

SAFEGUARDING POLICY AND GUIDANCE

June 2017

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Chadsgrove School Details

Safeguarding Governor: Mrs Lorraine Petersen

Prevent Governor: Mrs Lorraine Petersen

Designated Safeguarding Lead: Ms Deb Rattley

Deputy Safeguarding Lead: Mrs Angela Macvie

Early Years Designated Safeguarding Lead: Ms Deb Rattley

Prevent Single Point of Contact (SPOC): Mrs Angela Macvie

Ratified by Governing Body on:

Next review date: June 2018

1. Introduction

1.1. This policy has been developed in accordance with the principles established by the Children Acts 1989 and 2004; the Education Act 2002; and in line with government publications the Teachers' Standards 2012, 'Working Together to Safeguard Children' 2015 and 'Keeping Children Safe in Education' , September 2016.

1.2. Chadsgrove School fully recognises its moral and statutory responsibilities for safeguarding and promoting the welfare of children.

1.3. This policy applies to all staff, governors and volunteers working in the school. It also applies to all pupils at the school, including those who have attained the age of 18.

1.4. There are five main elements to this policy:

- Ensuring we practice safer recruitment in checking the suitability of staff and volunteers to work with children;
- Raising awareness of child protection issues and equipping children with the skills needed to keep them safe;
- Developing and then implementing procedures for identifying and reporting cases, or suspected cases, of abuse;
- Supporting pupils who have been identified as in need of early help or at risk of harm in accordance with his/her agreed Child Protection, Child in Need or Early Help plan;
- Establishing a safe environment in which children can learn and develop.

1.5 We recognise that, because of the day to day contact with children, school staff are well placed to identify concerns early and to observe the outward signs of abuse. The school will therefore:

- Establish and maintain an environment where children feel safe, secure, valued and respected and are encouraged to talk, believing they will be listened to;
- Ensure children know that there are adults in the school whom they can approach if they are worried;
- Include opportunities in the curriculum, specifically through PSHE and ICT, for children to develop the skills they need to recognise and stay safe from abuse and to know who they should turn to for help.

1.6 We seek to ensure that the child's wishes and feelings are taken into account when determining what action to take and what services to provide to protect children from harm. To this end we will:

- Ensure there are systems in place for children to express their views and give feedback e.g. through school/class councils, safety questionnaires, participation in anti-bullying and e-safety activities

- Ensure that the child's thoughts/wishes and feelings are recorded on all referrals.

2. Procedures

2.1 Chadsgrove School will follow the procedures set out by the Worcestershire Safeguarding Children's Board (WSCB) and take account of guidance issued by the Department for Education (DfE). Any relevant definitions can be found in Appendix a.

2.2 Chadsgrove School will:

- Ensure it has a senior leader nominated as Designated Safeguarding Lead (DSL) who has received appropriate training and support for this role;
- Ensure it has at least one member of staff who will act in the absence of the DSL (deputy DSL);
- Ensure it has a nominated governor responsible for safeguarding children;
- Ensure every member of staff (including temporary and supply staff and volunteers) and the governing body knows the name of the DSL and any deputies and understands their role;
- Ensure that the DSL and/or a deputy DSL is always available during school hours and has made adequate and appropriate cover arrangements for any out of hours/out of term time activities;
- Ensure all staff and volunteers understand their responsibilities in being alert to the signs of abuse and neglect including the specific issues of Female Genital Mutilation (FGM), Child Sexual Exploitation (CSE), Children Missing Education (CME) and Radicalisation and Extremism, and maintain an attitude of 'it could happen here';
- Ensure all staff and volunteers understand their responsibility for referring any concerns to the DSL or Headteacher in a timely manner and are aware that they may raise concerns directly with Children's Social Care Services if they believe their concerns have not be listened to or acted upon.
- Ensure that parents and carers have an understanding of the responsibility placed on the school and staff for child protection by setting out its obligations in the school prospectus and publishing its policy on the school website;
- Operate a lettings policy which ensures the suitability of adults working with children on school sites at any time;
- Ensure that community users organising activities for children are aware of, and understand the need for compliance with, the school's child protection guidelines and procedures;
- Ensure that the duty of care towards its pupils and staff is promoted by raising awareness of illegal, unsafe and unwise behaviour and assist staff to monitor their own standards and practice;
- Ensure that all staff and volunteers feel able to raise concerns about poor or unsafe practice and are aware of whistleblowing procedures and helplines;
- Be aware of and follow procedures set out by the DfE and the WSCB where an allegation is made against a member of staff or volunteer, including making a referral to Local Authority Designated Officer (LADO)

- Ensure that a referral is made to the DBS and/or National College for Teaching and Leadership if a person in regulated activity has been dismissed or removed due to safeguarding concerns, or would have been had they not resigned
- Operate safer recruitment practice, ensuring that at least one member on every recruitment panel has completed safer recruitment training.

2.3 School procedures will be regularly reviewed and updated at least annually unless an incident or new legislation or guidance requires the need for an interim review. We recognise the expertise our staff builds by undertaking safeguarding training and managing safeguarding concerns on a daily basis. We therefore invite staff to contribute to and shape this policy and associated safeguarding arrangements.

3. Training

3.1 When staff join Chadsgrove they will be informed of the safeguarding children arrangements in place. They will be given a copy of this policy including its Appendices, part 1 and Annex A of Keeping Children Safe in Education, the school's code of conduct and told who the DSL is, who acts in their absence and what this role includes. Staff are required to sign a form stating that they have read and understood part 1 and Annex A of the 'Keeping Children Safe in Education' guidance.

3.2 All staff will receive induction in safeguarding children. The induction programme will include basic child protection information relating to signs and symptoms of abuse, how to manage a disclosure from a child, when and how to record a concern about the welfare of a child and advice on safe working practice. This information can be found in Appendices b and c

3.3 All volunteers, supply staff, contractors and regular visitors to Chadsgrove School will be told where the Safeguarding policy is kept, given the name of the DSL and deputy/ies and informed of the school's procedures in reporting concerns.

3.4 All staff will receive training in child protection and safe working practice, updated at least every three years, in line with WSCB guidance. This will generally take the form of face to face training and on-line universal safeguarding training provided by the Children e-Academy through the Worcestershire Safeguarding Children Board if necessary. In addition, staff will receive safeguarding and child protection updates as required, but at least annually.

3.5 Staff with specific responsibility for safeguarding children will undertake both single and inter-agency training at a level suitable to their role and responsibilities, updated every two years. In addition to formal training the DSL and deputy/ies will update their knowledge and skills via WSCB newsletters, briefings, meetings and seminars, at regular intervals, at least annually

3.6 Staff with leadership responsibilities will undertake further relevant training in safeguarding related issues such as CSE, Radicalisation (WRAP training), Management of Allegations of Abuse and cascade the learning from this training to the rest of the staff.

4. Responsibilities

4.1 The Governing Body will nominate a member to be responsible for safeguarding children and to liaise with the DSL and or Headteacher in matters relating to safeguarding. It will ensure that:

- the DSL takes lead responsibility for safeguarding and child protection and does not delegate this responsibility;
- the DSL role is explicit in the role holder's job description;

- safeguarding policies and procedures are in place, available to parents on the school website or by other means and reviewed annually;
- mechanisms are in place to assist staff to understand and discharge their role and responsibilities as set out in Part one of Keeping Children Safe in Education;
- an annual report on the effectiveness of the school's safeguarding procedures is presented to the governing body and submitted to WCSB to meet section175/157 requirements;
- any weaknesses brought to its attention relating to safeguarding are remedied without delay;
- it complies with all legislative duties, including the duty to report suspected or known cases of FGM and the duty to prevent young people from being drawn into terrorism.

4.2 The Headteacher will ensure that

- The Safeguarding policies and procedures are fully implemented and followed by all staff
- Sufficient resources are allocated to enable the DSL and other staff to discharge their responsibilities with regard to child protection;
- All staff feel able to raise concerns about poor or unsafe practice and that these are handled sensitively and in accordance with the whistleblowing procedures;
- All allegations of abuse against staff are reported to the LADO in a timely manner.

4.3 The DSL will co-ordinate action on safeguarding and promoting the welfare of children within the school setting. The DSL is responsible for:

- Organising child protection induction training for all newly appointed staff and whole staff training, refreshed at least every 3 years with annual updates as required;
- Providing a mechanism to ensure that all staff understand and are able to discharge their role and responsibilities as set out in Part one of Keeping Children Safe in Education;
- Undertaking, in conjunction with the Headteacher and Safeguarding Governor, an annual audit of safeguarding procedures, using the County safeguarding checklist or similar;
- Making use of the Levels of Need guidance when making a decision about whether or not the threshold for Early Help or Social Care intervention is met;
- Referring a child to the Family Front Door, when there are concerns about possible abuse and neglect;
- Referring a child to the Channel Panel when there are concerns about possible radicalisation or involvement in extremist groups;
- Keeping written records of concerns about children, including the use of body maps, even where there is no need to refer the matter immediately;
- Ensuring all child protection records are kept securely, separate from the main pupil file, and in locked locations;
- Ensuring that all child protection files are transferred in a safe and timely manner when a child moves settings, both between and across phases, within and out of county;

- Notifying the DSL immediately if there is an unexplained absence of a pupil who is subject to a child protection plan;
- Monitoring unauthorised absence, particularly where children go missing on repeated occasions, reporting concerns in line with 'missing children' procedures;
- Developing effective links with relevant agencies and other professionals and co-operating, as required with their enquiries regarding safeguarding matters including co-operation with serious case reviews, attendance at strategy meetings, initial and review child protection conferences, core group and child in need review meetings;
- Contributing to assessments and providing a report to initial and review conferences which has been shared with parents first, whenever possible;
- Co-ordinating a programme of safety, health and well-being through the curriculum, including issues of protective behaviours, healthy relationships, staying safe on-line, and the promotion of fundamental British values.

5. Procedures for Managing Concerns

5.1 Chadsgrove adheres to child protection procedures that have been agreed locally through the Worcestershire Safeguarding Children Board (WSCB). Where we identify children and families in need of support, we will carry out our responsibilities in accordance with the West Midlands Safeguarding Children Procedures and the WSCB Levels of Need Guidance.

5.2 Every member of staff, including volunteers working with children at Chadsgrove, is 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 and have a responsibility to take action as outlined in this policy.

5.3 All staff are encouraged to report any concerns that they have and not see these as insignificant. On occasions, a referral is justified by a single incident such as an injury or disclosure of abuse. More often however, concerns accumulate over a period of time and are evidenced by building up a picture of harm over time; this is particularly true in cases of emotional abuse and neglect. In these circumstances, it is crucial that staff record and pass on concerns in accordance with this policy to allow the DSL to build up a picture and access support for the child at the earliest opportunity. A reliance on memory without accurate and contemporaneous records of concern could lead to a failure to protect.

5.4 It is not the responsibility of school staff to investigate welfare concerns or determine the truth of any disclosure or allegation. All staff, however, have a duty to recognise concerns and pass the information on in accordance with the procedures outlined in this policy.

5.5 The Designated Safeguarding Lead (DSL) should be used as a first point of contact for concerns and queries regarding any safeguarding concern in our school. Any member of staff or visitor to the school who receives a disclosure of abuse or suspects that a child is at risk of harm must report it immediately to the DSL or, if unavailable, to the deputy designated lead. In the absence of either of the above, the matter should be brought to the attention of the most senior member of staff.

5.6 All concerns about a child or young person should be reported without delay and recorded in writing using the agreed template (see Appendix J).

5.7 Following receipt of any information raising concern, the DSL will consider what action to take and seek advice from Children's Services as required. All information and actions taken, including the reasons for any decisions made, will be fully documented.

5.8 All referrals will be made in line with local procedures as detailed on the Worcestershire website.

5.9 If, at any point, there is a risk of immediate serious harm to a child a referral should be made to Children's Services immediately. Anybody can make a referral. If the child's situation does not appear to be improving the staff member with concerns should press for re-consideration by raising concerns again with the DSL and/or the Headteacher. Concerns should always lead to help for the child at some point.

5.10 Staff should always follow the reporting procedures outlined in this policy in the first instance. However, they may also share information directly with Children's Services, or the police if:

- the situation is an emergency and the designated senior person for safeguarding, or their deputy(ies) are unavailable;
- they are convinced that a direct report is the only way to ensure the pupil's safety.

5.11 Any member of staff who does not feel that concerns about a child have been responded to appropriately and in accordance with the procedures outlined in this policy should raise their concerns with the Headteacher or the Chair of Governors.

If any member of staff does not feel the situation has been addressed appropriately at this point they should contact Children's Services directly with their concerns.

Peer on Peer Abuse

5.12 Chadsgrove recognises that children are vulnerable to physical, sexual and emotional abuse by their peers or siblings. This is most likely to include, but not limited to: bullying (including cyber bullying), gender based violence/sexual assaults and sexting. Abuse perpetrated by children can be just as harmful as that perpetrated by an adult, so it is important to remember the impact on the victim of the abuse as well as to focus on the support for the child or young person exhibiting the harmful behaviour. Such abuse will always be taken as seriously as abuse perpetrated by an adult and the same safeguarding children procedures will apply in respect of any child who is suffering or likely to suffer significant harm; staff must never tolerate or dismiss concerns relating to peer on peer abuse.

5.13 Where the abuse is physical, verbal, bullying or cyber-bullying, sanctions will be applied in line with our Behaviour and Anti-Bullying policies. Where a child discloses safeguarding allegations of a sexual nature against another pupil in the same setting, the DSL should refer to the West Midlands Safeguarding Children procedures website and seek advice from the Family Front Door or Community Social Worker before commencing its own investigation or contacting parents. This may mean, on occasions, that the school is unable to conduct its own investigation into such incidents.

5.14 Support for the victims of abuse will be in line with support outlined in the school's Behaviour and Anti-Bullying policies. For victims of sexual abuse, the school should follow advice given by Children's Social Care and consider using external agencies, such as Early Help or West Mercia Rape and Sexual Abuse Support Centre to support any strategies that they may be able to provide within school.

5.15 Depending on the nature of abuse, the school may need to consider providing measures to protect other pupils in the school by means of a risk assessment

5.16 Where a child discloses safeguarding allegations against another pupil in the same setting, the DSL should refer to the local procedures on the WSCB website and seek advice from the Family Front Door or Community Social Worker before commencing its own investigation or contacting parents.

Special Educational Needs and Disability (SEND)

5.17 Chadsgrove recognises that children with Special Educational Needs and Disabilities can face additional safeguarding challenges and these are discussed in staff training. These additional barriers can include:

- assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration;
- children with SEN and disabilities can be disproportionally impacted by things like bullying without outwardly showing any signs; and
- communication barriers and difficulties in overcoming these barriers.

Child Sexual Exploitation (CSE)

5.18 Chadsgrove recognises that CSE is a form of child abuse involving criminal behaviours against children and young people which can have a long-lasting adverse impact on a child's physical and emotional health. Sexual exploitation involves an individual or group of adults taking advantage of the vulnerability of an individual or groups of children or young people. Victims can be boys or girls. Children and young people are often unwittingly drawn into sexual exploitation through the offer of friendship and care, gifts, drugs and alcohol, and sometimes accommodation. It may also be linked to child trafficking.

5.19 Chadsgrove addresses the risks of sexual exploitation in the PSHE and Relationships curriculum. A common feature of sexual exploitation is that the child often doesn't recognise the coercive nature of the relationship and doesn't see themselves as a victim. The child may initially resent what they perceive as interference by staff, but staff must act on their concerns, as they would for any other type of abuse.

5.20 All staff are made aware of the indicators of sexual exploitation and that all concerns should be reported immediately to the DSL.

'Honour Based' Violence

5.21 Chadsgrove recognises that staff are well placed to identify concerns and take action to prevent children from becoming victims of Female Genital Mutilation (FGM) and other forms of so-called 'honour-based' violence (HBV) and provide guidance on these issues through our safeguarding training. If staff have a concern regarding a child that might be at risk of HBV they should inform the DSL who will activate local safeguarding procedures, using existing national and local protocols for multiagency liaison with police and children's social care.

5.22 Where FGM has taken place, since 31 October 2015 there has been a mandatory reporting duty placed on teachers. Section 5B of the Female Genital Mutilation Act 2003 (as inserted by section 74 of the Serious Crime Act 2015) places a statutory duty upon teachers in England and Wales, to personally report to the police where they discover (either through disclosure by the victim or visual evidence) that FGM appears to have been carried out on a girl under 18. Those failing to report such cases will face disciplinary sanctions.

5.23 Chadsgrove will provide guidance and support to our teachers on this requirement and further information on when and how to make a report can be found in the following Home Office guidance: 'Mandatory Reporting of Female Genital Mutilation - procedural information' (October 2015).

Radicalisation and Extremism

5.24 Chadsgrove recognises that safeguarding against radicalisation and extremism is no different to safeguarding against any other vulnerability in today's society.

5.25 Chadsgrove will ensure that:

- through training, staff, volunteers and governors have an understanding of what radicalisation and extremism is, why we need to be vigilant in school and how to respond when concerns arise.
- there are systems in place for keeping pupils safe from extremist material when accessing the internet in our school by using effective filtering and usage policies.

5.26 The deputy DSL has received Prevent Training and will act as the point of contact within our school for any concerns relating to radicalisation and extremism.

5.27 The deputy DSL will make referrals in accordance with WSCB procedures and will represent our school at Channel meetings as required.

5.28 Through our curriculum, we will promote the spiritual, moral, social and cultural development of pupils. We encourage pupils to respect the fundamental British values of democracy, the rule of law, individual liberty and mutual respect, and tolerance of those with different faiths and beliefs.

6 Information Sharing & Confidentiality

6.1. Chadsgrove School recognises that all matters relating to child protection are confidential.

6.2. The Headteacher (DSL) or the Deputy DSL will disclose any information about a pupil to other members of staff on a need to know basis only.

6.3. All staff are made aware that they have a professional responsibility to share information with other agencies in order to safeguard children.

6.4. All staff are made aware that they cannot promise a child to keep secrets which might compromise the child's safety or well-being.

7 Communication with Parents/Carers

7.1 Chadsgrove School recognises that good communication with parents/carers is crucial in order to safeguard and promote the welfare of children effectively.

7.2 Chadsgrove will always undertake appropriate discussion with parents/carers prior to involvement of another agency unless to do so would place the child or an adult at further risk of harm or would impede a criminal investigation.

7.3 The Headteacher will ensure that parents/carers have an understanding of the responsibilities placed on the school and staff to safeguard children and their duty to co-operate with other agencies in this respect. This is achieved through newsletters and information on the school website.

7.4 Should a report need to be written about a child in order to be submitted to a child protection conference then that report will, whenever possible, be shared with the parents/carers prior to the date of the conference.

8 Record Keeping

8.1 Any member of staff receiving a disclosure of abuse from a child or young person, or noticing signs or symptoms of possible abuse, will make notes as soon as possible (within the hour if possible) writing down exactly what was said, using the child's own words as far as possible. All notes should be timed, dated and signed, with names printed alongside any signatures. Concerns will be recorded using the school's

safeguarding children recording system. Each entry into a pupil's safeguarding file is given a log number and recorded in a central bound book stored securely with all other child protection records.

8.2 All records of a child protection nature are passed to the DSL including case conference or core group minutes and written records of any concerns. Child protection records are kept securely in the Headteacher's office and transferred in a safe and timely manner when a child moves school.

8.3 The DSL maintains and regularly audits the school's child protection records and ensures that each stand-alone file includes a chronology of significant events.

8.4 All forms relating to the documentation of safeguarding concerns, including the format for reports submitted to child protection conferences can be found in Appendices f-l.

9 Supporting Children

9.1 Chadsgrove School recognises that children who are abused or witness violence may find it difficult to develop a sense of self-worth. They may feel helplessness, humiliation and some sense of blame.

9.2 Chadsgrove also acknowledges that school may be the only stable, secure and predictable element in the lives of children who have been abused or who are at risk of harm.

9.3 School staff are aware that research shows that, at school, the behaviour of a pupil who has or is being abused may be challenging and defiant or they may be withdrawn.

9.4 Chadsgrove school will endeavour to support all children by:

- Encouraging self-esteem and self-assertiveness through the curriculum, as well as promoting respectful relationships, challenging bullying and humiliating behaviour;
- Promoting a positive, supportive and secure environment giving pupils a sense of being valued;
- A consistently applied school behaviour policy which is aimed at supporting vulnerable pupils. The school will ensure that the pupil knows that some behaviour is unacceptable but that they are valued and not to be blamed for any abuse which has occurred;
- Liaising with other agencies that support the pupil such as Children's Social Care Services, Child and Adult Mental Health Service (CAMHS), Educational Psychology Service and those agencies involved in the safeguarding of children;
- The use of Early Help Services, through the Family Front Door, when appropriate;
- Notifying Children's Social Care Services immediately there is a significant concern;
- Providing continuing support to a child about whom there have been concerns who leaves the school by ensuring that appropriate information is forwarded under confidential cover to the child's new setting.

9.5 Staff are made aware of the fact that some pupils at Chadsgrove, because of their learning and/or physical disability, are vulnerable and may find it more difficult to recognise and report abuse. The school, therefore, recognises that it must take particular care, when working with children and young people with disabilities. Reasons for this particular vulnerability are described in Appendix d.

10 Supporting and Supervision of Staff

10.1 Chadsgrove recognises that staff working in the school who have become involved with a child who has suffered harm, or appears to be likely to suffer harm, may find the situation stressful and upsetting.

10.2 The Headteacher will support such staff by providing an opportunity to talk through their anxieties with herself or the deputy DSL and to seek further support such as counselling or regular supervision, as appropriate.

10.3 The Headteacher will enable supervision for herself and the deputy DSL through direct consultation with the Senior Adviser or advanced social work practitioners in order to promote best practice and challenge unsatisfactory or poor practice.

10.4 In order to reduce the risk of allegations being made against staff, and ensure that staff are competent, confident and safe to work with children, they will be made aware of safer working practice guidance and will be given opportunities in training to develop their understanding of what constitutes safe and unsafe behaviour.

11 Safer Recruitment and Selection of Staff

11.1 Chadsgrove has a written recruitment and selection policy statement and procedures linking explicitly to this policy. The statement is included in all job advertisements, publicity material, recruitment websites, and candidate information packs.

11.2 The recruitment process is robust in seeking to establish the commitment of candidates to support the school's measures to safeguard children and to identify, deter or reject people who might pose a risk of harm to children or are otherwise unsuited to work with them.

11.3 All staff working within our school who have substantial access to children have been checked as to their suitability, including verification of their identity, qualifications and a satisfactory, enhanced DBS check (including barred list check) and a right to work in the UK.

11.4 All qualified teachers working within our school have been checked using the Teacher Services website to ensure they have been awarded QTS, they have completed their teacher induction and that there are no prohibitions, sanctions or restrictions in place that might prevent them from taking part in certain activities or working in specific positions.

11.5 Our governors are also subject to an enhanced DBS check.

11.6 Chadsgrove maintains a single central record of recruitment checks for audit purposes.

11.7 Any member of staff working in regulated activity prior to receipt of a satisfactory DBS check will not be left unsupervised and will be subject to a risk assessment.

11.8 Volunteers who are not working in regulated activity will be supervised at all times.

12 Allegations against staff

12.1 Chadsgrove School acknowledges that a pupil may make an allegation against a member of staff.

12.2 If such an allegation is made, which meets the criteria as identified in Part 4 of Keeping Children Safe in Education, the member of staff receiving the allegation will immediately inform the Headteacher (DSL), unless the allegation concerns the Headteacher, in which case the Chair of Governors will be informed immediately.

12.3 The Headteacher (or Chair of Governors) on all such occasions will discuss the content of the allegation with the Local Authority Designated Officer (LADO), prior to undertaking any investigation.

12.4 The school will follow the DfE, West Midlands Safeguarding Children and LA procedures for managing allegations against staff, a copy of which is available in school.

12.5 The case manager will be guided by the LADO in all matters relating to the case, including suspension, sharing of information and any follow up investigation.

13 Whistleblowing

13.1 Chadsgrove School recognises that children cannot be expected to raise concerns in an environment where staff fail to do so.

13.2 All staff are made aware of their duty to raise concerns, where they exist, about the attitude or actions of colleagues using the school's confidential reporting (whistleblowing) policy.

13.3 Whistleblowing concerns about the Headteacher should be raised with the Chair of Governors. Where the Headteacher is also the sole proprietor, concerns should be reported directly to the Local Authority Designated Officer (LADO).

13.4 Staff will be made aware that if they feel unable to raise a child protection failure internally, they can contact the NSPCC whistleblowing helpline.

14 Complaints or Concerns expressed by Pupils, Parents, Staff or Volunteers

14.1 We recognise that listening to children is an important and essential part of safeguarding them against abuse and neglect. To this end, any expression of dissatisfaction or disquiet in relation to an individual child will be listened to and acted upon in order to safeguard his/her welfare.

14.2 We will also seek to ensure that the child or adult who makes a complaint is informed not only about the action the school will take but also the length of time that will be required to resolve the complaint. The school will also endeavour to keep the child or adult regularly informed as to the progress of his/her complaint. The school's complaints procedures are readily available.

15 Positive Physical Intervention

15.1 Chadsgrove's policy on positive handling is set out in the school's Positive Physical Intervention policy and acknowledges that staff must only ever use physical intervention as a last resort, and that at all times it must be the minimal force necessary to prevent injury or damage to property.

15.2 Staff understand that physical intervention of a nature that causes injury or distress to a child may be considered under the management of allegations or disciplinary procedures.

15.3 Staff who are likely to need to use physical intervention will be appropriately trained in the Team Teach technique.

15.4 All incidences of physical intervention will be recorded in accordance with the Team Teach recommended procedures.

15.5 Staff recognise that touch is appropriate in the context of working with children and that intimate care is a necessary part of the provision that is offered to many of the pupils at school. As such, all staff have been given 'safe working practice' guidance to ensure they are clear about their professional boundaries.

16 Abuse of Position of Trust

16.1 Staff at Chadsgrove recognise that, as adults working in the school, they are in a relationship of trust with the pupils in their care and acknowledge that it could be considered a criminal offence to abuse that trust.

16.2 Staff acknowledge that the principle of equality embedded in the legislation of the Sexual Offenders Act 2003 applies irrespective of sexual orientation: neither homosexual nor heterosexual relationships are acceptable within a position of trust.

16.3 Staff recognise that the legislation is also intended to protect young people in education who are over the age of consent but under 18 years of age.

17 Looked After Children

17.1 The most common reason for children becoming looked after is as a result of abuse or neglect. Chadsgrove ensures that staff have the necessary skills and understanding to keep looked after children safe. Appropriate staff have information about a child's looked after legal status and care arrangements, including the level of authority delegated to the carer by the authority looking after the child. The designated teacher for looked after children and the DSL have details of the child's social worker and the name and contact details of the Local Authority's Virtual Head for children in care.

18 Children Missing Education (CME)

18.1 Chadsgrove recognises that a child going missing from education is a potential indicator of abuse or neglect.

18.2 Our procedures for dealing with children that go missing from education are based on the LA and West Midlands Safeguarding Children procedures.

18.3 We will ensure that we follow these procedures 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 their going missing in future.

18.4 We will ensure that we report children missing education to the LA CME officer, in line with statutory requirements.

19 Racist Incidents

19.1 Chadsgrove's policy on racist incidents is set out in the Pupil Behaviour, Supervision, Anti-Bullying, Racial Harassment and Exclusion policy and acknowledges that repeated racist incidents or a single serious incident may lead to consideration under child protection procedures. A log of any racist incidents in school is maintained.

20 Anti-Bullying

20.1 Chadsgrove's policy on anti-bullying is set out in the Pupil Behaviour, Supervision, Anti-Bullying, Racial Harassment and Exclusion policy and acknowledges that to allow or condone bullying may lead to consideration under child protection procedures. All incidences of bullying, including cyber-bullying, sexting, racist, homophobic and gender related bullying, will be dealt with in accordance with our anti-bullying policy. It is recognised that children with special needs and/or disabilities are more susceptible to being bullied. A log of any bullying incidents in school is maintained.

20.2 We recognise that there will be occasions when bullying incidents will fall within child protection procedures or may be deemed criminal activity and that it may be necessary to report the concerns to the Family Front Door or to the Police.

21 E-safety

21.1 All members of staff are trained in and receive regular updates in e-safety and recognising and reporting concerns.

21.2 The school website contains e-Safety information parents and provides a link to on on-line course that they can access in order to further develop their knowledge. E-safety information includes the use of images on hand held devices.

21.3 Our Acceptable Use policy recognises that internet safety is a whole school responsibility (staff, pupils, governors and parents).

21.4 Children and young people may expose themselves to danger, whether knowingly or unknowingly, when using the internet and other technologies. Additionally, some young people may find themselves involved in activities which are inappropriate or possibly illegal.

21.5 Staff therefore recognise their responsibility to educate pupils, teaching them the appropriate behaviours and critical thinking skills to enable them to remain both safe and legal when using the internet and related technologies.

21.6 We will ensure that filters are in place to prevent access to unsuitable sites and we monitor the use of the school network and internet to ensure that any pupil or staff member attempting to access inappropriate, abusive or harmful material is appropriately advised and/or supported.

22 Photography and use of images (including hand held devices)

22.1 The welfare and protection of pupils at Chadsgrove is paramount and consideration is always given to whether the use of photography will place children at risk. It is recognised that images may be used to harm children, for example as a preliminary to 'grooming' or by displaying them inappropriately on the internet, particularly social networking sites.

22.2 For this reason consent is always sought when photographing children using any means and including iPads, smart phones or cameras and additional consideration given to photographing vulnerable children, particularly Looked After Children or those known to be fleeing domestic violence. Consent is sought from those with parental responsibility - this may include the Local Authority in the case of Looked After Children.

22.3 Many pupils own or have access to hand held devices and parents are encouraged to consider measures to keep their children safe when using the internet and social media at home and in the community.

23 Staff/pupil relationships

23.1 Chadsgrove provides advice to staff regarding their personal online activity and has strict rules regarding online contact and electronic communication with pupils. Staff found to be in breach of these rules may be subject to disciplinary action or child protection investigation.

24 Health & Safety

24.1 Chadsgrove's Health & Safety policy, set out in a separate document, reflects the consideration given to the safeguarding of children both within the school environment and when away from the school, for example when undertaking school trips and visits.

24.2 Risk Assessments are undertaken and reviewed regularly, in respect of site security, risk of children being drawn into terrorism or exposed to extremist behaviour, risk to and from children displaying harmful behaviour.

25 Safe Environment

25.1 Chadsgrove undertakes appropriate risk assessments and checks in respect of all equipment and of the building and grounds in line with local and national guidance and regulations concerning health and safety.

25.2 The school has adequate security arrangements in place in respect of the use of its grounds and buildings by visitors both in and out of school hours.

25.3 Visitors to the school, for example visiting speakers, theatre groups or curriculum specialists, will be appropriately checked and vetted, to ensure they are not linked to extremist groups or promoting extremist or other harmful material. This will include any necessary research by the organiser of the visit, ID checks on arrival at school and supervision, whilst on site, by a member of staff.

26 Private fostering arrangements

26.1 A private fostering arrangement occurs when someone other than a parent or a close relative cares for a child for a period of 28 days or more, with the agreement of the child's parents. It applies to children under the age of 16, or aged under 18 if the child is disabled. Children looked after by the local authority or who are placed in a residential school, children's home or hospital are not considered to be privately fostered.

26.2 Private fostering occurs in all cultures, including British culture and children may be privately fostered at any age.

26.3 Most privately fostered children remain safe and well but safeguarding concerns have been raised in some cases so it is important that schools are alert to possible safeguarding issues, including the possibility that a child has been trafficked into the country.

26.4 By law, a parent, private foster carer or other persons involved in making a private fostering arrangement must notify Children's Services as soon as possible.

26.5 If we become aware of a privately fostering arrangement, we will check that Children's Services have been informed.

27 Challenge and Escalation

27.1 Chadsgrove recognises that professional disagreements may arise between any agencies and resolving problems is an integral part of co-operation and joint working to safeguard children.

27.2 As part of the school's responsibility for safeguarding children, it is acknowledged that staff must be prepared to challenge each other if it is felt that responses to concerns, assessments or the way in which plans are implemented are not safeguarding the child and promoting their welfare.

27.3 Chadsgrove is aware of the WSCB escalation procedures for raising concerns in respect of poor practice and recognise the responsibility to utilise these as and when necessary, in the interests of safeguarding and promoting the welfare of children.

28 Monitoring and Evaluation

28.1 This Safeguarding Children policy and procedures will be monitored and evaluated by:

- Completion of the annual safeguarding audit
- Completion and return to the WSCB of the annual safeguarding report to the Governing Body;
- Pupil surveys and questionnaires;

- Discussions with children and staff;
- Scrutiny of data and risk assessments;
- Scrutiny of the school's single central record of recruitment checks;
- Scrutiny of Governing Body minutes;
- Monitoring of logs of bullying/racist/behaviour incidents and PPI records;
- Supervision of staff involved in child protection;
- Case file audits undertaken by the DSL and the WSCB

29 Other Relevant Policies

29.1 The Governing Body's statutory responsibility for safeguarding the welfare of children goes beyond basic child protection procedures.

29.2 The duty is now to ensure that safeguarding permeates all activity and functions. This policy therefore complements and supports a range of other policies, including:

- Allegations of Abuse against Teachers and other Staff
- Staff Code of Conduct
- Complaints – curriculum and non-curriculum
- Pupil Behaviour, Supervision, Anti Bullying, Racial Harassment and Exclusion
- Positive Physical Intervention
- Positive Handling
- Special Educational Needs
- Educational Trips and Residential Visits
- Work Related Learning
- First aid and the administration of medicines
- Health and Safety
- Intimate Care
- Sex and Relationships Education
- Safe and Appropriate Use of Images
- Equal Opportunities
- E-safety and Acceptable Internet Use
- Whistleblowing (Confidential Reporting)

29.3 The above list is not exhaustive but when undertaking development or planning of any kind school staff will need to consider safeguarding matters.

Appendices

a) Definitions

b) What are abuse and neglect

c) Signs and symptoms of abuse

d) Effects of Domestic Abuse

e) Forced Marriage

f) Female Genital Mutilation

g) Extremism and Radicalisation

h) Children and Young People with a Disability

i) Sexting

j) Safeguarding Form 1 – Logging a Concern

k) Safeguarding Form 2 – Update Sheet

l) Safeguarding Form 3 – Front Sheet for Child Protection Records

m) Safeguarding Form 4 – Checklist for Handling Allegations or Complaints

n) Safeguarding Form 5 – Chronology

o) Safeguarding Form 6 – Male and Female Body Maps

p) Safeguarding Form 7 – Transfer of Records

q) Report to Child Protection Conference

Appendix A - Definitions

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 are growing up in circumstances consistent with the provision of safe and effective care
- Taking action to enable all children to have the best possible outcomes.

Child Protection is a part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

Vulnerable Children are those disadvantaged children who would benefit from extra help from public agencies in order to make the best of their life chances. '*Framework for the Assessment of Children in Need and their Families 2000*'

Children in Need are those whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services, plus those who are disabled.

Young Carers are children and young people who assume important caring responsibilities for parents or siblings, who are disabled, have physical or mental ill health problems, or misuse drugs or alcohol.

Significant Harm is the threshold that justifies compulsory intervention into family life, and gives local authorities a duty to make enquiries under S47 of the Children Act 1989 to decide whether further action should be taken to safeguard or promote the welfare of a child.

Appendix B - What are Abuse and Neglect

Abuse and Neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to prevent to act to prevent harm. Children may be abused in a family or in an institutional setting or community setting by those known to them, or more rarely, by others for example, via the internet. They may be abused by an adult or adults or another child or children.

Physical Abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces an illness in a child.

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, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as over protection and the limitation of exploration and learning or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill treatment of another. It may involve serious bullying (including cyberbullying) causing children to frequently feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Sexual Abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (e.g. rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

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. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- protect a child from physical and emotional harm or danger
- ensure adequate supervision (including the use of inadequate care-givers)
- ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Appendix C – Signs and Symptoms of Abuse

Recognition & Identification of Abuse
Taken from Working Together to Safeguard Children 2015, Appendix A

What is abuse?
Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger for example, via the internet. They may be abused by an adult or adults, or another child or children.

Indicators of Abuse
Caution should be used when referring to lists of signs and symptoms of abuse. Although the signs and symptoms listed below may be indicative of abuse there may be alternative explanations. In assessing the circumstances of any child any of these indicators should be viewed within the overall context of the child's individual situation including any disability.

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, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber-bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Emotional abuse is difficult to:
- define
- identify/recognise
- prove.

Emotional abuse is chronic and cumulative and has a long-term impact. Indicators may include:

- Physical, mental and emotional development lags
- Sudden speech disorders
- Continual self-depreciation ('I'm stupid, ugly, worthless, etc.')
- Overreaction to mistakes
- Extreme fear of any new situation
- Inappropriate response to pain ('I deserve this')
- Unusual physical behaviour (rocking, hair twisting, self-mutilation) - consider within the context of any form of disability such as autism
- Extremes of passivity or aggression
- Children suffering from emotional abuse may be withdrawn and emotionally flat. One reaction is for the child to seek attention constantly or to be over-familiar. Lack of self-esteem and developmental delay are again likely to be present
- Babies – feeding difficulties, crying, poor sleep patterns, delayed development, irritable, non-cuddly, apathetic, non-demanding
- Toddler/Pre-School – head banging, rocking, bad temper, 'violent', clingy. From overactive to apathetic, noisy to quiet. Developmental delay – especially language and social skills
- School age – Wetting and soiling, relationship difficulties, poor performance at school, non-attendance, antisocial behaviour. Feels worthless, unloved, inadequate, frightened, isolated, corrupted and terrorised
- Adolescent – depression, self-harm, substance abuse, eating disorder, poor self-esteem, oppositional, aggressive and delinquent behaviour
- Child may be underweight and/or stunted
- Child may fail to achieve milestones, fail to thrive, experience academic failure or under achievement

- Also consider a child's difficulties in expressing their emotions and what they are experiencing and whether this has been impacted on by factors such as age, language barriers or disability

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. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to provide adequate food, clothing and shelter (including exclusion from home or abandonment), failing to protect a child from physical and emotional harm or danger, failure to ensure adequate supervision (including the use of inadequate care-givers) or failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

There are occasions when nearly all parents find it difficult to cope with the many demands of caring for children. But this does not mean that their children are being neglected. Neglect involves ongoing failure to meet a child's needs.

Neglect can often fit into six forms which are:

- Medical – the withholding of medical care including health and dental.
- Emotional – lack of emotional warmth, touch and nurture
- Nutritional – either through lack of access to a proper diet which can affect in their development.
- Educational – failing to ensure regular school attendance that prevents the child reaching their full potential academically
- Physical – failure to meet the child's physical needs
- Lack of supervision and guidance – meaning the child is in dangerous situations without the ability to risk assess the danger.[1]

Common Concerns:

With regard to the child, some of the regular concerns are:

- The child's development in all areas including educational attainment
- Cleanliness
- Health
- Children left at home alone and accidents related to this
- Taking on unreasonable care for others
- Young carers

Neglect can often be an indicator of further maltreatment and is often identified as an issue in serious case reviews as being present in the lead up to the death of the child or young person. It is important to recognise that the most frequent issues and concerns regarding the family in relation to neglect relate to parental capability. This can be a consequence of:

- Poor health, including mental health or mental illness
- Disability, including learning difficulties
- Substance misuse and addiction
- Domestic violence

School staff need to consider both acts of *commission* (where a parent/carer deliberately neglects the child) and acts of *omission* (where a parent's failure to act is causing the neglect). This is a key consideration with regard to school attendance where parents are not ensuring their child attend school regularly.

Many of the signs of neglect are visible. However school staff may not instinctively know how to recognise signs of neglect or know how to respond effectively when they suspect a pupil is being neglected. Children spend considerable time in school so staff have opportunities to identify patterns over time and recognise and respond to concerns about their safety and welfare. All concerns should be recorded and reflected upon, not simply placed in a file.

Here are some signs of possible neglect:

Physical signs:

- Constant hunger
- Poor personal hygiene
- Constant tiredness

[1] Source: Horwath, J (2007): Child neglect: identification and assessment: Palgrave Macmillan

- Emaciation
- Untreated medical problems
- The child seems underweight and is very small for their age
- The child is poorly clothed, with inadequate protection from the weather
- Neglect can lead to failure to thrive, manifest by a fall away from initial centile lines in weight, height and head circumference. Repeated growth measurements are crucially important
- Signs of malnutrition include wasted muscles and poor condition of skin and hair. It is important not to miss an organic cause of failure to thrive; if this is suspected, further investigations will be required
- Infants and children with neglect often show rapid growth catch-up and improved emotional response in a hospital environment
- Failure to thrive through lack of understanding of dietary needs of a child or inability to provide an appropriate diet; or may present with obesity through inadequate attention to the child's diet
- Being too hot or too cold – red, swollen and cold hands and feet or they may be dressed in inappropriate clothing
- Consequences arising from situations of danger – accidents, assaults, poisoning
- Unusually severe but preventable physical conditions owing to lack of awareness of preventative health care or failure to treat minor conditions
- Health problems associated with lack of basic facilities such as heating
- Neglect can also include failure to care for the individual needs of the child including any additional support the child may need as a result of any disability

Behavioural signs:

- No social relationships
- Compulsive scavenging
- Destructive tendencies
- If they are often absent from school for no apparent reason
- If they are regularly left alone, or in charge of younger brothers or sisters
- Lack of stimulation can result in developmental delay, for example, speech delay, and this may be picked up opportunistically or at formal development checks
- Craving attention or ambivalent towards adults, or may be very withdrawn
- Delayed development and failing at school (poor stimulation and opportunity to learn)
- Difficult or challenging behaviour

PHYSICAL ABUSE

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of or deliberately induces illness in a child.

When dealing with concerns regarding physical abuse, refer any suspected non-accidental injury to the Designated Safeguarding Lead without delay so that they are able to seek appropriate guidance from the police and/or Children's Services in order to safeguard the child.

Staff must be alert to:

- Unexplained recurrent injuries or burns; improbable excuses or refusal to explain injuries;
- Injuries that are not consistent with the story: too many, too severe, wrong place or pattern, child too young for the activity described.

Physical signs:

- Bald patches
- Bruises, black eyes and broken
- Untreated or inadequately treated injuries
- Injuries to parts of the body where accidents are unlikely, such as thighs, back, abdomen
- Scalds and burns
- General appearance and behaviour of the child may include:
  - Concurrent failure to thrive: measure height, weight and, in the younger child, head circumference;
  - Frozen watchfulness: impassive facial appearance of the abused child who carefully tracks the examiner with his eyes.
- Bruising:

- Bruising patterns can suggest gripping (finger marks), slapping or beating with an object.
- Bruising on the cheeks, head or around the ear and black eyes can be the result of non-accidental injury.

- Other injuries:
  - Bite marks may be evident from an impression of teeth
  - Small circular burns on the skin suggest cigarette burns
  - Scalding inflicted by immersion in hot water often affects buttocks or feet and legs symmetrically
  - Red lines occur with ligature injuries
  - Retinal haemorrhages can occur with head injury and vigorous shaking of the baby
  - Tearing of the frenulum of the upper lip can occur with force-feeding. However, any injury of this type must be assessed in the context of the explanation given, the child's developmental stage, a full examination and other relevant investigations as appropriate.
  - Fractured ribs: rib fractures in a young child are suggestive of non-accidental injury
  - Other fractures: spiral fractures of the long bones are suggestive of non-accidental injury

Behavioural signs:

- Wearing clothes to cover injuries, even in hot weather
- Refusal to undress for gym
- Chronic running away
- Fear of medical help or examination
- Self-destructive tendencies
- Fear of physical contact - shrinking back if touched
- Admitting that they are punished, but the punishment is excessive (such as a child being beaten every night to 'make him study')
- Fear of suspected abuser being contacted
- Injuries that the child cannot explain or explains unconvincingly
- Become sad, withdrawn or depressed
- Having trouble sleeping
- Behaving aggressively or be disruptive
- Showing fear of certain adults
- Having a lack of confidence and low self-esteem
- Using drugs or alcohol
- Repetitive pattern of attendance: recurrent visits, repeated injuries
- Excessive compliance
- Hyper-vigilance

SEXUAL ABUSE

Sexual Abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may include non-contact activities, such as involving children in looking at or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Sexual abuse is usually perpetrated by people who are known to and trusted by the child – e.g. relatives, family friends, neighbours, people working with the child in school or through other activities.

Characteristics of child sexual abuse:

- It is usually planned and systematic – people do not sexually abuse children by accident, though sexual abuse can be opportunistic;
- Grooming the child – people who abuse children take care to choose a vulnerable child and often spend time making them dependent. This can be done in person or via the internet through chat-rooms and social networking sites;

- Grooming the child's environment – abusers try to ensure that potential adult protectors (parents and other carers especially) are not suspicious of their motives. Again, this can be done in person or via the internet through chat-rooms and social networking sites.

In young children behavioural changes may include:

- Regressing to younger behaviour patterns such as thumb sucking or bringing out discarded cuddly toys
- Being overly affectionate - desiring high levels of physical contact and signs of affection such as hugs and kisses
- Lack of trust or fear of someone they know well, such as not wanting to be alone with a babysitter or child minder
- They may start using sexually explicit behaviour or language, particularly if the behaviour or language is not appropriate for their age
- Starting to wet again, day or night/nightmares

In older children behavioural changes may include:

- Extreme reactions, such as depression, self-mutilation, suicide attempts, running away, overdoses, anorexia
- Personality changes such as becoming insecure or clinging
- Sudden loss of appetite or compulsive eating
- Being isolated or withdrawn
- Inability to concentrate
- Become worried about clothing being removed
- Suddenly drawing sexually explicit pictures
- Trying to be 'ultra-good' or perfect; overreacting to criticism
- Genital discharge or urinary tract infections
- Marked changes in the child's general behaviour. For example, they may become unusually quiet and withdrawn, or unusually aggressive. Or they may start suffering from what may seem to be physical ailments, but which can't be explained medically
- The child may refuse to attend school or start to have difficulty concentrating so that their schoolwork is affected
- They may show unexpected fear or distrust of a particular adult or refuse to continue with their usual social activities
- The child may describe receiving special attention from a particular adult, or refer to a new, "secret" friendship with an adult or young person
- Children who have been sexually abused may demonstrate inappropriate sexualised knowledge and behaviour
- Low self-esteem, depression and self-harm are all associated with sexual abuse

Physical signs and symptoms for any age child could be:

- Medical problems such as chronic itching, pain in the genitals, venereal diseases
- Stomach pains or discomfort walking or sitting
- Sexually transmitted infections
- Any features that suggest interference with the genitalia. These may include bruising, swelling, abrasions or tears
- Soreness, itching or unexplained bleeding from penis, vagina or anus
- Sexual abuse may lead to secondary enuresis or faecal soiling and retention
- Symptoms of a sexually transmitted disease such as vaginal discharge or genital warts, or pregnancy in adolescent girls

Sexual Abuse by Young People

The boundary between what is abusive and what is part of normal childhood or youthful experimentation can be blurred. The determination of whether behaviour is developmental, inappropriate or abusive will hinge around the related concepts of true consent, power imbalance and exploitation. This may include children and young people who exhibit a range of sexually problematic behaviour such as indecent exposure, obscene telephone calls, fetishism, bestiality and sexual abuse against adults, peers or children.

Developmental Sexual Activity encompasses those actions that are to be expected from children and young people as they move from infancy through to an adult understanding of their physical, emotional and

behavioural relationships with each other. Such sexual activity is essentially information gathering and experience testing. It is characterised by mutuality and of the seeking of consent.

Inappropriate Sexual Behaviour can be inappropriate socially, inappropriate to development, or both. In considering whether behaviour fits into this category, it is important to consider what negative effects it has on any of the parties involved and what concerns it raises about a child or young person. It should be recognised that some actions may be motivated by information seeking, but still cause significant upset, confusion, worry, physical damage, etc. it may also be that the behaviour is "acting out" which may derive from other sexual situations to which the child or young person has been exposed.

If an act appears to have been inappropriate, there may still be a need for some form of behaviour management or intervention. For some children, educative inputs may be enough to address the behaviour.

Abusive sexual activity includes any behaviour involving coercion, threats, aggression together with secrecy, or where one participant relies on an unequal power base.

Assessment

In order to more fully determine the nature of the incident the following factors should be given consideration. The presence of exploitation in terms of:

- **Equality** – consider differentials of physical, cognitive and emotional development, power and control and authority, passive and assertive tendencies
- **Consent** – agreement including all the following:
  - Understanding that is proposed based on age, maturity, development level, functioning and experience
  - Knowledge of society's standards for what is being proposed
  - Awareness of potential consequences and alternatives
  - Assumption that agreements or disagreements will be respected equally
  - Voluntary decision
  - Mental competence
- **Coercion** – the young perpetrator who abuses may use techniques like bribing, manipulation and emotional threats of secondary gains and losses that is loss of love, friendship, etc. Some may use physical force, brutality or the threat of these regardless of victim resistance.

In evaluating sexual behaviour of children and young people, the above information should be used only as a guide.

Child Sexual Exploitation (CSE)

Child sexual exploitation is a form of abuse which involves children (male and female, of different ethnic origins and of different ages) receiving something in exchange for sexual activity.

'Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.' (DfE – February 2017)

The definition and further guidelines can be found in the DfE document : Child sexual exploitation - Definition and a guide for practitioners

Who is at risk?

Child sexual exploitation can happen to any young person from any background. Although the research suggests that the females are more vulnerable to CSE, boys and young men are also victims of this type of abuse.

The characteristics common to all victims of CSE are not those of age, ethnicity or gender, rather their powerlessness and vulnerability. Victims often do not recognise that they are being exploited because they will have been groomed by their abuser(s). As a result, victims do not make informed choices to enter into,

or remain involved in, sexually exploitative situations but do so from coercion, enticement, manipulation or fear. Sexual exploitation can happen face to face and it can happen online. It can also occur between young people.

In all its forms, CSE is child abuse and should be treated as a child protection issue.

WARNING SIGNS AND VULNERABILITIES CHECKLIST[2]

The evidence available points to several factors that can increase a child's vulnerability to being sexually exploited. The following are typical **vulnerabilities in children prior to abuse**:

- Living in a chaotic or dysfunctional household (including parental substance use, domestic violence, parental mental health issues, parental criminality)
- History of abuse (including familial child sexual abuse, risk of forced marriage, risk of 'honour'-based violence, physical and emotional abuse and neglect)
- Recent bereavement or loss
- Gang association either through relatives, peers or intimate relationships (in cases of gang-associated CSE only)
- Attending school with young people who are sexually exploited
- Learning disabilities
- Unsure about their sexual orientation or unable to disclose sexual orientation to their families
- Friends with young people who are sexually exploited
- Homeless
- Lacking friends from the same age group
- Living in a gang neighbourhood
- Living in residential care
- Living in hostel, bed and breakfast accommodation or a foyer
- Low self-esteem or self-confidence
- Young carer

The following signs and behaviour are generally seen in children who are **already being sexually exploited:**

- Missing from home or care
- Physical injuries
- Drug or alcohol misuse
- Involvement in offending
- Repeat sexually-transmitted infections, pregnancy and terminations
- Absent from school
- Evidence of sexual bullying and/or vulnerability through the internet and/or social networking sites
- Estranged from their family
- Receipt of gifts from unknown sources
- Recruiting others into exploitative situations
- Poor mental health
- Self-harm
- Thoughts of or attempts at suicide

Evidence shows that any child displaying several vulnerabilities from the above lists should be considered to be at high risk of sexual exploitation.

[2] The Office of the Children's Commissioner (2012) Interim Report - Inquiry into Child Sexual Exploitation in Group and Gangs.

All schools should ensure that there is a dedicated lead person with responsibility for implementing local guidance in respect of child sexual exploitation. This would normally be the DSL.

The DSL must ensure they are aware of the guidance on Child Sexual Exploitation on the WSCB website: http://www.worcestershire.gov.uk/cms/safeguarding-our-children/child-sexual-exploitation.aspx

The DSL must ensure that all staff are aware of signs and symptoms of CSE and know that these must be reported and recorded as child protection concerns. The DSL must follow the Worcestershire Pathway for dealing with issues of CSE, including completion of the screening tool.

Appendix D - Effects of domestic abuse on children and young people

The impact of domestic abuse on the quality of a child's or young person's life is very significant. Children and young people who live with domestic abuse are at increased risk of behavioural problems, emotional trauma, and mental health difficulties in adult life.

The impact of domestic abuse on children and young people can be wide-ranging and may include effects in any or all of the following areas:

Physical
Children and young people can be hurt either by trying to intervene and stopping the violence or by being injured themselves by the abuser. They may develop self-harming behaviour, or eating disorders. Their health could be affected, as they may not be being cared for appropriately. They may have suicidal thoughts or try to escape or blank out the abuse by using drugs, alcohol or by running away.

Sexual
There is a high risk that children and young people will be abused themselves where there is domestic abuse. In homes where living in fear is the norm, and situations are not discussed, an atmosphere of secrecy develops and this creates a climate in which sexual abuse could occur. In addition to this, children and young people may sometimes be forced to watch the sexual abuse of their mother/carer. This can have long-lasting effects on the sexual and emotional development of the child/young person.

Economic
The parent or carer of the child or young person may have limited control over the family finances. Therefore, there might be little or no money available for extracurricular activities, clothing or even food, impacting on their health and development.

Emotional
Children and young people will often be very confused about their feelings – for example, loving both parents/carers but not wanting the abuse to continue. They may be given negative messages about their own worth, which may lead to them developing low self-esteem. Many children and young people feel guilty, believing that the abuse is their fault. They are often pessimistic about their basic needs being met and can develop suicidal thoughts. Some children and young people may internalise feelings and appear passive and withdrawn or externalise their feelings in a disruptive manner.

Isolation
Children and young people may become withdrawn and isolated; they may not be allowed out to play; and if there is abuse in the home they are less likely to invite their friends round. Schooling may be disrupted in many ways, and this may contribute to their growing isolation. They may frequently be absent from school as they may be too scared to leave their mother alone. They may have to move away from existing friends and family – e.g. into a refuge or other safe or temporary accommodation.

Threats
Children and young people are likely to have heard threats to harm their mother/father. They may have been directly threatened with harm or heard threats to harm their pet. They also live under the constant and unpredictable threat of violence, resulting in feelings of intimidation, fear and vulnerability, which can lead to high anxiety, tension, confusion and stress.

This clearly highlights that living with domestic abuse has a significant impact on a child's ability to achieve the five outcomes as outlined in the *Every Child Matters* agenda:
• be healthy;
• stay safe;
• enjoy and achieve;
• make a positive contribution;
• achieve economic well being.

What you might see in school

- Unexplained absences or lateness – either from staying at home to protect their parent or hide their injuries, or because they are prevented from attending school;
- Children and young people attending school when ill rather than staying at home;
- Children and young people not completing their homework, or making constant excuses, because of what is happening at home;
- Children and young people who are constantly tired, on edge and unable to concentrate through disturbed sleep or worrying about what is happening at home;
- Children and young people displaying difficulties in their cognitive and school performance;
- Children and young people whose behaviour and personality changes dramatically;
- Children and young people who become quiet and withdrawn and have difficulty in developing positive peer relations;
- Children and young people displaying disruptive behaviour or acting out violent thoughts with little empathy for victims;
- Children and young people who are no trouble at all.

This list is not exhaustive – this is intended to give you an idea of some of the types of behaviour that could be presented.

What schools can do

Schools can create an environment which both promotes their belief and commitment that domestic abuse is not acceptable, and that they are willing to discuss and challenge it.

For many victims, the school might be the one place that they visit without their abusive partner.
It would help if schools displayed posters or had cards/pens available with information about domestic abuse and contact details for useful agencies: for example, NSPCC **0808 800 5000** and ChildLine **0800 11 11**; Parentline **0808 800 2222;** Worcestershire's Forum Against Domestic Abuse and Sexual Violence (WFADSA) 24 hr. helpline: **0800 980 3331**, website: **http://www.worcestershire.gov.uk/cms/domestic-and-sexual-abuse.aspx**
West Mercia Constabulary - Police Domestic Abuse Units 101.

Research shows that the repeated use of physical, sexual, psychological and financial abuse is one of the ways in which male power is used to control women. The underlying attitudes which legitimate and perpetuate violence against women should be challenged by schools as part of the whole school ethos.

Schools can support individual children and young people by:

- Introducing a **whole-school philosophy** that domestic abuse is unacceptable;
- **Responding to disclosures** and potential child protection concerns; recognising that domestic abuse and forced marriage may be a child protection concern; policies and procedures must include domestic abuse;
- **Giving emotional support** – the child or young person might need referral to a more specialist service or need additional support to complete coursework, exams etc;
- **Facilitating a peer support network** – children and young people can become isolated but often welcome talking to friends about their problems;
- **Offering practical support** – if children or young people are new to the school they may not yet have a uniform, they may also need financial help with extra-curricular activities, or they may be unfamiliar with the syllabus, the area, where to hang out, etc;
- **Providing somewhere safe and quiet** to do their homework or just to sit and think;

- **Improving the self esteem and confidence** of children and young people by:
  - offering them opportunities to take on new roles and responsibilities;
  - offering tasks which are achievable and giving praise and encouragement;
  - monitoring their behaviour and setting clear limits;
  - criticising the action, not the person;
  - helping them to feel a sense of control in their school lives;
  - involving them in decision making;
  - helping them to be more assertive;
  - respecting them as individuals;
  - encouraging involvement in extra-curricular activities.

Advice for schools on receiving notification of a Domestic Abuse incident
Background
Following a call to a domestic abuse incident where children are involved, Police notify Social Care and Health. A domestic abuse triage meeting takes place each day within the Multi-Agency Safeguarding Hub (MASH) where the notifications are sorted into low, medium and high risk, depending on the perceived level of risk to the children. For those cases that are classified medium or high, the school DSL will receive an e-mail via their secure communications system on the Children's Services Portal, from the Family Front Door informing them that an incident has taken place and giving them a copy of the Police log. For high risk cases, they will also be contacted by telephone and asked whether they have any concerns about the children at school. Social Care will also inform parents that the notification has been received and shared with other agencies and that the information will be treated confidentially.

School action
On receiving this information, the DSL should**:**

- Log the information and keep the record alongside other information/concerns that the school has on this child/family, with all other confidential CP records in a secure place. This will allow the school to recognise any pattern and/or frequency of notifications and take appropriate action. **Please note that school may receive further communication about this same incident, once further assessment of the situation has been undertaken by Police – be careful not to log this as a separate incident.**
- Inform any staff of notification on a 'need to know' only basis – e.g. class teacher/form tutor.
- Alert all staff who teach pupil/student with minimum of information – e.g. 'This pupil/student may need extra support / may need extra time to complete homework'.
- Monitor pupil/student behaviour in school (including attendance) and should concerns arise which may be attributed to the impact of the incident, consult with Social Care through the Access Centre as the concerns may be significant and lead to new safeguarding action, or to seek advice on how to proceed.
- Provide appropriate support for child, **if required** – do not question pupil/student about the incident. Respect the child's decision on whether or not they wish to discuss the situation.
- Provide appropriate support for adult, **if asked** – e.g. helpline number (0800 980 3331) or website address: http://www.worcestershire.gov.uk/cms/domestic-and-sexual-abuse.aspx

Bear in mind

- Victim of incident may be anxious that the information will be shared inappropriately.
- Notification may not give details as to which parent is the perpetrator/victim – any disclosure to the 'wrong' parent could heighten risk.
- Need to be aware who is 'connected' to the child – e.g. TA/lunchtime supervisor may be child's relative / friend of the family.
- **Inappropriate sharing of information could heighten the risk for the victim and/or the child.**

If in doubt, consult with either the Family Front Door (01905 822666)

Appendix E – Forced Marriage

A forced marriage is a marriage conducted without the full consent of both parties, and one where duress is a factor. A forced marriage is not the same as an arranged marriage – in an arranged marriage the families take a leading role in choosing the marriage partner. The marriage is entered into freely by both people. A forced marriage is a form of domestic abuse and should be recognised as a human rights abuse. It should always invoke child protection procedures within the school

Warning signs
Warning signs can include a sudden drop in performance, truancy from lessons and conflicts with parents over continuation of the student's education.
There may be excessive parental restrictions and control, a history of domestic abuse within the family, or extended absence through sickness or overseas commitments. Students may also show signs of depression or self-harming, and there may be a history of older siblings leaving education early to get married.

The justifications
Most cases of forced marriage in the UK involve South Asian families. This is partially a reflection of the fact that there is a large established South Asian population in the UK. It is clear, however, that forced marriage is not a solely South Asian phenomenon — there have been cases involving families from East Asia, the Middle East, Europe and Africa.
Some forced marriages take place in the UK with no overseas element, while others involve a partner coming from overseas, or a British citizen being sent abroad. Parents who force their children to marry often justify it as protecting them, building stronger families and preserving cultural or religious traditions. They may not see it as wrong.
Forced marriage can never be justified on religious grounds: every major faith condemns it and freely given consent is a pre-requisite of Christian, Jewish, Hindu, Muslim and Sikh marriage.

Culture
Often parents believe that they are upholding the cultural traditions of their home countries, when in fact practices and values there have changed. Some parents come under significant pressure from their extended families to get their children married.

The law
Although there is no specific criminal offence of 'forcing someone to marry' within England and Wales, forced marriage may involve criminal offences. Perpetrators — usually parents or family members — could be prosecuted for offences including: threatening behaviour, assault, kidnap, abduction, imprisonment and in the worse cases murder.
Sexual intercourse without consent is rape, regardless of whether this occurs within the confines of a marriage. A girl who is forced into marriage is likely to be raped and may be raped until she becomes pregnant.

What to do if a student seeks help
- The student should be seen immediately in a private place, where the conversation cannot be overheard.
- The student should be seen on her own, even if she attends with others.
- Develop a safety plan in case the student is seen i.e. prepare another reason why you are meeting.
- Explain all options to the student and recognise and respect her wishes. If the student does not want to be referred to Children's Services, you will need to consider whether to respect the student's wishes — or whether the student's safety requires further action to be taken. If you take action against the student's wishes you must inform the student.
- Establish whether there is a family history of forced marriage — i.e. siblings forced to marry.
- Advise the student not to travel overseas and discuss the difficulties she may face.
- Seek advice from the Forced Marriage Unit.
- Liaise with Police and Children's Services to establish if any incidents concerning the family have been reported.
- Refer to the local Police Child Protection Unit if there is any suspicion that there has been a crime or that one may be committed.

- Refer the student with her consent to the appropriate local and national support groups, and counselling services.

What to do if the student is going abroad imminently
The Forced Marriage Unit advises education professionals to gather the following information if at all possible — it will help the unit to locate the student and to repatriate her:

- a photocopy of the student's passport for retention — encourage her to keep details of her passport number and the place and date of issue
- as much information as possible about the family (this may need to be gathered discretely)
- full name and date of birth of student under threat
- student's father's name
- any addresses where the student may be staying overseas
- potential spouse's name
- date of the proposed wedding
- the name of the potential spouse's father if known
- addresses of the extended family in the UK and overseas

Specific information
It is also useful to take information that only the student would know, as this may be helpful during any interview at an embassy or British High Commission — in case another person of the same age is produced pretending to be the student.
Professionals should also take details of any travel plans and people likely to accompany the student. Note also the names and addresses of any close relatives remaining in the UK and a safe means to contact the student — a secret mobile telephone, for example, that will function abroad.

Forced marriage: what educators should not do

- treat such allegations merely as domestic issues and send the student back to the family home
- ignore what the student has told you or dismiss the need for immediate protection
- approach the student's family or those with influence within the community, without the express consent of the student, as this will alert them to your concern and may place the student in danger
- contact the family in advance of any enquires by the Police, Children's Services or the Forced Marriage Unit, either by telephone or letter
- share information outside child protection information sharing protocols without the express consent of the student
- breach confidentiality except where necessary in order to ensure the student's safety
- attempt to be a mediator

Further guidance is available from The Forced Marriage Unit:

Tel: (+44) (0)20 7008 0151 between 9.00 a.m. and 5.00 p.m. Monday to Friday

Emergency Duty Officer (out of hours): (+44) (0)20 7008 1500

E-mail: fmu@fco.gov.uk **Website:** www.fco.gov.uk/forcedmarriage

FMU publication: '*Multi-Agency Practice Guidelines: Handling Cases of Forced Marriage' June 09*

See also: *'The Right to Choose – Multi-Agency Guidance in relation to Forced Marriage' Government Office - November 2008* and Interagency Guidance on Forced Marriage on the WSCB website.

Ref: WSCB regional procedures 'Forced Marriage' and Worcestershire's Forced Marriage, Honour-Based Violence and Female Genital Mutilation Protocol – January 2016.

Appendix F - Female Genital Mutilation (FGM)

What is FGM?
FGM includes procedures that intentionally alter or injure the female genital organs for non-medical reasons.
There are four known types of FGM, all of which have been found in the UK:

Type 1 – clitoridectomy: partial or total removal of the clitoris and, in very rare cases, only the prepuce (the fold of skin surrounding the clitoris)
Type 2 – excision: partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are the 'lips' that surround the vagina)
Type 3 – infibulation: narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, or outer, labia, with or without removal of the clitoris
Type 4 – other: all other harmful procedures to the female genitalia for non-medical purposes, e.g., pricking, piercing, incising, scraping and cauterising the genital area.

FGM is sometimes known as 'female genital cutting' or female circumcision. Communities tend to use local names for this practice, including 'sunna'. It is a form of human rights abuse.

Why is FGM carried out?
It is believed that:

- It brings status and respect to the girl and that it gives a girl social acceptance, especially for marriage.
- It preserves a girl's virginity/chastity.
- It is part of being a woman as a rite of passage.
- It upholds the family honour.
- It cleanses and purifies the girl.
- It gives the girl and her family a sense of belonging to the community.
- It fulfills a religious requirement believed to exist.
- It perpetuates a custom/tradition.
- It helps girls and women to be clean and hygienic.
- It is cosmetically desirable.
- It is mistakenly believed to make childbirth safer for the infant.

Religion is sometimes given as a justification for FGM. For example, some people from Muslim communities argue that the Sunna (traditions or practices undertaken or approved by the prophet Mohammed) recommends that women undergo FGM, and some women have been told that having FGM will make them 'a better Muslim'. However, senior Muslim clerics at an international conference on FGM in Egypt in 2006 pronounced that FGM is not Islamic, and the London Central Mosque has spoken out against FGM on the grounds that it constitutes doing harm to oneself or to others, which is forbidden by Islam.

Within which communities is FGM known to be practised?
According to the Home Office it is estimated that up to 24,000 girls under the age of 15 are at risk of FGM. UK communities that are most at risk of FGM include Kenyan, Somali, Sudanese, Sierra Leoni, Egyptian, Nigerian and Eritrean, as well as non-African communities including Yemeni, Afghani, Kurdish, Indonesian and Pakistani.
Obviously, this not to say that all families from the communities listed above practise FGM, and many parents will refuse to have their daughters subjected to this procedure. However, in some communities a great deal of pressure can be put on parents to follow what is seen as a cultural or religious practice.

Is FGM harmful?
FGM is extremely harmful and is often described as brutal because of the way it is carried out, and its short and long term effects on physical and psychological health.
FGM is carried out on children between the ages of 0 and 15, depending on the community in which they live. It is often carried out without any form of sedation and without sterile conditions. The girl or young

woman is held down while the procedure of cutting takes place and survivors describe extreme pain, fear and feelings of abandonment.
Where the vagina is cut and then sewn up, only a very small opening may be left. This is often seen as a way to ensure that when the girl enters marriage, she is a virgin. In some communities the mother of the future husband and the girl's own mother will take the girl to be cut open before the wedding night.
Repeat urinal tract infections are a common problem for women who have undergone FGM, and for some, infections come from menstruation being restricted. Many women have problems during pregnancy and childbirth. The removal of the clitoris denies women physical pleasure during sexual activity and some groups will practise complete removal to ensure chastity.

Is it illegal?
FGM is internationally recognised as a violation of the human rights of girls and women, and is illegal in most countries – including the UK. The Female Genital Mutilation Act 2003 came into force in 2004:
The act makes it illegal to:

- practise FGM in the UK
- take girls who are British nationals or permanent residents of the UK abroad for FGM, whether or not it is lawful in that country
- aid and abet, counsel or procure the carrying out of FGM abroad.

The offence carries a penalty of up to 14 years in prison, and/or a fine.

Signs, symptoms and indicators
The following list of possible signs and indicators are not diagnostic, but are offered as a guide as to what kind of things should alert professionals to the possibility of FGM.

Things that may point to FGM happening:

- a child talking about getting ready for a special ceremony
- a family arranging a long break abroad
- a child's family being from one of the 'at-risk' communities for FGM (see above)
- knowledge that an older sibling has undergone FGM
- a young person talks of going abroad to be 'cut', or get ready for marriage.

Things that may indicate a child has undergone FGM:

- prolonged absence from school or other activities
- behaviour change on return from a holiday abroad, such as the child being withdrawn and appearing subdued
- bladder or menstrual problems
- finding it difficult to sit still, and looking uncomfortable
- complaining about pain between their legs
- mentioning something somebody did to them that they are not allowed to talk about
- secretive behaviour, including isolating themselves from the group
- reluctance to take part in physical activity
- repeated urinal tract infection
- disclosure.

What should schools do?
Where schools have a concern about a child, they should contact Children's Social Care Services. If the concerns are based on more concrete indicators – i.e., the young person says this is going to happen to them, or disclosure that it has happened to them or to an older sister – schools should make a child protection referral. Schools should not:

- contact the parents before seeking advice from children's social care;
- make any attempt to mediate between the child/young person and parents.

It is important to keep in mind that the parents may not see FGM as a form of abuse; however, they may be under a great deal of pressure from their community and or family to subject their daughters to it. Some parents from identified communities may seek advice and support as to how to resist and prevent FGM for their daughters, and education about the harmful effects of FGM may help to make parents feel

stronger in resisting the pressure of others in the community. Remember that religious teaching does not support FGM.

The ‘one chance’ rule

In the same way that we talk about the 'one chance rule' in respect of young people coming forward with fears that they may be forced into marriage, young people disclosing fears that they are going to be sent abroad for FGM are taking the 'one chance', of seeking help.

It is essential that we take such concerns seriously and act without delay. Never underestimate the determination of parents who have decided that it is right for their daughter to undergo FGM. Attempts to mediate may place the child/young person at greater risk, and the family may feel so threatened at the news of their child's disclosure that they bring forward their plans or take action to silence her.

Mandatory Reporting Duty

Where FGM has taken place, since 31 October 2015 there has been a mandatory reporting duty placed on teachers. Section 5B of the Female Genital Mutilation Act 2003 (as inserted by section 74 of the Serious Crime Act 2015) places a statutory duty upon teachers in England and Wales, to personally report to the police where they discover (either through disclosure by the victim or visual evidence) that FGM appears to have been carried out on a girl under 18. Those failing to report such cases will face disciplinary sanctions. Further information on when and how to make a report can be found in the following Home Office guidance: 'Mandatory Reporting of Female Genital Mutilation - procedural information' (October 2015).

Appendix G – Radicalisation and Extremism

What is Prevent?

Prevent is the Government's strategy to stop people becoming terrorists or supporting terrorism, in all its forms. Prevent works at the pre-criminal stage by using early intervention to encourage individuals and communities to challenge extremist and terrorist ideology and behaviour.

The Counter-Terrorism and Security Act (2015), places a duty on specified authorities, including schools and colleges, to have due regard to the need to prevent people from being drawn into terrorism ("the Prevent duty"). The Prevent duty reinforces existing duties placed upon educational establishments for keeping children safe by:

- Ensuring a broad and balanced curriculum is in place schools to promote the spiritual, moral, social and cultural development of pupils;
- Assessing the risk of pupils being drawn into extremist views;
- Ensuring safeguarding arrangements by working in partnership with local authorities, police and communities;
- Training staff to provide them with the knowledge and ability to identify pupils at risk;
- Keeping pupils safe online, using effective filtering and usage policies.

Warning Signs/Indicators of Concern

There is no such thing as a "typical extremist": those who become involved in extremist actions come from a range of backgrounds and experiences, and most individuals, even those who hold radical views, do not become involved in violent extremist activity.

Pupils may become susceptible to radicalisation through a range of social, personal and environmental factors. It is vital that school staff are able to recognise those vulnerabilities. However, this list is not exhaustive, nor does it mean that all young people experiencing the above are at risk of radicalisation for the purposes of violent extremism.

Factors which may make pupils more vulnerable may include:

- Identity Crisis: the pupil is distanced from their cultural/religious heritage and experiences discomfort about their place in society.
- Personal Crisis: the pupil may be experiencing family tensions; a sense of isolation; low self-esteem; they may have dissociated from their existing friendship group and become involved with a new and different group of friends; they may be searching for answers to questions about identity, faith and belonging.
- Personal Circumstances: migration; local community tensions and events affecting the pupil's country or region of origin may contribute to a sense of grievance that is triggered by personal experience of racism or discrimination or aspects of Government policy.
- Unmet Aspirations: the pupil may have perceptions of injustice; a feeling of failure; rejection of civic life.
- Experiences of Criminality: involvement with criminal groups, imprisonment, poor resettlement or reintegration.
- Special Educational Need: pupils may experience difficulties with social interaction, empathy with others, understanding the consequences of their actions and awareness of the motivations of others.

Pupils who are vulnerable to radicalisation may also be experiencing:

- Substance and alcohol misuse
- Pressure
- Influence from older people or via the Internet
- Bullying
- Domestic violence
- Race/hate crime

Behaviours which may indicate a child is at risk of being radicalised or exposed to extremist views could include:

- Being in contact with extremist recruiters and/or spending increasing time in the company of other suspected extremists;
- Loss of interest in other friends and activities not associated with the extremist ideology, group or cause;
- Pupils accessing extremist material online, including through social networking sites;
- Possessing or accessing materials or symbols associated with an extremist cause;
- Using extremist narratives and a global ideology to explain personal disadvantage;
- Pupils voicing opinions drawn from extremist ideologies and narratives, this may include justifying the use of violence to solve societal issues;
- Graffiti symbols, writing or art work promoting extremist messages or images;
- Significant changes to appearance and/or behaviour increasingly centred on an extremist ideology, group or cause;
- Changing their style of dress or personal appearance to accord with the group;
- Attempts to recruit others to the group/cause;
- Using insulting to derogatory names for another group;
- Increase in prejudice-related incidents committed by that person – these may include:
    - physical or verbal assault
    - provocative behaviour
    - damage to property
    - derogatory name calling
    - possession of prejudice-related materials
    - prejudice related ridicule or name calling
    - inappropriate forms of address
    - refusal to co-operate
    - attempts to recruit to prejudice-related organisations
    - condoning or supporting violence towards others
    - Parental reports of changes in behaviour, friendship or actions and requests for assistance;
    - Partner schools, local authority services, and police reports of issues affecting pupils in other schools.

Referral Process

All concerns about young people vulnerable to radicalisation should be referred to the DSL in the first instance. The DSL will follow safeguarding procedures including:

- Talking to the young person about their behaviour/views/on-line activity/friends etc.;
- Discussion with parents/carers about the concerns;
- Checking out on-line activity, including social media if possible;
- Providing in-house support, if available;
- Providing Early Help targeted support if necessary.

If concerns persist, then the DSL should complete the Channel Referral Form (available from the WSCB website) and submit to the Family Front Door via a Cause for Concern Notification, normally with the knowledge and consent of the young person.

The referral will then be subject to a triage process to decide whether or not it meets the threshold for a referral to Channel. If it does, the DSL should be prepared to attend the Channel Panel meeting to share the concerns and help identify any intervention required. Further feedback to the Channel Panel will be expected following intervention to decide whether there are still concerns.

Further information can be found in the WSCB regional procedures.

Appendix H - Children and Young People with a Disability

Some children, because of their learning and/or physical disability, are vulnerable and may find it more difficult to recognise and report abuse.

Their disability may mean that:

- Their life experiences are limited, creating difficulty recognising inappropriate behaviour.
- They are afraid of challenging people, concerned that they will anger an authority figure or get into trouble.
- Communication difficulties make it hard to report abuse.
- They may not be able physically to leave an abusive situation.
- They receive intimate physical care and, therefore, the abuse may seem ‘normal’.
- Their self-esteem and self-image are poor.
- They might not be aware to whom they can report abuse.
- Authority figures are unwilling to believe that anyone would abuse a disabled child.

The school must take particular care, therefore, when working with children and young people with disabilities.

Appendix I – Sexting

What is sexting?

Sexting is the exchange of self-generated sexually explicit images, through mobile picture messages or webcams over the internet. Sexting is often seen as flirting by children and young people who think that it's part of normal life.

Often, incidents of sexting are not clear-cut or isolated; schools may encounter a variety of scenarios. Sexting incidents can be divided into two categories – aggravated and experimental : Aggravated incidents of sexting involve criminal or abusive elements beyond the creation of an image. These include further elements, adult involvement or criminal or abusive behaviour by minors such as sexual abuse, extortion, threats, malicious conduct arising from personal conflicts, or creation or sending or showing of images without the knowledge or against the will of a minor who is pictured.

Experimental incidents of sexting involve youths taking pictures of themselves to share with established boy or girlfriends, to create romantic interest in other youth, or for reasons such as attention seeking. There is no criminal element (and certainly no criminal intent) beyond the creation and sending of the images and no apparent malice or lack of willing participation.
The consequences of sexting can be devastating for young people. In extreme cases it can result in suicide or a criminal record, isolation and vulnerability. Young people can end up being criminalised for sharing an apparently innocently image which may have, in fact, been created for exploitative reasons.

Because of the prevalence of sexting, young people are not always aware that their actions are illegal. In fact, sexting as a term is not something that is recognised by young people and the 'cultural norms' for adults can be somewhat different. Some celebrities have made comments which appear to endorse sexting – 'it's okay, as long as you hide your face' - giving the impression that sexting is normal and acceptable. However, in the context of the law it is an illegal activity and young people must be made aware of this.

The Law - Much of the complexity in responding to youth produced sexual imagery is due to its legal status. Making, possessing and distributing any imagery of someone under 18 which is 'indecent' is illegal. This includes imagery of yourself if you are under 18. 'Indecent' is not defined in legislation. For most purposes, if imagery contains a naked young person, a topless girl, and/or displays genitals or sex acts, including masturbation, then it will be considered indecent. Indecent images may also include overtly sexual images of young people in their underwear. The law criminalising indecent images of children was created long before mass adoption of the internet, mobiles and digital photography. It was also created to protect children and young people from adults seeking to sexually abuse them or gain pleasure from their sexual abuse. It was not intended to criminalise children. Despite this, young people who share sexual imagery of themselves, or peers, are breaking the law.

The National Police Chiefs Council (NPCC) has made clear that incidents involving youth produced sexual imagery should primarily be treated as safeguarding issues. Schools may respond to incidents without involving the police. Where the police are notified of incidents of youth produced sexual imagery they are obliged, under the Home Office Counting rules and National Crime Recording Standards, to record the incident on their crime systems. The incident will be listed as a 'crime' and the young person involved will be listed as a 'suspect.' This is not the same as having a criminal record.

Every 'crime' recorded on police systems has to be assigned an outcome from a predefined list of outcome codes. As of January 2016 the Home Office launched a new outcome code (outcome

21) to help formalise the discretion available to the police when handling crimes such as youth produced sexual imagery. This means that even though a young person has broken the law and the police could provide evidence that they have done so, the police can record that they chose not to take further action as it was not in the public interest.

Action to take in the case of an incident of sexting

Step 1 – Disclosure by a student

Sexting disclosures should follow the normal safeguarding practices and protocols. A student is likely to be very distressed especially if the image has been circulated widely and if they don't know who has shared it, seen it or where it has ended up. They will need pastoral support during the disclosure and after the event. They may even need immediate protection or a referral to Social Care.

The following questions will help decide upon the best course of action:

- Is the student disclosing about themselves receiving an image, sending an image or sharing an image?
- What sort of image is it? Is it potentially illegal or is it inappropriate?
- Are the school child protection and safeguarding policies and practices being followed? For example, has the DSL been consulted and is their advice and support available?
- How widely has the image been shared and is the device in their possession?
- Is it a school device or a personal device?
- Does the student need immediate support and or protection?
- Are there other students and or young people involved?
- Do they know where the image has ended up?

This situation will need to be handled very sensitively. Whatever the nature of the incident, ensure school safeguarding and child protection policies and practices are adhered to.

Step 2 – Searching a device

It is highly likely that the image will have been created and potentially shared through mobile devices. The image may not be on one single device, but may be on a website or on a multitude of devices; it may be on either a school-owned or personal device. It is important to establish the location of the image but be aware that this may be distressing for the young person involved, so be conscious of the support they may need.

When searching a mobile device the following conditions should apply:

- The action is in accordance with the school's child protection and safeguarding policies
- The search is conducted by the head teacher or a person authorised by them
- A member of the safeguarding team is present
- The search is conducted by a member of the same sex

If any illegal images of a child are found you should consider whether to inform the police. As a general rule it will almost always be proportionate to refer any incident involving "aggravated" sharing of images to the police, whereas purely "experimental" conduct may proportionately be dealt with without such referral, most particularly if it involves the child sharing images of themselves.

Any conduct involving, or possibly involving, the knowledge or participation of adults should always be referred to the police.

If an "experimental" incident is not referred to the police the reasons for this should be recorded in writing.

Always put the child first. Do not search the device if this will cause additional stress to the student/person whose image has been distributed.

If there is an indecent image of a child on a website or a social networking site then you should report the image to the site hosting it. In the case of a sexting incident involving a child or young person where you feel that they may be at risk of abuse then you should report the incident directly to CEOP www.ceop.police.uk/ceop-report, so that law enforcement can make an assessment, expedite the case with the relevant provider and ensure that appropriate action is taken to safeguard the child.

Step 3 – What to do and not do with the image
If the image has been shared across a personal mobile device:

- Confiscate and secure the device;
- Don't view the image unless there is a clear reason to do so;
- Don't send, share or save the image anywhere;
- Don't allow students to view images or send, share or save them anywhere.

If the image has been shared across a school network, a website or social network:

- Block the network to all users and isolate the image;
- Don't send or print the image;
- Don't move the material from one place to another;
- Don't view the image outside of the protocols of your safeguarding policies and procedures.

Step 4 – Who should deal with the incident?
Whoever the initial disclosure is made to must act in accordance with the school safeguarding policy, ensuring that the DSL or a senior member of staff is involved in dealing with the incident.

The DSL should always record the incident. Senior management should also always be informed. There may be instances where the image needs to be viewed and this should be done in accordance with protocols. The best interests of the child should always come first; if viewing the image is likely to cause additional stress, staff should make a judgement about whether or not it is appropriate to do so.

Step 5 - Deciding on a response
There may be a multitude of reasons why a student has engaged in sexting – it may be a romantic/sexual exploration scenario or it may be due to coercion.

It is important to remember that it won't always be appropriate to inform the police; this will depend on the nature of the incident. However, as a school it is important that incidents are consistently recorded. It may also be necessary to assist the young person in removing the image from a website or elsewhere.

If indecent images of a child are found:

- Act in accordance with your child protection and safeguarding policy, e.g. notify DSL;
- Store the device securely;
- Carry out a risk assessment in relation to the young person (see Appendix B of the Safeguarding Children in Education Guidance for a Sexting Risk Assessment pro-forma and flow chart);
- Make a referral if needed;
- Contact the police (if appropriate);
- Put the necessary safeguards in place for the student, e.g. they may need counselling support, immediate protection and parents must also be informed;
- Inform parents and/or carers about the incident and how it is being managed.

Step 6 – Contacting other agencies (making a referral)
If the nature of the incident is high-risk, consider contacting Children's Social Care. Depending on the nature of the incident and the response you may also consider contacting local police or referring the incident to CEOP.

Understanding the nature of the incident, whether experimental or aggravated, will help to determine the appropriate course of action.

Step 7 – Containing the incident and managing pupil reaction
Sadly, there are cases in which victims of sexting have had to leave or change schools because of the impact the incident has had on them. The student will be anxious about who has seen the image and where it has ended up. They will seek reassurance regarding its removal from the platform on which it was shared. They are likely to need support from the school, their parents and their friends. Education programmes can reinforce to all students the impact and severe consequences that this behaviour can have. Consider engaging with your local police and asking them to talk to the students.

Other staff may need to be informed of incidents and should be prepared to act if the issue is continued or referred to by other students. The school, its students and parents should be on high alert, challenging behaviour and ensuring that the victim is well cared for and protected. The students' parents should usually be told what has happened so that they can keep a watchful eye over their child, especially when they are online at home.

Creating a supportive environment for students in relation to the incident is very important.

Step 8 – Reviewing outcomes and procedures to prevent further incidences
As with all incidents, a review process ensures that the matter has been managed effectively and that the school has the capacity to learn and improve its handling procedures. Incidents of sexting can be daunting for a school to manage, especially if the image has been widely shared between pupils in school.
Further information is available from the NSPCC

Appendix J – Safeguarding Form 1

CHADSGROVE SCHOOL
FORM 1
Logging a Concern about a Child's Safety and Welfare – all staff and visitors

Pupil's Name: .	**Date of Birth:**	**Log Number:** (**Office Use Only**)
Date concern / incident noted:		Time:
Date this form was completed:		Time:
Name of person completing the form:	Position:	Signature:
Record the concern. Make sure you note **who** was involved, **what** happened, **where** and **when** it happened.		
Why does the information recorded above cause you to be concerned?		
Any other information (e..g. Witnesses or immediate action taken)		
Who have you shared this information with?		

Check to make sure your report is clear now and will also be clear to anyone who may need to read it in the future

PLEASE PASS THIS FORM TO THE DESIGNATED SAFEGUARDING LEAD
(Deb Rattley or, in her absence, Angela Macvie)

TO BE COMPLETED BY THE DESIGNATED SAFEGUARDING LEAD OR DEPUTY DESIGNATED SAFEGUARDING LEAD

Are the pupils name and date of birth Correct?	
Are any dates on the form correct?	
Has a record been made of the completion of this form in the Central Safeguarding Record book?	
Is the information contained within the report clear?	

What further action has or needs to be taken?
(continue on a separate sheet if necessary but make a note that you have done so and attached to this form securely)

Signed:	
Role:	
Date	

Appendix K – Safeguarding Form 2

CHADSGROVE SCHOOL
FORM 2
Logging a Concern about a Child's Safety and Welfare – all staff and visitors – Update Sheet

Pupil's Name:	Log Number:
Date this form was completed:	
Updated information	

Signed:	
Role:	
Date	

Appendix L – Safeguarding Form 3

FORM 3
CHADSGROVE SCHOOL

FRONT SHEET: CHILD PROTECTION / WELFARE CONCERNS RECORD

Date file started .....

Name of child .....

Any other names by which child known, if relevant .....

.....

Date of birth .....

Address .....

.....

..... Postcode .....

Family members i.e. parents / carers / siblings:			
Name	**Relationship**	**Address**	**School details**

Contact details of other professionals (e.g. key social worker, GP)		
Name	**Agency**	**Address**

Are any other child protection files held in school relating to this child or another child closely connected to him/her? YES/NO

Appendix M – Safeguarding Form 4

CHADSGROVE SCHOOL

Checklist for handling and recording allegations or complaints made against a member of staff or volunteer

1. Name and position of member of staff who is subject of allegation/complaint:

.....

2. Is the complaint written or verbal? .....

3. Complaint made by: ..... Relationship to child: .....

4. Name of child:..... Age and d.o.b.: .....

5. Parents'/Carers' name and address: .....

.....

.....

6. Date of alleged incident/s: .....

7. Did the child attend on this/these dates? .....

8. Nature of the complaint (continue on a separate sheet if necessary):.....

.....

.....

.....

.....

.....

.....

.....

9. Other relevant information:.....

.....

.....

.....

.....

.....

10. Senior Adviser/LADO contacted: ☐ Yes Date: .....……. ☐ No

11. In no, reason why not ……

.....……

12. Further actions advised by Senior Adviser/LADO: .....……..

.....……

.....……

.....……

.....……

Checklist	**Yes**	**No**
• Do you have details (either a written account or notes from a verbal account) of the alleged incident, signed and dated?		
• Have you checked the incident could actually have taken place (i.e. was the child in the lesson; was the member of staff teaching the lesson that day)?		
• Is there evidence of significant harm – e.g. a visible injury?		
• Has a criminal offence taken place – e.g. has excessive force been used, that could be classed as an assault?		
• Has the incident been reported to anyone else – e.g. the Police?		
• Were there any witnesses to the incident – if so have you made a note of names?		
• Are parents aware of the allegation?		
• Is the member of staff aware of the allegation?		
• Have you reported the allegation to the Senior Adviser for Safeguarding Children in Education (01905 728902) or LADO (01905 752816)?		

Remember, do not attempt to investigate the allegation yourself.

Your name and position: ……..

Signature:…….. **Date:** ……

Appendix N – Safeguarding Form 5

CHADSGROVE SCHOOL

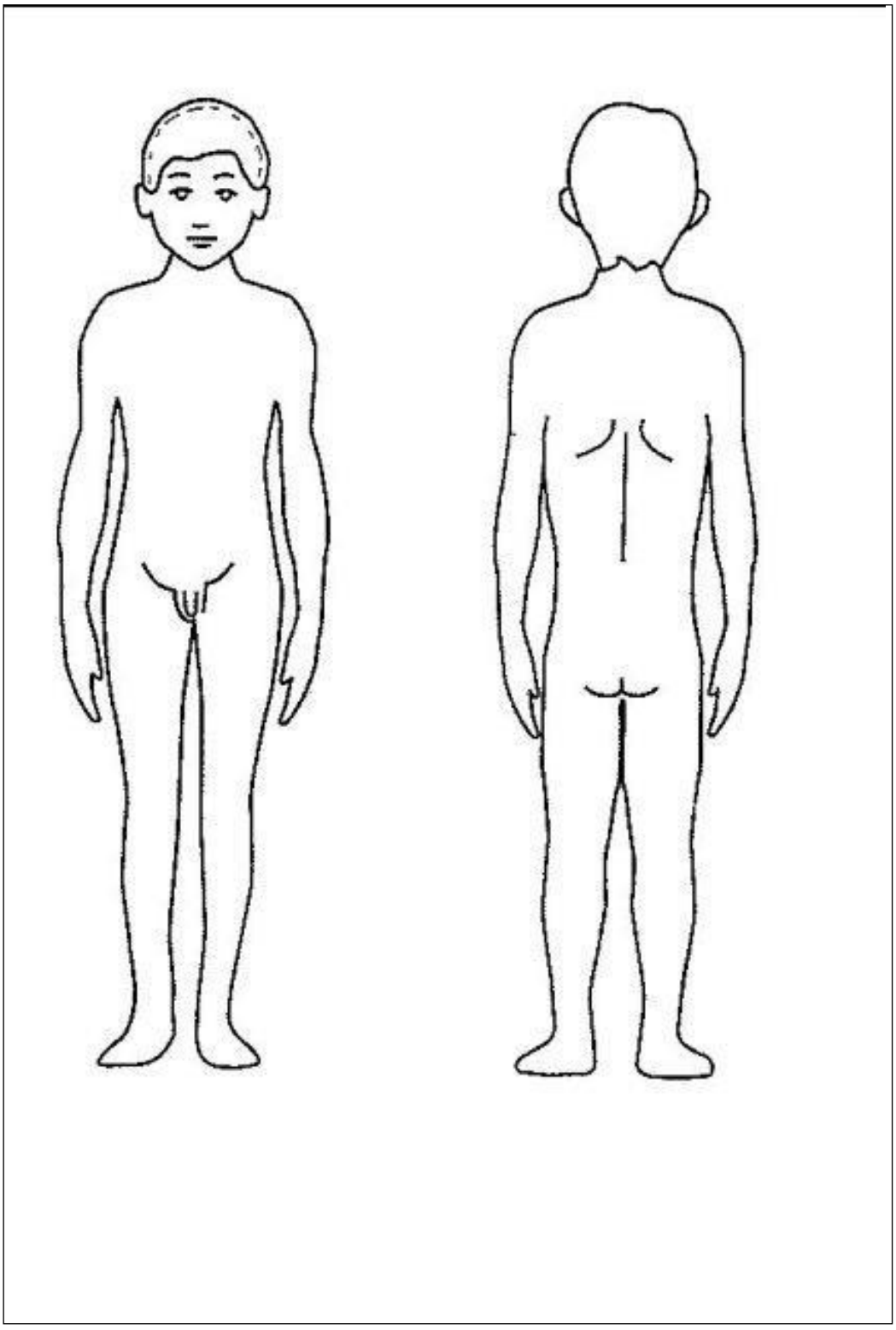
CHRONOLOGY – log of incidents

Name of pupil: …… Date of birth: …….

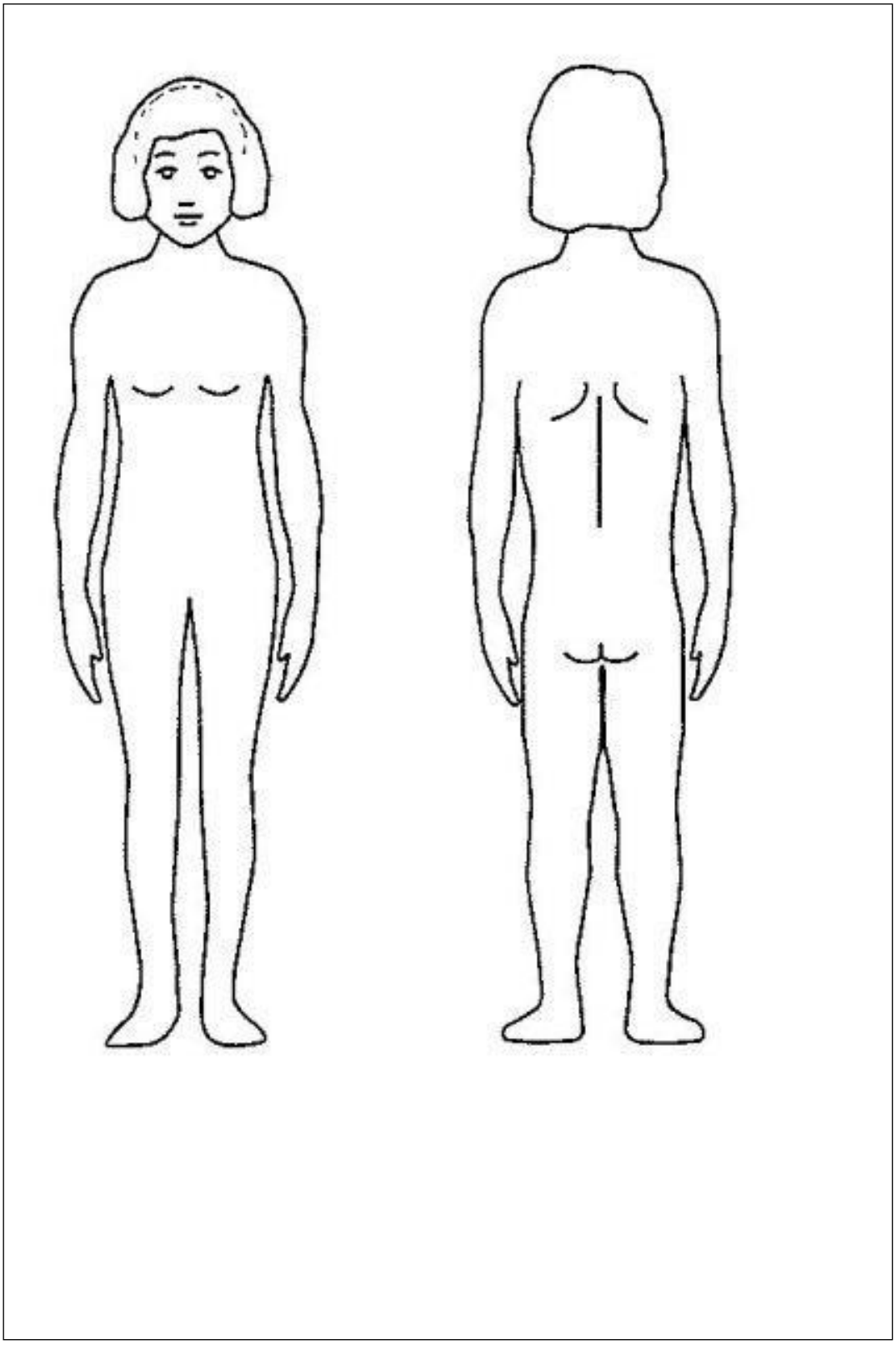
Date	Event	Action Points	Supporting Documentation	Staff Initials

Appendix O – Safeguarding Form 6 – Body Maps

Male Body Map



Female Body Map



Appendix P – Safeguarding Form 7 – Transfer of Records

Child Protection Record
Transfer Receipt

Childs Name	
Date of Birth	
Home Address	
Receiving School	
Address	
I confirm transfer of child protection records in respect of the above named child and that a copy of all school based documents has been retained by Chadsgrove School **Signed on behalf of Chadsgrove School:** **Print Name:** **Date:**	
I confirm receipt of child protection records in respect of the above named child **Signed on behalf of receiving school:** **Print name:** **Date:**	
Please copy and retain the original at Chadsgrove School	

Appendix Q – Child Protection Conference Report

Strictly Private and Confidential

Framework for Education Reports to Child Protection Conferences

Please complete the following pro-forma for each child in the family with details of significant information under each heading. Please share the report with parents/carers prior to the conference and bring copies for attendees.

Name:	**D.O.B:**	**Date of Child Protection Conference:**
Health:		
Attendance/Punctuality/Supervision to and from school:		
Progress at school/any additional support being provided:		
Relationships with others, both pupils and staff:		
Social and emotional wellbeing in school:		
Any other comments:		
Date shared with parents/carers:		

(Signed).....(School).....

(Position).....(Date).....