sheet
Appendix 7	Body Map

Appendix 8	Additional information
------------	------------------------

1. INTRODUCTION

Safeguarding and promoting the welfare of children is defined as protecting children from maltreatment; preventing impairment of children’s health or development; ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and taking action to enable all children to have the best outcomes. *(Keeping Children Safe in Education DfE, September 2016)*

This Child Protection Policy forms part of a suite of documents and policies which relate to the safeguarding responsibilities of the school.

In particular this policy should be read in conjunction with the Safeguarding Policy *[if your school/college chooses to adopt one]*, Safer Recruitment Policy, Behaviour Policy, Physical Intervention Policy, Anti-Bullying Policy, Code of Conduct/Staff Behaviour Policy, Online Safety Policy and ICT Acceptable Usage Policy. *[Add other relevant policies here for your school]*

Safeguarding and promoting the welfare of children is **everyone’s** responsibility. **Everyone** who comes into contact with children and their families and carers has a role to play in safeguarding children. In order to fulfil this responsibility effectively, all professionals should make sure their approach is child-centred. This means that they should consider, at all times, what is in the **best interests** of the child. *(Keeping Children Safe in Education DfE, September 2016)*

Purpose of a Child Protection Policy

To inform staff, parents/carers, volunteers and governors about the school's responsibilities for safeguarding children.

To enable everyone to have a clear understanding of how these responsibilities should be carried out.

Northamptonshire Safeguarding Children Board Inter-agency Child Protection and Safeguarding Children Procedures

The school follows the procedures established by the Northamptonshire Safeguarding Children Board; a guide to procedure and practice for all agencies in Northamptonshire working with children and their families: www.northamptonshirescb.org.uk

School Staff & Volunteers

All school and college staff have a responsibility to provide a safe environment in which children can learn.

School staff and volunteers are particularly well placed to observe outward signs of abuse, changes in behaviour

and failure to develop because they have daily contact with children.

All staff members should receive appropriate safeguarding and child protection training which is regularly updated. In addition all staff members should receive safeguarding and child protection updates (for example, via email, e-bulletins and staff meetings), as required, but at least annually, to provide them with relevant skills and knowledge to safeguard children effectively. This will ensure that they are knowledgeable and aware of their role in the early recognition of the indicators of abuse or neglect and of the appropriate procedures to follow.

Temporary staff and volunteers will be made aware of the safeguarding policies and procedures by the Designated Safeguarding Lead - including Child Protection Policy and staff behaviour policy (code of conduct).

Mission Statement

Establish and maintain an environment where children feel secure, are encouraged to talk, and are listened to when they have a worry or concern.

Establish and maintain an environment where school staff and volunteers feel safe, are encouraged to talk and are listened to when they have concerns about the safety and well-being of a child.

Ensure children know that there are adults in the school whom they can approach if they are worried.

Ensure that children, who have additional/unmet needs are supported appropriately. This could include referral to early help services or specialist services if they are a child in need or have been / are at risk of being abused and neglected.

Consider how children may be taught about safeguarding, including online, through teaching and learning opportunities, as part of providing a broad and balanced curriculum.

Staff members working with children are advised to maintain an attitude of 'it could happen here' where safeguarding is concerned. When concerned about the welfare of a child, staff members should always act in the interests of the child.

Implementation, Monitoring and Review of the Child

The policy will be reviewed annually by the governing body. It will be implemented through the school's

Protection Policy

induction and training programme, and as part of day to day practice. Compliance with the policy will be monitored by the Designated Safeguarding Lead and through staff performance measures.

2. STATUTORY FRAMEWORK

In order to safeguard and promote the welfare of children, the school will act in accordance with the following legislation and guidance:

- The Children Act 1989
- The Children Act 2004

Section 11 of the Children Act 2004 places duties on a range of organisations and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children.

- Education Act 2002 (Section 175/157)

Outlines that Local Authorities and School Governing Bodies have a responsibility to “ensure that their functions relating to the conduct of school are exercised with a view to safeguarding and promoting the welfare of children who are its pupils”.

- Northamptonshire Safeguarding Children Board Inter-agency Child Protection and Safeguarding Children Procedures
- Keeping Children Safe in Education (DfE, September 2016)
- Keeping Children Safe in Education: Part One - information for all school and college staff (DfE, September 2016) – APPENDIX 1
- Working Together to Safeguard Children (DfE 2015)
- The Education (Pupil Information) (England) Regulations 2005
- Sexual Offences Act (2003)
- Section 26, The Counter Terrorism and Security Act 2015 (PREVENT duty)
- Female Genital Mutilation Act 2003 (Section 74 ,Serious Crime Act 2015)

Working Together to Safeguard Children (DfE 2015) requires each school to follow the procedures for protecting children from abuse which are established by the Northamptonshire Safeguarding Children Board.

Schools are also expected to ensure that they have appropriate procedures in place for responding to situations in which:

- (a) a child may have been abused or neglected or is at risk of abuse or neglect
- (b) a member of staff has behaved in a way that has, or may have harmed a child or that indicates they would pose a risk of harm.

3. THE DESIGNATED SAFEGUARDING LEAD (DSL)

Governing bodies and proprietors should ensure that the school or college designates an appropriate senior member of staff to take lead responsibility for child protection. This person should have the status and authority within the school to carry out the duties of the post including committing resources and, where appropriate, supporting and directing other staff.

During term time the Designated Safeguarding Lead (DSL) and or a deputy will always be available (during school or college hours) for staff in the school or college to discuss any safeguarding concerns and individual arrangement for out of hours/out of term activities will be: *[individual school needs to outline these below:*

- Maire Hayes DSL

Deputy DSLs:

- Rachael Byrne
- Luke Politano
- Sineaid Murphy-Langdon
- Leanne McGinty
- Claire Connelly
- Gaynor Martin

It is a matter for individual schools and colleges as to whether they choose to have one or more deputy designated safeguarding lead(s). Any deputies should be trained to the same standard as the designated safeguarding lead.

Whilst the activities of the designated safeguarding lead can be delegated to appropriately trained deputies, the ultimate **lead responsibility** for child protection, as set out above, remains with the designated safeguarding lead; this **lead responsibility** should not be delegated. (*Annex B; Paragraph 2 Keeping Children Safe in Education 2016.*)

The broad areas of responsibility for the Designated Safeguarding Lead Person are found in Annex B of “Keeping Children Safe in Education” 2016. They are:

➤ **Managing referrals and cases**

- Refer all cases of suspected abuse or neglect to the Multi Agency Safeguarding Hub (MASH), Police (cases where a crime may have been committed) and to the Channel programme where there is a radicalisation concern. **Safeguarding Referrals must be made in one of the following ways:**
 - By telephone contact to the Multi-Agency Safeguarding Hub (MASH): **0300 126 1000 (Option 1)**
 - By e-mail to: **MASH@northamptonshire.gcsx.gov.uk**
 - By using the online referral form found at **<http://www.northamptonshirescb.org.uk/more/borough-and-district-councils/how-to-make-an-online-referral/>**
 - In an emergency outside office hours, contact children's social care out of hours team on 01604 626938 or the Police

- **If a child is in immediate danger at any time, left alone or missing, you should contact the police directly and/or an ambulance using 999.**

Multi-Agency Safeguarding Hub (M.A.S.H)

The Multi-Agency Safeguarding Hub (MASH) deals with referrals from professionals and members of the public who may have concerns about a child's welfare following contact with the helpline that is now also based in the Multi-Agency Safeguarding Hub. It makes the process of dealing with referrals quicker and more effective by improving the way county council: Children's Social Care, Northamptonshire Fire and Rescue Service (NFRS), Youth Offending Service (YOS) and education, work alongside other partner agency colleagues including Northamptonshire Police, Northamptonshire Health partners, National Probation Service, and the East Midlands Ambulance Service (EMAS) to share information.

- Liaise with the Head Teacher or Principal to inform him/her of issues - especially ongoing enquiries under Section 47 of the Children Act 1989 and police investigations.
- Act as a source of support, advice and expertise to staff on matters of safety and safeguarding and when deciding whether to make a referral by liaising with relevant agencies.
- Support staff who make referrals.
- Share information with appropriate staff in relation to a child's looked after (CLA) legal status (whether they are Looked After under voluntary arrangements with consent of parents or on an Interim Care Order or Care Order) and contact arrangements with birth parents or those with parental responsibility.
- Ensure they have details of the CLA's social worker and the name of the virtual school Head Teacher in the authority that looks after the child.

➤ **Training**

The Designated Safeguarding Lead should undergo formal training every two years. The DSL should also undertake Prevent awareness training. In addition to this training, their knowledge and skills should be refreshed, (for example via e-bulletins, meeting other DSLs, or taking time to read and digest safeguarding developments), at least annually to:

1. Understand the assessment process for providing early help and intervention, for example through locally agreed common and shared assessment processes such as early help assessments. Have a working knowledge of the latest Thresholds and Pathways document (www.northamptonshirescb.org.uk/schools/toolkits-docs-schools/thresholds-and-pathways/)

2. Have a working knowledge of how local authorities conduct a child protection case conference and a child protection review conference and be able to attend and contribute to these effectively when required to do so
3. Ensure each member of staff has access to and understands the school's or college's safeguarding and child protection policy and procedures, especially new and part time staff
4. Ensure that all staff:
 - understand what 'early help' is
 - understand what this looks like in their school
 - understand how to identify children in need of 'early help'
 - understand the difference between a 'concern' and 'immediate danger or at risk of harm'
5. Ensure that the school keeps a record of the children who are in receipt of Early Help
6. Be alert to the specific needs of children in need, those with special educational needs and young carers
7. Understand and support the school or college with regards to the requirements of the Prevent duty and are able to provide advice and support to staff on protecting children from the risk of radicalisation
8. Be able to keep detailed, accurate, secure written records of concerns and referrals
9. Obtain access to resources and attend any relevant or refresher training courses
10. Encourage a culture of listening to children and taking account of their wishes and feelings, among all staff, in any measures the school or college may put in place to protect them.

➤ **Raising Awareness**

- The Designated Safeguarding Lead (DSL) should ensure the school or college's policies are known, understood and used appropriately.
- Ensure the school or college's safeguarding and child protection policy is reviewed annually and the procedures and implementation are updated and reviewed regularly, and work with governing bodies or proprietors regarding this.
- Ensure the safeguarding and child protection policy is available publicly and parents/carers are aware of the fact that referrals about suspected abuse or neglect may be made and the role of the school or college in this.
- Link with the Local Safeguarding Children's Board (LSCB) to make sure staff are aware of training opportunities and the latest local policies on safeguarding.

- Where children leave the school or college, ensure the file for safeguarding and any child protection information is sent to any new school/college as soon as possible but transferred separately from the main pupil file. If necessary, refer to the NSCB website; 'Documents for Practitioners in Schools'; 'Transfer of Child Protection Records': www.northamptonshirescb.org.uk/schools/toolkits-docs-schools/documents-schools/
- Schools should obtain proof that the new school/education setting has received the safeguarding file for any child transferring and then destroy any information held on the child in line with data protection guidelines.

4. THE GOVERNING BODY

Governing bodies and proprietors must ensure that they comply with their duties under legislation. They must also have regard to this guidance to ensure that the policies, procedures and training in their schools or colleges are effective and comply with the law at all times.

The nominated governor for child protection is:

NAME: Donna Gallagher

The responsibilities placed on governing bodies and proprietors include:

- their contribution to inter-agency working, which includes providing a coordinated offer of early help when additional needs of children are identified
- ensuring that an effective child protection policy is in place, together with a staff behaviour policy/staff code of conduct
- ensuring staff are provided with Part One of Keeping Children Safe in Education (DfE 2016) and Annex A and are aware of specific safeguarding issues
- ensuring that staff induction is in place with regard to child protection and safeguarding
- appointing an appropriate senior member of staff to act as the Designated Safeguarding Lead. It is a matter for individual schools and colleges as to whether they choose to have one or more Deputy Designated Safeguarding Lead
- ensuring that the role of the DSL is explicit in the role-holder's job description (see Annex B Keeping Children Safer In Education September 2016, which describes the broad areas of responsibility and activities related to the role)

- ensuring that all of the Designated Safeguarding Leads (including deputies) should undergo formal child protection training every two years (in line with LCSB guidance) and receive regular (annual) safeguarding refreshers (for example via e-bulletins, meeting other DSLs, or taking time to read and digest safeguarding developments)
- prioritising the welfare of children and young people and creating a culture where staff are confident to challenge senior leaders over any safeguarding concerns
- ensuring that children are taught about safeguarding in an age appropriate way including online, through teaching and learning opportunities, as part of providing a broad and balanced curriculum. This may include covering relevant issues through personal, social, health and economic education (PSHE), tutorials (in FE colleges) and/or, for maintained schools and colleges, through sex and relationship education (SRE). *(See paragraphs 67 to 69 of Keeping Children Safer in Education 2016)*
- ensuring appropriate filters and appropriate monitoring systems are in place to safeguard children from potentially harmful and inappropriate online material.
- having a senior board level lead to take leadership responsibility for the organisation's safeguarding arrangements.

Additional information to support governing bodies and proprietors is provided in Annex C of **Keeping Children Safe in Education (DfE 2016)**

Safer Recruitment: All school governors need an Enhanced DBS Check (without barred list, unless they are additionally in regulated activity)

5. WHEN TO BE CONCERNED

A child centred and coordinated approach to safeguarding:

Safeguarding and promoting the welfare of children is **everyone's responsibility**. In order to fulfil this responsibility effectively, all professionals should make sure their approach is **child centred**. This means that they should consider, at all times, what is in the best interests of the child.

Schools and colleges and their staff form part of the wider safeguarding system for children. This system is based on the principle of providing help for families to stay together where it is safe for the children to do so, and looking at alternatives where it is not, whilst acting in the **best interests** of the child at all times.

Children Who May Require Early Help

All staff should be aware of the **early help process**, and understand their role in identifying emerging problems, sharing information with other professionals to support early identification and assessment of a child's needs. It is important for children to receive the right help at the right time to address risks and prevent issues escalating. This also includes staff monitoring the situation and feeding back to the Designated Safeguarding Lead any ongoing/escalating concerns so that consideration can be given to a referral to Children's Services if the child's situation does not appear to be improving.

Early Help Links:

- Follow this link: www.northamptonshirescb.org.uk/social-care/early-help/ to access Northamptonshire's information and support for professionals regarding Early Help.
- The Early Help Strategy
www.northamptonshirescb.org.uk/social-care/early-help/early-help-strategy/
- Early Help Co-ordinator
www.northamptonshire.gov.uk/earlyhelp

Staff and volunteers working within the school should be alert to the potential need for early help for children also who are more vulnerable. For example:

- **Children with a disability and/or specific additional needs.**
- **Children with special educational needs.**
- **Children who are acting as a young carer.**
- **Children who are showing signs of engaging in anti-social or criminal behaviour.**
- **Children whose family circumstances present challenges, such as substance abuse, adult mental health or learning disability, domestic violence.**
- **Children who are showing early signs of abuse and/or neglect.**

School and college staff members should be aware of the main categories of maltreatment: **physical abuse, emotional abuse, sexual abuse and neglect**. They should also be aware of the indicators of maltreatment and **specific safeguarding issues** so that they are able to identify cases of children who may be in need of help or protection.

See Appendix 4 of this policy for information on indicators of abuse and Appendix 1 for specific safeguarding issues.

- Please refer to the NSCB website for specific guidance on identification of neglect (<http://www.northamptonshirescb.org.uk/about-northamptonshire-safeguarding-children-board/publications/neglect-toolkit/>), including roles and responsibilities for interventions. Please use the full suite of documents and guidance contained within the NSCB webpages - including the Neglect Screening Tool (<http://www.northamptonshirescb.org.uk/assets/legacy/getasset?id=fAAyADMANgB8AHwAVABYAHUAZQB8AHwAMAB8AA2>)

Children with Special Educational Needs and Disabilities:

Additional barriers can exist when recognising abuse and neglect in this group of children.

This can include:

- Assumptions that indicators of possible abuse such as behaviour; including for example: ADHD or other specific behavioural problems/diagnosis, mood and injury relate to the child's impairment without further exploration;
- Assumptions that children with SEN and disabilities can be disproportionately

- impacted by things like bullying - without outwardly showing any signs;
- Communication barriers and difficulties;
- Reluctance to challenge carers, (professionals may over empathise with carers because of the perceived stress of caring for a disabled child);
- Disabled children often rely on a wide network of carers to meet their basic needs and therefore the potential risk of exposure to abusive behaviour can be increased;
- A disabled child's understanding of abuse;
- Lack of choice/participation;
- Isolation.

Directory Of Services for Children With Disabilities:

<http://www.northamptonshire.gov.uk/en/councilservices/EducationandLearning/special-educational-needs-disability-support/Pages/SpecialistSupportService.aspx>

Northamptonshire's Local Offer:

<http://www.northamptonshire.gov.uk/en/councilservices/EducationandLearning/special-educational-needs-disability-support/local-offer/Pages/default.aspx>

Peer on Peer Abuse

Education settings are an important part of the inter-agency framework not only in terms of evaluating and referring concerns to Children's Services and the Police, but also in the assessment and management of risk that the child or young person may pose to themselves and others in the education setting.

Staff should recognise that children are capable of abusing their peers. Governing bodies and proprietors should ensure their child protection policy includes procedures to minimise the risk of peer on peer abuse and sets out how allegations of peer on peer abuse will be investigated and dealt with. The policy should reflect the different forms peer on peer abuse can take, make clear that abuse is abuse and should never be tolerated or passed off as "banter" or "part of growing up". It should be clear as to how victims of peer on peer abuse will be supported. *Keeping Children Safer in Education 2016*.

If one child or young person causes harm to another, this should not necessarily be dealt with as abuse. When considering whether behaviour is abusive, it is important to consider:

- Whether there is a large difference in power (for example age, size, ability, development) between the young people concerned; or
- Whether the perpetrator has repeatedly tried to harm one or more other children; or
- Whether there are concerns about the intention of the alleged perpetrator.

Peer on peer abuse can manifest itself in many ways and different gender issues can be prevalent. Severe harm may be caused to children by abusive and bullying behaviour of other children, which may be physical, sexual or emotional and can include gender based violence/sexual assaults, sexting, domestic abuse, peer-on-peer exploitation, serious youth violence, sexual bullying or harmful sexual behaviour.

Guidance on responding to and managing sexting incidents can be found at:

www.gov.uk/government/uploads/system/uploads/attachment_data/file/551575/6.243_9_KG_NCA_Sexting_in_Schools_WEB__1_.PDF

In order to minimise the risk of peer on peer abuse the school:

- Provides a developmentally appropriate PSHE curriculum which develops students understanding of acceptable behaviour and keeping themselves safe.
- Have systems in place for any student to raise concerns with staff, knowing that they will be listened to, believed and valued.
- Develop robust risk assessments where appropriate.
- Have relevant policies in place (e.g. behaviour policy).

See also Annex C of Keeping Children Safer in Education 2016 'Online Safety'

6. DEALING WITH A DISCLOSURE

If a child discloses that he or she has been abused in some way, the member of staff/volunteer should:

- Listen to what is being said without displaying shock or disbelief
- Accept what is being said
- Allow the child to talk freely
- Reassure the child, but not make promises which it might not be possible to keep
- Never promise a child that they will not tell anyone - as this may ultimately not be in the best interests of the child.
- Reassure him or her that what has happened is not his or her fault
- Stress that it was the right thing to tell
- Listen, only asking questions when necessary to clarify
- Not criticise the alleged perpetrator
- Explain what has to be done next and who has to be told
- Make a written record (see Record Keeping)
- Pass the information to the Designated Senior Person without delay.

Support

Dealing with a disclosure from a child, and safeguarding issues can be stressful. The member of staff/volunteer should, therefore, consider seeking support for him/herself and discuss this with the Designated Safeguarding Lead Person.

If a school/college staff member receives a disclosure about potential harm caused by another staff member, they should see section 11 of this policy – *Allegations involving school staff/volunteers*.

For referrals regarding adults in education and other information on the role of the Designated Officer (formerly LADO) follow the link below:

<http://www.northamptonshirescb.org.uk/about-northamptonshire-safeguarding-children-board/who-is-who/designated-officer/>

7. RECORD KEEPING

All concerns, discussions and decisions made and the reasons for those decisions should be recorded in writing. If in doubt about recording requirements staff should discuss with the Designated Safeguarding Lead.

When a child has made a disclosure, the member of staff/volunteer should:

- Record as soon as possible after the conversation. Use the school record of concern sheet wherever possible. *[Add where these can be found; the 'school specific' name for the concern forms (if different) and the colour of the form if appropriate]*
- Do not destroy the original notes in case they are needed by a court
- Record the date, time, place and any noticeable non-verbal behaviour and the words used by the child
- Draw a diagram to indicate the position of any injuries
- Record statements and observations rather than interpretations or assumptions

All records need to be given to the Designated Safeguarding Lead promptly. No copies should be retained by the member of staff or volunteer.

The Designated Safeguarding Lead will ensure that all safeguarding records are managed in accordance with the Education (Pupil Information) (England) Regulations 2005.

If a pupil who is/or has been the subject of a child protection plan changes school, the Designated Safeguarding Lead will inform the social worker responsible for the case and

transfer the appropriate records to the Designated Safeguarding Lead at the receiving school, in a secure manner, and separate from the child's academic file.

8. CONFIDENTIALITY

Safeguarding children raises issues of confidentiality that must be clearly understood by all staff/volunteers in schools.

- All staff in schools, both teaching and non-teaching staff, have a responsibility to share relevant information about the protection of children with other professionals, particularly the investigative agencies (Children's Services and the Police).
- If a child confides in a member of staff/volunteer and requests that the information is kept secret, it is important that the member of staff/volunteer tell the child in a manner appropriate to the child's age/stage of development that they cannot promise complete confidentiality – instead they must explain that they may need to pass information to other professionals to help keep the child or other children safe. This may ultimately not be in the best interests of the child.
- Staff/volunteers who receive information about children and their families in the course of their work should share that information only within appropriate professional contexts.

9. SCHOOL PROCEDURES

Please see Appendix 3: What to do if you are worried a child is being abused flowchart.

If any member of staff is concerned about a child he or she must inform the Designated Safeguarding Lead. The Designated Safeguarding Lead will decide whether the concerns should be referred to Children's Services. If it is decided to make a referral to Children's Services this will be discussed with the parents, unless to do so would place the child at further risk of harm.

Whilst it is the DSLs role to make referrals, **any staff member** can make a referral to Children's Services. If a child is in immediate danger or is at risk of harm (e.g. concern that a family might have plans to carry out FGM), a referral should be made to Children's Services and/or the Police immediately. Where referrals are not made by the DSL, the DSL should be informed as soon as possible.

If a **teacher** (persons employed or engaged to carry out teaching work at schools and other institutions in England), in the course of their work in the profession, discovers that an act of Female Genital Mutilation (FGM) appears to have been carried out on a girl under the age of 18 **the teacher must report** this to the police after informing the Designated Safeguarding Lead Person. **This is a mandatory reporting duty.** See Appendix 1- Keeping Children Safe in Education (DfE 2016): Annex A for further details.

The member of staff must record information regarding the concerns on the same day. The recording must be a clear, precise, factual account of the observations. Particular attention will be paid to the attendance and development of any child about whom the school has concerns, or who has been identified as being the subject of a child protection plan and a written record will be kept.

If a pupil who is/or has been the subject of a child protection plan changes school, the Designated Safeguarding Lead will inform the social worker responsible for the case and transfer the appropriate records to the Designated Safeguarding Lead at the receiving school, in a secure manner, and separate from the child's academic file.

The Designated Safeguarding Lead is responsible for making the senior leadership team aware of trends in behaviour that may affect pupil welfare. If necessary, training will be arranged.

10. COMMUNICATION WITH PARENTS/CARERS

Our Lady's School will ensure the Child Protection Policy is available publicly either via the school or college website or by other means.

Parents/carers should be informed prior to referral, unless it is considered to do so might place the child at increased risk of significant harm by:

- The behavioural response it prompts e.g. a child being subjected to abuse, maltreatment or threats/forced to remain silent if alleged abuser informed;
- Leading to an unreasonable delay;
- Leading to the risk of loss of evidential material.

(The school may also consider not informing parent(s) where it would place a member of staff at risk).

Ensure that parents have an understanding of the responsibilities placed on the school and staff for safeguarding children.

11. ALLEGATIONS INVOLVING SCHOOL STAFF/VOLUNTEERS

An allegation is any information which indicates that a member of staff/volunteer may have:

- Behaved in a way that has, or may have harmed a child
- Possibly committed a criminal offence against/related to a child

- Behaved towards a child or children in a way which indicates she/he would pose a risk of harm if they work regularly or closely with children

This applies to any child the member of staff/volunteer has contact within their personal, professional or community life.

What school or college staff should do if they have concerns about safeguarding practices within the school or college:

- All staff and volunteers should feel able to raise concerns about poor or unsafe practice and potential failures in the school or education setting’s safeguarding arrangements.
- Appropriate whistle blowing procedures, which are suitably reflected in staff training and staff behaviour policies, should be in place for such concerns to be raised with the school or college’s senior leadership team.

If staff members have concerns about another staff member then this should be referred to the Head Teacher or Principal. Where there are concerns about the Head Teacher or Principal, this should be referred to the Chair of Governors/Chair of the Management Committee/Proprietor as appropriate.

The Chair of Governors in this school is:

NAME:	CONTACT
Eamonn McAuley	eamonn.mcauley@st-luke-at.co.uk

In the absence of the Chair of Governors, the Vice Chair should be contacted. The Vice Chair in this school is:

NAME:	CONTACT
Liz Robison	liz.robison@nhft.gov.uk

In the event of allegations of abuse being made against the Head Teacher, where the Head Teacher is also the sole Proprietor of an independent school or where a staff member feels unable to raise an issue with their employer or feels that their genuine concerns are not being addressed, allegations should be reported directly to the Designated Officer (formerly LADO). Staff may consider discussing any concerns with the Designated Safeguarding Lead if appropriate make any referral via them. (See Keeping Children Safe in Education: Part Four, DfE 2016, for further information).

The person to whom an allegation is first reported should take the matter seriously and keep an open mind. She/he should not investigate or ask leading questions if seeking clarification; it is important not to make assumptions. Confidentiality should not be promised and the person should be advised that the concern will be shared on a ‘need to know’ basis only.

Actions to be taken include making an immediate written record of the allegation using the informant's words – including time, date and place where the alleged incident took place, brief details of what happened, what was said and who was present. This record should be signed, dated and immediately passed on to the Head Teacher. The recipient of an allegation must **not** unilaterally determine its validity, and failure to report it in accordance with procedures is a potential disciplinary matter.

The Head Teacher/Chair of Governors will not investigate the allegation itself, or take written or detailed statements, but will assess whether it is necessary to refer the concern to the Designated Officer (formerly LADO):

Multi-Agency Safeguarding Hub: **0300 126 1000 (Option 1)**

Designated Officers (formerly LADO):
doreferral@northamptonshire.gov.uk

For referrals regarding adults in education and other information on the role of the Designated Officer (formerly LADO) follow the link below:

<http://www.northamptonshirescb.org.uk/about-northamptonshire-safeguarding-children-board/who-is-who/designated-officer/>

If the allegation meets any of the three criteria set out at the start of this section, contact should always be made with the Designated Officer (formerly LADO) without delay.

If it is decided that the allegation does not meet the threshold for safeguarding, it will be handed back to the employer for consideration via the school's internal procedures.

The Head Teacher should, as soon as possible, **following briefing** from the Designated Officer inform the subject of the allegation.

Where a staff member feels unable to raise an issue with their employer/through the whistle blowing procedure or feels that their genuine concerns are not being addressed, other whistle blowing channels may be open to them:

- Multi-Agency Safeguarding Hub: **0300 126 1000 (Option 1)**
- NSPCC whistle blowing helpline is available for staff who do not feel able to raise concerns regarding child protection failures internally. Staff can call: **0800 028 0285** – line is available from 8:00 AM to 8:00 PM, Monday to Friday and Email: **help@nspcc.org.uk**

Safer working practice

To reduce the risk of allegations, all staff should be aware of safer working practice and should be familiar with the guidance contained in the staff handbook/school code of conduct/staff behaviour policy and Safer Recruitment Consortium document ***Guidance for safer working practice for those working with children and young people in education settings (September 2015)***.

The document seeks to ensure that the responsibilities of school leaders towards children and staff are discharged by raising awareness of illegal, unsafe, unprofessional and unwise behaviour. This includes guidelines for staff on positive behaviour management in line with the ban on corporal punishment (School Standards and Framework Act 1998). Please see the school/college's behaviour management policy for more information.

Useful Links:

NSCB

<http://www.northamptonshirescb.org.uk/>

NSCB Schools

<http://www.northamptonshirescb.org.uk/schools/>

National Society for Prevention of Cruelty to Children (NSPCC):

<http://www.nspcc.org.uk/>

0808 800 5000

Childline:

<https://www.childline.org.uk/>

0800 1111

Child Exploitation and Online Protection (CEOP):

<http://ceop.police.uk/>

0870 000 3344

Online safety training and advice contact:

e-safety@northamptonshire.gov.uk

Online safety policy examples:

<http://swgfl.org.uk/products-services/esafety/resources/online-safety-policy-templates>

Inspecting Safeguarding In the Early Years August 2016:

www.gov.uk/government/publications/inspecting-safeguarding-in-early-years-education-and-skills-from-september-2015

Early Years Foundation Stage Statutory Framework:

www.foundationyears.org.uk/files/2017/03/EYFS_STATUTORY_FRAMEWORK_2017.pdf

May 2016: For information only

Guidance will commence: 5 September 2016

APPENDIX 1: KEEPING CHILDREN SAFE IN EDUCATION (DfE 2016)

Part One: Information for all school and college staff

Annex A: Further information

On publication of this Child Protection Policy the guidance Keeping Children Safe in Education commenced on 5th September 2016. The DfE have confirmed that this guidance will be updated annually thereafter.

Keeping Children Safe in Education September 2016 mentions that there will be also be updates likely to the definition of Child Sexual Exploitation.

It is **essential** that **all** staff have access to this online document and read Part 1 and Annex, which provides further information on:

- children missing from education
- child sexual exploitation
- 'honour based' violence
- FGM mandatory reporting duty
- forced marriage
- preventing radicalisation

This is to assist staff to understand and discharge their role and responsibilities as set out in this guidance.

It is highly recommend that staff are asked to sign to say they have read these sections (please see Appendix 2) and should subsequently be re-directed to these online documents again should any changes occur.

Children Missing in Education

A child going missing from education is a potential indicator of abuse or neglect and such children are at risk of being victims of harm, exploitation or radicalisation. School and college staff should follow their procedures for unauthorised absence and for dealing with children that go missing from education, particularly on repeat occasions, to help identify the risk of abuse and neglect, including sexual exploitation, and to help prevent the risks of going missing in future. (Keeping Children Safer in Education 2016)

The DfE have published guidance on Children Missing from Education September 2016:
<https://www.gov.uk/government/publications/children-missing-education>

Child Sexual Exploitation

- Child sexual exploitation is a form of sexual abuse where children are sexually exploited for money, power or status. It can involve violent, humiliating and degrading sexual assaults. In some cases, young people are persuaded or forced into exchanging sexual activity for money, drugs, gifts, affection or status. Consent cannot be given, even where a child may believe they are voluntarily engaging in sexual activity with the person who is exploiting them. Child sexual exploitation does not always involve physical contact and can happen online. A significant number of children who are victims of sexual exploitation go missing from home, care and education at some point. Some of the following signs may be indicators of sexual exploitation:
 - Children who appear with unexplained gifts or new possessions;
 - Children who associate with other young people involved in exploitation;
 - Children who have older boyfriends or girlfriends;
 - Children who suffer from sexually transmitted infections or become pregnant;
 - Children who suffer from changes in emotional well-being;
 - Children who misuse drugs and alcohol;
 - Children who go missing for periods of time or regularly come home late; and
 - Children who regularly miss school or education or do not take part in education.
- If a teacher, in the course of their work in the profession, discovers that an act of Female Genital Mutilation appears to have been carried out on a girl under the age of 18, the teacher must report this to the police.
- School and college staff can access government guidance via GOV.UK and other government websites. For CSE there is the following guidance: 'What to do if you suspect a child is being sexually exploited';
www.gov.uk/government/publications/what-to-do-if-you-suspect-a-child-is-being-sexually-exploited
- Additional information can be sought through the NCSB website using the 'Tackling Child Sexual Exploitation Toolkit' via the following link:
www.northamptonshirescb.org.uk/schools/toolkits-docs-schools/toolkits-schools/

Private Fostering

- The nationally accepted definition of Private Fostering is when a child under the age of 16 (under 18 if disabled) is cared for by someone who is not their parent or a 'close relative'.
- This is a private arrangement made between a parent and a carer for 28 days or more.
- Close relatives are defined as step-parents, grandparents, brothers, sisters, uncles or aunts (whether of full blood, half blood or marriage/affinity).

- Many private fostering arrangements remain unknown to the local authority. This is a cause for concern as privately fostered children and young people, without the safeguards provided by law, are a particularly vulnerable group.
- All staff should be alert to the definition and wider aspects relating to private fostering.
- Northamptonshire Children's Services must be informed of all private fostering arrangements.
- If professionals become aware of a child who is being privately fostered they should encourage the parent/carer to inform Children's Services of the arrangement or contact Children's Services themselves if they think parents/carers may not have done so already.
- Further information on private fostering can be found on the NSCB website: www.northamptonshirescb.org.uk/health-professionals/taking-action/private-fostering/

Preventing Radicalisation

- The Counter-Terrorism and Security Act, 2015 places a duty on authorities 'to have due regard to the need to prevent people from being drawn into terrorism'.
- Protecting children from the risk of radicalisation should be seen as part of schools' and colleges' wider safeguarding duties, and is similar in nature to protecting children from other forms of harm and abuse. During the process of radicalisation it is possible to intervene to prevent vulnerable people being radicalised.
- As with other safeguarding risks, staff should be alert to changes in children's behaviour which could indicate that they may be in need of help or protection. Staff should use their judgement in identifying children who might be at risk of radicalisation and act proportionately, which may include making a referral to the Channel programme.
- In addition, schools and colleges should refer to the following DfE Guidance:
 - The Prevent Duty Guidance for England and Wales places requirements on the school under four themes: risk assessment, working in partnership, staff training and IT policies: www.gov.uk/government/publications/prevent-duty-guidance
 - The use of social media for online radicalisation: www.gov.uk/government/publications/the-use-of-social-media-for-online-radicalisation

Further information regarding preventing radicalisation can be found in Annex A Keeping Children Safer 2016.

Honour Based Violence (HBV)

- So-called 'honour-based' violence (HBV) encompasses crimes which have been committed to protect or defend the honour of the family and/or the community, including Female Genital Mutilation (FGM), forced marriage, and practices such as breast ironing.
- All forms of so called HBV are abuse (regardless of the motivation) and should be handled and escalated as such. If in any doubt, staff should speak to the designated safeguarding lead. Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a child being at risk of HBV, or already having suffered HBV.
- Staff who have a concern regarding a child that might be at risk of HBV, they should activate local safeguarding procedures, using existing national and local protocols

for multi-agency liaison with police and children's social care. Where FGM has taken place, since 31st October 2015 there has been mandatory reporting duty placed on teachers that requires a different approach: Guidance: 'Mandatory reporting of female genital mutilation: procedural information' www.gov.uk/government/publications/mandatory-reporting-of-female-genital-mutilation-procedural-information

- There are a range of potential indicators that a child may be at risk of HBV.
- Guidance on the warning signs that FGM or forced marriage may be about to take place, or may have already taken place, can be found on pages 38-41 of the Multi agency statutory guidance on FGM (pages 59-61 focus on the role of schools and colleges) and pages 13-14 of the Multi-agency guidelines: Handling case of forced marriage.
- Schools and colleges can play an important role in safeguarding children from forced marriage.
- The Forced Marriage Unit has published Multi-agency guidelines, with pages 32-36 focusing on the role of schools and colleges. School and college staff can contact the Forced Marriage Unit if they need advice or information: Contact: 020 7008 0151 or email fmf@fco.gov.uk.
- Additional information can be found on the NSCB website: www.northamptonshirescb.org.uk/schools/toolkits-docs-schools/toolkits-schools/

Female Genital Mutilation (FGM)

- Female genital mutilation includes procedures that intentionally alter or injure the female genital organs for non-medical reasons.
- It is carried out on children between the ages of 0-15, depending on the community in which they live.
- There is a statutory duty for professionals in England and Wales to report 'known' cases of FGM in under-18s to the police which they identify in the course of their professional work.

Online Safety

- It is important that children and young people receive consistent messages about the safe use of technology and are able to recognise and manage risks posed both in the real world and the virtual world.
- Terms such as 'e-safety', 'online', 'communication technologies' and 'digital technologies' refer to all fixed and mobile technologies that adults and children may encounter, now and in the future, which allow them access to content and communications that could raise issues or pose risks to their well-being.

The issues can be categorised into three areas of risk:

- Content – being exposed to illegal, inappropriate or harmful material
- Contact – being subjected to harmful online interaction with other users
- Conduct – personal online behaviour that increases the likelihood of, or causes harm

Best Practice:

- **Whole Setting Approach:** Staff recognise and are aware of online safety issues and the Designated Safeguarding Lead (DSL) and leadership team should make online safety a priority.

- **Policies:** Designated Safeguarding Lead (DSL) and leadership team must ensure that all of the relevant online safety policies and procedures are in place and implemented. This includes having an awareness of the relevant sections of the EYFS Statutory Framework which relate to safeguarding.
- **Monitoring and Evaluation:** Risk assessment is taken seriously and used to promote online safety. There are appropriate filters and monitoring systems in place to protect children from harmful online material.
- **Management of Personal Data:** Data is managed securely and in accordance with the requirements of the Data Protection Act.

Use of Mobile Phones and Cameras:

- The Designated Safeguarding Lead (DSL) and leadership team must ensure that the relevant safety policies and procedures are in place and implemented which relate to the use of mobile phones, cameras and social networking for pupils and for staff, visitors and volunteers.
- The Designated Safeguarding Lead (DSL) and leadership team must ensure that staff read and understand all relevant 'Staff Codes of Conduct'/'Staff Behaviour' policies, inclusive of clear procedures in relation to the use of mobile phones, cameras and social networks as well as online conduct.
- Staff should have a clear understanding of what constitutes misuse of mobile phones and cameras and know how to minimise the risk.
- Staff must be vigilant and alert to any potential warning signs of the misuse of mobile phones and cameras and report any concerns.
- *'3.4 The safeguarding policy and procedures must include an explanation of the action to be taken when there are safeguarding concerns about a child and in the event of an allegation being made against a member of staff, and cover the use of mobile phones and cameras in the setting.'* (Section 3 The Safeguarding and Welfare Requirements; Statutory Framework for the Early Years Foundation Stage 3rd April 2017)

Domestic Violence (DV)

- Domestic violence is defined as any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality.
- This can encompass, but is not limited to, the following types of abuse:
 - Psychological
 - Physical
 - Sexual
 - Financial
 - Emotional

Link to Keeping Children Safe in Education:

APPENDIX 2: DECLARATION FOR STAFF
Child Protection Policy and Keeping Children Safe in Education (DfE 2016)

School/College name Academic Year

Please sign and return to(DSL) by<insert date>.....

I, _____<insert name>_____ have read and am familiar with the contents of the following documents and understand my role and responsibilities as set out in these document(s):

- (1) The School/College's Child Protection Policy
- (2) **Part 1 and Annex A** of 'Keeping Children Safe in Education' DfE Guidance, 2016
- (3) Behaviour Policy
- (4) Computing and Acceptable Use Policy
- (5) Whistleblowing Policy
- (6) Guidance for Safer Working Practices
- (7) Social Media Policy
- (8) Staff Code of Conduct

I am aware that the DSLs are:

.....
.....

and I able to discuss any concerns that I may have with them.

I know that further guidance, together with copies of the policies mentioned above, are available from the school office

Signed _____ Date _____

APPENDIX 3: WHAT TO DO IF YOU ARE WORRIED A CHILD IS BEING ABUSED: ADVICE FOR PRACTITIONERS (DfE 2015)
Flowchart

Be alert

- Be aware of the signs of abuse and neglect
- Identify concerns early to prevent escalation.
- Know what systems the school have in place regarding support for safeguarding e.g. induction training , staff behaviour policy / code of conduct and the role of the Designated Safeguarding Lead (DSL).

Question behaviours

- Talk and listen to the views of children, be non-judgemental.
- Observe any change in behaviours and question any unexplained marks / injuries
- To raise concerns about poor or unsafe practice, refer to the HT or principal, if the concerns is about the HT or Principal, report to Chair of Governors. Utilise whistleblowing procedure.

Ask for help

- Record and share information appropriately with regard to confidentiality.
- If staff members have concerns, raise these with the school's or college's Designated Safeguarding Lead (DSL)
- Responsibility to take appropriate action, do not delay.

Refer

- DSL will make referrals to children services but in an emergency or a genuine concern that appropriate action has not been taken, staff members can speak directly to MASH on 0300 126 1000 (Option 1)

APPENDIX 4: INDICATORS OF ABUSE AND NEGLECT

The framework for understanding children’s needs:



In addition to the above, from Working Together to Safeguard Children (DfE 2015), refer to the latest Thresholds and Pathways document:

www.northamptonshirescb.org.uk/schools/toolkits-docs-schools/thresholds-and-pathways/

Working Together to Safeguard Children (DFE, 2015)

Physical abuse	
<i>Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child.</i>	
Child	
Bruises – shape, grouping, site, repeat or multiple	Withdrawal from physical contact
Bite-marks – site and size	Aggression towards others, emotional and behaviour problems
Burns and Scalds – shape, definition, size, depth, scars	
Improbable, conflicting explanations for injuries or unexplained injuries	Frequently absent from school
Untreated injuries	Admission of punishment which appears excessive

Injuries on parts of body where accidental injury is unlikely	Fractures
Repeated or multiple injuries	Fabricated or induced illness
Parent	Family/environment
Parent with injuries	History of mental health, alcohol or drug misuse or domestic violence.
Evasive or aggressive towards child or others	Past history in the family of childhood abuse, self-harm, somatising disorder or false allegations of physical or sexual assault
Explanation inconsistent with injury	Marginalised or isolated by the community.
Fear of medical help / parents not seeking medical help	Physical or sexual assault or a culture of physical chastisement.
Over chastisement of child	

Emotional abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, not giving the child opportunities to express their views, 'making fun' of what they say or how they communicate - hearing the ill-treatment of another and serious bullying (including cyber bullying).

Child

Self-harm	Over-reaction to mistakes / Inappropriate emotional responses
Chronic running away	Abnormal or indiscriminate attachment
Drug/solvent abuse	Low self-esteem
Compulsive stealing	Extremes of passivity or aggression
Makes a disclosure	Social isolation – withdrawn, a 'loner' Frozen watchfulness particularly pre school
Developmental delay	Depression
Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)	Desperate attention-seeking behaviour
Parent	Family/environment
Observed to be aggressive towards child or others	Marginalised or isolated by the community.
Intensely involved with their children, never allowing anyone else to undertake their child's care.	History of mental health, alcohol or drug misuse or domestic violence.

Previous domestic violence	History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
History of abuse or mental health problems	Past history in the care of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault
Mental health, drug or alcohol difficulties	Wider parenting difficulties
Cold and unresponsive to the child's emotional needs	Physical or sexual assault or a culture of physical chastisement.
Overly critical of the child	Lack of support from family or social network.

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development.

Child

Failure to thrive - underweight, small stature	Low self-esteem
Dirty and unkempt condition	Inadequate social skills and poor socialisation
Inadequately clothed	Frequent lateness or non-attendance at school
Dry sparse hair	Abnormal voracious appetite at school or nursery
Untreated medical problems	Self-harming behaviour
Red/purple mottled skin, particularly on the hands and feet, seen in the winter due to cold	Constant tiredness
Swollen limbs with sores that are slow to heal, usually associated with cold injury	Disturbed peer relationships
Parent	Family/environment
Failure to meet the child's basic essential needs including health needs	Marginalised or isolated by the community.
Leaving a child alone	History of mental health, alcohol or drug misuse or domestic violence.
Failure to provide adequate caretakers	History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
Keeping an unhygienic dangerous or hazardous home environment	Past history in the family of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault
Unkempt presentation	Lack of opportunities for child to play and learn
Unable to meet child's emotional needs	Dangerous or hazardous home environment including failure to use home safety equipment; risk

	from animals
Mental health, alcohol or drug difficulties	
Sexual abuse	
<i>Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact or non-contact activities, such as involving children in looking at sexual images or being groomed on line / child exploitation.</i>	
Child	
Self-harm - eating disorders, self-mutilation and suicide attempts	Poor self-image, self-harm, self-hatred
Running away from home	Inappropriate sexualised conduct
Reluctant to undress for PE	Withdrawal, isolation or excessive worrying
Pregnancy	Sexual knowledge or behaviour inappropriate to age/stage of development, or that is unusually explicit
Inexplicable changes in behaviour, such as becoming aggressive or withdrawn	Poor attention/concentration (world of their own)
Pain, bleeding, bruising or itching in genital and /or anal area	Sudden changes in school work habits, become truant
Sexually exploited or indiscriminate choice of sexual partners	
Parent	Family/environment
History of sexual abuse	Marginalised or isolated by the community
Excessively interested in the child	History of mental health, alcohol or drug misuse or domestic violence
Parent displays inappropriate behaviour towards the child or other children	History of unexplained death, illness or multiple surgery in parents and/or siblings of the family
Conviction for sexual offences	Past history in the care of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault
Comments made by the parent/carer about the child	Grooming behaviour
Lack of sexual boundaries	Physical or sexual assault or a culture of physical chastisement.

Appendix 5

Our Lady of Walsingham Catholic Primary School

(A Member of St. Luke Academies Trust)

Cause for Concern

Pupil's name:

D.O.B:

Class:

Date:

Time:

Area of concern: (Who, what, where, when?).....

Advice given:

Member of staff:

signed:

Passed to Designated Safeguarding Lead (name):

Actions taken / Advice given by DSL:

Signed:

Date:

Time:

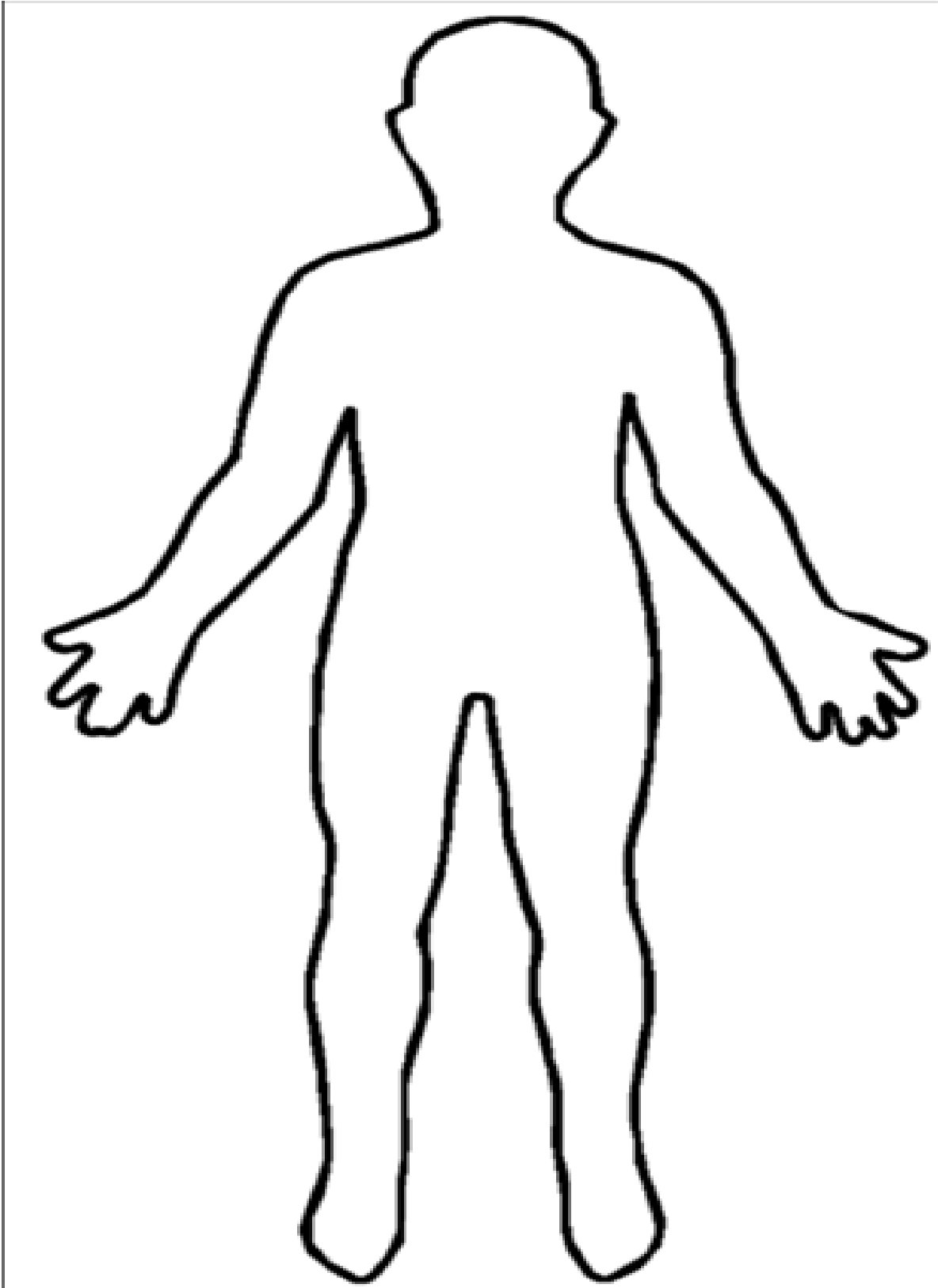
Reviewed (Date and actions take):

Appendix 6

Child Protection Follow Up Record Form

Date:		Time:	
Name of person creating record		Name of person or agency spoken to	
Name of child			

Appendix 6



Appendix 8

St. Luke Academies Trust Safe Practice Guidelines

For **St. Luke Academies** to meet and maintain their responsibilities towards pupils we need to agree standards of good practice. **Safe practice applies to all staff and visitors.** It includes:

- ensuring children aware of what is unacceptable behaviour and what constitutes unsafe situations
- ensuring children aware of who they can talk to and when and how they can get help
- ensuring children aware of how to keep themselves and others safe (also in relation to e-safety)
- treating all pupils with respect
- setting a good example by conducting ourselves appropriately
- involving pupils in decisions that affect them
- encouraging positive and safe behaviour among pupils
- being a good listener
- being alert to changes in pupils' behaviour
- recognising that challenging behaviour may be an indicator of abuse
- reading and understanding the school's child protection policy and guidance documents on wider safeguarding issues, for example bullying, physical contact and information sharing
- asking the pupil's permission before doing anything for them of a physical nature, such as assisting with dressing, physical support during PE or administering first aid

- maintaining appropriate standards of conversation and interaction with and between pupils and avoiding the use of sexualised or derogatory language
- being aware that the personal and family circumstances and lifestyles of some pupils lead to an increased risk of abuse.

Appendix 9

Additional Information

FGM

If you are worried a child may be at risk of FGM call the free 24-hour FGM helpline on **0800 028 3550**.

What is female genital mutilation (FGM)?

Female genital mutilation (FGM) is also known as female circumcision or female genital cutting, and in practising communities by local terms such as 'tahor' or 'sunna'. It is a form of child abuse which can have devastating physical and psychological consequences for girls and women.

The World Health Organization describes it as:

"procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons" (WHO, 2013).

Since 1985 it has been a serious criminal offence under the Prohibition of Female Circumcision Act to perform FGM or to assist a girl to perform FGM on herself. In 2003, the Female Genital Mutilation Act tightened this law to criminalise FGM being carried out on UK citizens overseas. Anyone found guilty of the offence faces a maximum penalty of 14 years in prison.

How prevalent is FGM?

FGM is usually carried out on girls between infancy and 15 years of age, with the majority of cases occurring between the 5 and 8 years of age (HM Government, 2011). Because of the hidden nature of the crime, it is difficult to estimate FGM's prevalence, but a study based on 2001 census data in England and Wales estimated that 23,000 girls under the age of 15 years could be at risk of FGM each year and nearly 66,000 women are living with its consequences (Dorkenoo et al, 2007). FGM could be even more prevalent than these figures suggest due to population growth and immigration from practising countries since 2001 (HM Government, 2011).

Who practises FGM?

Data on FGM is only collected in 27 countries in Africa and in Yemen (WHO, 2012), but we know FGM is also practiced in other countries in Africa, the Middle East and in Asia (House of Commons International Development Committee, 2013).

In the UK, FGM tends to occur in areas with large populations of FGM practising communities. The Home Office has identified girls from the Somali, Kenyan, Sudanese, Sierra Leonean, Egyptian, Nigerian, Eritrean, Yemeni, Kurdish and Indonesian communities as most risk of FGM (2014). Areas where girls may be at risk include London, Cardiff, Manchester, Sheffield, Northampton, Birmingham, Oxford, Crawley, Reading, Slough and Milton Keynes, however, FGM can happen anywhere in the UK (NHS Choices, 2013).

Why do communities practise FGM?

There are a number of cultural, religious and social reasons why FGM is practised within communities. These include:

- social acceptance
- family honour
- ensuring a girl is marriageable
- preservation of a girl's virginity or chastity
- custom and tradition
- hygiene and cleanliness
- the mistaken belief that it enhances fertility and makes childbirth safer for the infant.

(FORWARD, 2013; HM Government, 2011).

What does FGM involve?

The procedure is traditionally carried out by a female with no medical training, without anaesthetics or antiseptic treatments, using knives, scissors, scalpels, pieces of glass or razor blades. The girl is sometimes forcibly restrained (NHS Choices, 2013).

For more information on the procedure, **see the World Health Organisation's factsheet on FGM.**

What are the short and long-term effects of FGM?

The immediate effects of FGM include:

- severe pain

- shock
- bleeding
- infections including tetanus, HIV and hepatitis B and C
- inability to urinate
- damage to nearby organs including the bowel, and
- even death.

(NHS Choices, 2013).

Long-term consequences include:

- chronic vaginal and pelvic infections
- menstrual problems
- persistent urine infections
- kidney damage and possible failure
- cysts and abscesses
- pain during sex
- infertility
- complications during pregnancy and childbirth.

(HM Government, 2011).

Girls and women who have been subjected to FGM also suffer serious psychological damage. Research carried out in practising African communities found that women who had undergone FGM suffered the same levels of post-traumatic stress disorder (PTSD) as adults who had experienced early childhood abuse. 80% of the women in the study suffered from mood and/or anxiety disorders (Behrendt et al, 2005; HM Government, 2011).

Watch survivors, community leaders and health professionals talk about their experiences of FGM in our video below.

Which factors put a child at risk of FGM?

The most significant risk factor for FGM is coming from a community that is known to practise it. Girls are also at risk if they have a mother, sister or member of the extended family who has been subjected to FGM (HM Government, 2011). See also: **Who practises FGM?**

A girl who is at imminent risk of being subjected to FGM may be taken back to her family's country of origin at the beginning of the long summer holiday. This allows time for her to heal from the procedure before returning to the UK. Teachers should be alert to a girl talking about a planned visit to her family's country of origin, especially if she mentions a special occasion when she will 'become a woman'. She may be heard

talking about FGM to other children, or she may ask a teacher or other adult for help if she suspects she is at immediate risk.

Another warning sign could be the arrival in the UK of an older female relative visiting from the country of origin who may perform FGM on children in the family (HM Government, 2011). Children in this situation may also run away from home or truant (Khalifa, 2013).

Teachers should also be aware of girls who ask to be excused from PE or swimming classes and who spend long periods of time in the bathroom (Khalifa, 2013).

What can we do to prevent FGM and help those affected by it?

If you are worried that a child may be at risk of FGM you can make an anonymous call to our free 24-hour FGM helpline on **0800 028 3550** or email **fgmhelp@nspcc.org.uk**.

We can give advice, information and support for anyone concerned that a child's welfare is at risk as well as make a referral on your behalf to the relevant statutory body, where appropriate. Though callers' details can remain anonymous, any information that could protect a child from abuse will be passed to the police or social services.

FGM can happen within families who do not see it as abuse. However, FGM is a criminal act which causes severe physical and mental harm to victims both in the short and long term and for this reason it cannot be condoned or excused. The safety and welfare of the child at risk is paramount and professionals should not be deterred from protecting vulnerable girls by fears of being branded 'racist' or 'discriminatory' (HM Government, 2011).

Professionals need to provide families with culturally competent advice and information on FGM which makes it clear that the practice is illegal. Community and faith leaders can be helpful in facilitating this work with families. This may be enough to stop families practising FGM and protect girls from harm (HM Government, 2011).

If a local authority has reason to believe a child is likely to suffer or has suffered FGM it can exercise its powers to apply to the courts for orders to prevent the child being taken abroad for mutilation. The primary objective of any intervention is to prevent the child from undergoing FGM rather than removing her from her family. If a child has already undergone FGM she should be offered medical help and counselling, and action should be taken to protect any female relatives who are at risk and to investigate possible risk to other children in the practicing community (London Safeguarding Children Board, 2009).

Child Sexual Exploitation

What is child sexual exploitation?

Child sexual exploitation (CSE) is a form of sexual abuse that involves the manipulation and/or coercion of young people under the age of 18 into sexual activity in exchange for things such as money, gifts, accommodation, affection or status. The manipulation or 'grooming' process involves befriending children, gaining their trust, and often feeding them drugs and alcohol, sometimes over a long period of time, before the abuse begins. The abusive relationship between victim and perpetrator involves an imbalance of power which limits the victim's options. It is a form of abuse which is often misunderstood by victims and outsiders as consensual. Although it is true that the victim can be tricked into believing they are in a loving relationship, no child under the age of 18 can ever consent to being abused or exploited. (Barnardo's, 2012).

Child sexual exploitation can manifest itself in different ways. It can involve an older perpetrator exercising financial, emotional or physical control over a young person. It can involve peers manipulating or forcing victims into sexual activity, sometimes within gangs and in gang-affected neighbourhoods, but not always. Exploitation can also involve opportunistic or organised networks of perpetrators who may profit financially from trafficking young victims between different locations to engage in sexual activity with multiple men (Barnardo's, 2011).

This abuse often involves violent and degrading sexual assaults and rape. The Children's Commissioner's report on sexual exploitation by gangs and groups found that oral and anal rape were the most frequently reported types of abuse. Experts agree that these types of abuse are particularly humiliating and controlling, and, as such, may be preferred by those who exploit vulnerable young people (Berelowitz et al, 2012). Exploitation can also occur without physical contact when children are persuaded or forced to post indecent images of themselves online, participate in non-contact sexual activities via a webcam or smartphone, or engage in sexual conversations on a mobile phone (DfE, 2011).

Technology is widely used by perpetrators as a method of grooming and coercing victims, often through social networking sites and mobile devices (Jago et al, 2011). This form of abuse usually occurs in private, or in semi-public places such as parks, cinemas, cafes and hotels. It is increasingly occurring at 'parties' organised by perpetrators for the purposes of giving victims drugs and alcohol before sexually abusing them (Barnardo's, 2012)..

How much child sexual exploitation is there?

It is not possible to say exactly how many young people are victims of child sexual exploitation for a number of reasons. It is described as a 'hidden' form of abuse which leaves victims confused, frightened and reluctant to make any disclosures. Some young people are not even aware they are experiencing abuse as the perpetrator has manipulated them into believing they are in a loving relationship, or that they are dependent on their abuser for protection (Sharp, N., 2011; Cockbain, E. and Brayley, H., 2012; Child Exploitation and Online Protection Centre (CEOP), 2011). There is also no recognised category of abuse for

sexual exploitation in child protection procedures and data relating to CSE cases is often partial, incomplete, concealed in other categories of data, or simply unrecorded (Berelowitz et al, 2012; CEOP, 2012). In addition, when perpetrators are convicted for involvement in child sexual exploitation cases, it is for associated offences such as sexual activity with a child - there is no specific crime of child sexual exploitation and therefore it is not possible to obtain figures from police statistics of sexual offences (Berelowitz et al, 2012).

A UK-wide survey estimated that in 2009-2010, there were over 3,000 young people accessing services because they had been affected by sexual exploitation. In a thematic assessment, CEOP received over 2,000 reports of victims from local authorities and police forces. The Children's Commissioner's inquiry into sexual exploitation by groups and gangs confirmed 2,049 reported victims in the 14 month period from August 2010 to October 2011. Furthermore, the Children's Commissioner's inquiry estimated from the evidence that 16,500 children in the UK were at risk of sexual exploitation. For the reasons outlined above, figures of reported victims are just the tip of the iceberg (Barnardo's, 2012; Berelowitz et al, 2012; CEOP, 2011).

What are the signs and symptoms of child sexual exploitation?

Grooming and sexual exploitation can be very difficult to identify. Warning signs can easily be mistaken for 'normal' teenage behaviour and/or development. However, parents, carers, school teachers and practitioners are advised to be alert to the following signs and symptoms:

- inappropriate sexual or sexualised behaviour
- repeat sexually transmitted infections; in girls repeat pregnancy, abortions, miscarriage
- having unaffordable new things (clothes, mobile) or expensive habits (alcohol, drugs)
- going to hotels or other unusual locations to meet friends
- getting in/out of different cars driven by unknown adults
- going missing from home or care
- having older boyfriends or girlfriends
- associating with other young people involved in sexual exploitation
- truancy, exclusion, disengagement with school, opting out of education altogether
- unexplained changes in behaviour or personality (chaotic, aggressive, sexual)
- drug or alcohol misuse
- getting involved in crime
- injuries from physical assault, physical restraint, sexual assault (Barnardo's, 2011; CEOP, 2011; Berelowitz et al, 2012).

What are the causes of child sexual exploitation?

It has been suggested that offenders who sexually exploit children and young people do it not only for the opportunity to commit sexual offences, but also for the satisfaction of manipulating and controlling someone vulnerable. In this respect, they have been compared to perpetrators of domestic violence. Further research would be needed to establish this link and explore fully the psychological motivation of these offenders (CEOP, 2011).

A study of gang associated sexual exploitation also observed that the abuse was a method for young men to exert power and control over young women. Other causes of this specific form of sexual exploitation include:

- using sex as a means of initiating young people into a gang
- sexual activity exchanged for status or protection
- girls and young women used to entrap rival gang members
- sexual assault as a weapon in conflict.

This study also found that girls and young women in this culture who are perceived to engage in casual sex, forfeit the right to refuse sex and are frequently forced by gang members. Previous experiences of sexual violence also increase a victim's vulnerability to further abuse (Beckett, H. et al, 2012).

What do we know about the victims?

Sexual exploitation can happen to any young person. It happens throughout the UK, in both urban and rural locations. It can happen to children of a range of ages, both male and female, from any ethnic background. Victims have identified as heterosexual, gay, lesbian and bisexual and some of them have been disabled or had learning difficulties. Sexual exploitation can happen to children from loving and secure families, although young people with additional vulnerabilities, such as experience of early childhood abuse, particularly sexual abuse, are at increased risk. The characteristics all victims have in common are their vulnerability and powerlessness (Berelowitz et al, 2012; Barnardo's, 2012).

CEOP's thematic assessment analysed 2,083 victims of child sexual exploitation. The vast majority were female, although in 31% of cases, the gender of the victim was unknown. It is believed that difficulty in recognising sexual exploitation in boys and young men has led to the under-representation of male victims. Victims most commonly came to the attention of statutory and non-statutory agencies at age 14 or 15 years, although victims can be as young as 9 or 10 years old. 61% of the victims were white, 33% were of unknown ethnicity, 3% were Asian and 1% of victims were black. Children from minority ethnic backgrounds face additional barriers in reporting and accessing services which could result in their under-representation in statistics (CEOP, 2011).

Researchers recognise that children who go missing and/or are in care are at heightened risk of sexual exploitation. CEOP's assessment found that in the 1,014 cases where this information was recorded, 842 children were reported as missing on at least one occasion. However, it is unknown whether these missing incidents preceded, coincided with, or followed the period of sexual exploitation. Of the 896 victims whose living situation was recorded, 311 were already in care when they began to be exploited and a further 43 were moved into care following intervention (CEOP, 2011).

A University College London study of 552 child sexual exploitation victims in Derby, found that nearly 4 out of 10 had a history of criminal behaviour. Male victims (55%) were significantly more likely to offend than female victims (35%). Although there is a correlation between criminal activity and sexual exploitation, the

data in this study did not suggest that the abuse causes offending, in some cases young people's criminal behaviour began around the time of the exploitation and in other cases offending and CSE were both features of the victim's 'generally chaotic lifestyle'. (Cockbain, E. and Brayley, H., 2012)

Other risk factors associated with child sexual exploitation include:

- parental substance use, domestic violence and parental mental health issues
- history of abuse and/or neglect
- recent bereavement or loss
- links to a gang through relatives, peers or intimate relationships, or living in a gang-affected neighbourhood
- associating with young people who are sexually exploited
- homelessness
- lacking friends from the same age group
- low self-esteem or self-confidence
- being a young carer
- leaving care.

What is the impact of child sexual exploitation?

Child sexual exploitation can have a devastating impact on a victim's health, happiness and development. It can also have profound long-term effects on young people's social integration and economic well-being and adversely affects life chances. Some of the difficulties faced by victims include:

- isolation from family and friends
- teenage parenthood
- failing examinations or dropping out of education altogether
- unemployment
- mental health problems
- suicide attempts
- alcohol and drug addiction
- aggressive behaviour
- criminal activity
(PACE, 2013; Safe and Sound, 2013; Berelowitz, 2012).

Young victims may need intensive multi-agency support to mitigate the long-term damage inflicted by this abuse.

What can we do about child sexual exploitation?

Child sexual exploitation is child abuse, so child protection procedures must be followed if anyone suspects that a young person is a victim or is at risk of becoming a victim. It is important that agencies work together

and share information in order to deal with child sexual exploitation. Local Safeguarding Children Boards should have a CSE strategy in place and appoint a lead person responsible for co-ordinating a multi-agency response. Professionals across a range of services, including sexual health clinics, mental health services, schools and specialist services for homeless and drug abusing young people need to be trained to spot the signs of sexual exploitation so they can escalate concerns. Authorities including the police need to be trained to deal with young people who may not initially present as victims of sexual abuse and may be suspicious of authority and difficult to engage. Young victims need to be able to access specialist support services to help them deal with the fall-out from this type of abuse and understand that they are not to blame (Barnardo's, 2012; Berelowitz et al, 2012; CEOP, 2011).

Police can also disrupt exploitation by issuing 'abduction notices' when they become aware that a child is spending time with an adult who could be harmful to them, for example if there is existing intelligence suggesting the adult has a sexual interest in children, or if parents report a child missing and the child is found at a particular individual's address (Dorset Police, 2012). The Sexual Offences Act 2003 also introduced a range of offences, including grooming and statutory rape of children under 13, which can be brought against perpetrators in CSE cases. Conviction rates for child sexual exploitation are low and prosecutions can often re-traumatise victims. Police need to work with Crown Prosecution Service solicitors who have an understanding of the issues in order to assess evidence from victims who are often perceived as unreliable witnesses. Multi-agency support needs to be available to help victims and their families during court appearances (CEOP, 2011).

If you suspect or discover that someone is sexually exploiting a child you can discuss your concerns with one of our counsellors. Alternatively, you can contact your local police or children's services. Confronting the alleged abuser may give them the opportunity to silence, confuse or threaten the child about speaking out about the abuse. It may also place the child in danger.

How can we prevent child sexual exploitation?

Preventative work focuses on raising awareness amongst young people and their carers about sexual exploitation and how to keep safe. It is particularly important that young people are aware of the link between drug and alcohol use and the risk of sexual exploitation (Berelowitz et al, 2012). Schools have an important role to play in delivering age-appropriate information to young people in Personal, Social and Health Education (PSHE) lessons to help them make positive and informed choices which will reduce their risk of entering into abusive relationships. Schools can also involve external experts in these lessons who can provide sexual health advice (Ofsted, 2013; DfE, 2011). Media campaigns, such as the Home Office's teenage relationship abuse campaign aim to help prevent young people becoming victims and perpetrators of abusive behaviour in relationships (DfE, 2011).

Children going missing regularly can be both a cause and an effect of child sexual exploitation. Action taken to reduce the number of children who go missing will reduce incidents of child sexual exploitation. Such action includes schools intervening quickly to establish reasons for children frequently missing school; and relevant agencies / practitioners interviewing children after a 'missing' episode to understand why they go missing and planning preventive strategies based on this information. It is important agencies work together to plan appropriate interventions and to engage with vulnerable young people who may find it hard to trust adults. Providing advice and support to children and their families, particularly during difficult times, is also important. (DfE, 2011 and Home Office, 2011).

Young people leaving care are potentially very vulnerable to sexual exploitation and the right package of support during their transition to independence is vital in protecting them from harm (DfE, 2012).

A fuller understanding of the nature and extent of child sexual exploitation helps to inform preventive strategies, but it can be difficult for agencies to collect consistent, comprehensive and comparable data. A data monitoring tool developed by the University of Bedfordshire has been circulated to all Local Safeguarding Children Boards and voluntary and community sector organisations to assist agencies collect data which can be used to support research and help authorities devise ways of combating child sexual exploitation (DfE, 2012).